

Rowena House Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

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

Rowena House Limited is a residential care home providing personal care for up to 22 people aged 65 and over in one adapted building. There were 5 people receiving support at the time of our inspection.

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

Risks to people were not always assessed and managed. Appropriate checks were not always carried out before staff started to work at the service. Staff did not always receive training and supervision as is necessary to enable them to carry out their duties. People's medicines were not always safely managed. Risks in relation to infection control were not effectively assessed or managed.

The providers systems for assessing, monitoring, and improving the quality and safety of the service were not operating effectively. They failed to identify issues we found at this inspection. There was poor oversight of accidents and incidents. There were safeguarding vulnerable adults' procedures in place. However, the registered manager failed to notify CQC about a safeguarding allegation.

People received support to maintain a balanced diet. Staff supported people with respect and dignity. People were supported to partake in activities that met their needs. The provider had a complaints procedure in place. Residents' satisfaction and food surveys indicated they were happy with the service they received, and the food provided at the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 24 January 2023).

At our last inspection we found breaches of regulations in relation to regulations 9 (Person-centred care), 12 (Safe care and treatment), 13 (Safeguarding service users from abuse and improper treatment), 17 (Good governance), 18 (Staffing) and 19 (Recruitment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had told the provider what actions they needed to take to ensure the safety of people who used the service. This service has been in special measures since January 2023. The provider was not able to demonstrate that improvements had been made at this inspection. We found the provider remained in breach of these same regulations. The service therefore remains inadequate and continues to be in special measures.

Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection.

The third day of the inspection was prompted due to concerns received about how care was provided to people in an emergency.

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

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

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rowena House Limited on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Rowena House Limited

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 undertaken by 3 inspectors, one of whom was a medicines inspector. The team also included 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.

Rowena 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. Rowena House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 2 people who used the service, 2 relatives and 1 person's friend about their experience of the care provided. We spoke with 4 care workers, the chef, an activities coordinator, the acting manager and the registered provider. We reviewed a range of records. This included 5 people's care records and medication records. We looked at staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks and audits, and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate: This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last 2 inspections we found that people were not always protected from abuse and improper treatment. 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13

- People were not always protected from the risk of abuse. At our last inspection the provider was aware of an absence of records relating to an investigation into a safeguarding alert raised with them in September 2022. The provider told us they would investigate this issue. At this inspection we found the provider had failed to follow this up. There was still no evidence that an investigation into the allegations had been carried out.
- During this inspection, we were advised that an allegation of theft of property had been reported to the provider. The provider confirmed that the allegation was reported to them, and they had made a note on the person using the service's care records. The provider advised us that they had not made a safeguarding referral to the local authority or the CQC. They told us they would make a safeguarding referral to the local authority and CQC retrospectively.

The provider failed to follow their safeguarding adults' procedures. This was a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were safeguarding adults' procedures in place and staff had received training on safeguarding adults. Staff understood the safeguarding procedures. All staff spoken with told us they would report any safeguarding concerns they had to the provider. They told us they would make a safeguarding referral to the local authority or the CQC if they needed to.

Assessing risk, safety monitoring and management.

At our last 3 inspections we found that care and treatment was not always provided in a safe way. Risks to people were not always assessed and managed. This placed people at risk of receiving poor care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider used an electronic system for assessing risks and planning care for people using the service. We found that risk assessments were not always completed correctly or in some cases not completed at all.
- One person's electronic falls risk assessment recorded they were at low risk of falls, but they mobilised with a walking frame, they were unsteady on their feet, and they required assistance from 1 staff to mobilise. We looked at the person's falls risk assessment with the acting manager and identified that not all the information had been inputted into the risk assessment. Once the acting manager inputted that the person was unsteady on their feet and the risk assessment was regenerated, it returned that the person was at a high risk of falls.
- This person's care record recorded they needed constant supervision to ensure they were not able to leave the premises due to risks that could result in a series of health issues. However, there was no risk assessment in place for the person leaving the premises.
- Another person's care record referred to inappropriate behaviour towards a resident at a previous care home. There was no risk assessment or care plan in place for staff to follow to support this person with or protect other people from inappropriate behaviour. This person's care record stated they were at risk of harm when out in the community. There was no risk assessment in place relating to this person going out.
- A third person's care record recorded they had been admitted to hospital following suicide attempts. There was no risk assessment or management plan in place or any directions for staff on how to support the person to keep them safe.
- Risk assessments had not been completed for people taking medicines that increased risk of bleeding and bruising or for those people using a paraffin-based skin product, which required a fire risk assessment.

The lack of proper risk assessment, risk management plans and care plans exposed people using the service to risks of avoidable harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us how they supported people with their care and support needs. Two staff told us they knew people well as they had been working at the home for a long time. They demonstrated a good understanding of the risks to people and how to safely meet their needs. They told us the handheld care planning device was good for recording what tasks had been completed, for example personal care, what people ate and drank and GP visits.

Using medicines safely

At our last inspection we found medicines were not always safely managed, this placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were receiving their medicines as prescribed, however, the systems in place were not robust enough to support the safe management and administration of medicines.
- There were policies in place to manage medicines safely, but these were not being followed. The provider had not ensured all staff who administered medicines had competency assessments in place.
- Medicines were ordered and stored safely. However, there was no record being kept of any waste medicines waiting to be returned.
- Supporting documents for the application of transdermal patches and Medicines Administration Records to record the administration of topical medicines were not in place. This means there was a risk staff did not apply patches and creams to people as prescribed.'

- The provider was not completing audits of medicines to ensure they were being managed safely and effectively.
- Documents used in the transfer of people's care did not always list the medicines the person was currently taking.

This was a continued breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A person using the service told us, "My medication comes on time every day."

Staffing and recruitment

At our last inspection we found that appropriate checks were not always carried out before staff started to work at the service. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Appropriate checks were not being carried out before staff started to work at the service. There were no recruitment records in place for the acting manager, employed at the home since 2020.
- We found gaps in employment history had not been explored for 3 staff. References obtained for 2 staff did not include a stamp to confirm they were from their previous employers.
- Two staff were employed since April 2022; they therefore fell into the changes to the right to work checks. This requires employers to conduct basic checks on employees to verify they have the requisite permission to perform the work on offer. We saw there were no adequate right to work checks in place and the provider was not aware of this change in requirement.

This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A staff member told us, "We have fewer people using the service now, so we have enough staff. We don't need to use any agency staff now."

Preventing and controlling infection

- The provider's infection control procedures were not always followed. This left people at risk of infection. Risks in relation to legionella were not effectively assessed or managed. There was no scheme for the safe management of the risk of legionella in line with guidance from the Health and Safety Executive. The provider had failed to follow high and medium risk recommendations from their own risk assessment carried out in 2020. The risk assessment recommended water sampling at six monthly intervals. It was not evident this had been actioned and there was no evidence of further water sampling. The provider could not provide us with any records of water sampling after February 2021.
- There was no legionella management logbook or records. Relevant staff had not been identified or trained in water safety management as required in the risk assessment. The provider did not appear to be aware of their responsibilities in relation to the risk of legionella bacterial infections and repeated that all the outstanding work had been completed.
- The provider told us they would organise water sampling as soon as possible. Following our site visit the provider sent us evidence of a quote from a water treatment service and advised this would be completed this month.

This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us had received training on infection control, and they had access to personal protective equipment (PPE). We observed staff wore appropriate PPE when supporting people with their care needs.

Learning lessons when things go wrong

At our last inspection we found that the providers systems for monitoring incidents and accidents was ineffective. The providers accident and incident audit did not include any information about incidents, or any actions taken by the provider or lessons learned.

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

- The provider had no oversight of accidents and incidents. There were no records of actions taken to reduce further risks from accidents and incidents. For one person with a head injury, after advice was received from a GP the providers the accident report recorded observation to be carried out by staff. However, following the injury there was 1 monitoring check 20 minutes later and then no check or interaction from staff recorded for over 5 hours in the daily notes. There was a risk this person's health or well being could have deteriorated, and this not being identified.
- There was no evidence accident an incident reports were reviewed by the manager or provider to identify any learning or actions needed. The falls log had not been updated since the last inspection. Accident and incident records that covered the period from October 2022 – 2 April 2023 could not be located at the inspection.
- The provider told us about the learning they had identified from the safeguarding at the last inspection. This included the need for a prompt and detailed investigation into concerns raised. However, they had failed to then ensure those allegations had been investigated.
- The provider told us they had shared the learning they identified with staff during a staff meeting. However, no records of this meeting were provided to confirm how this was shared.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A staff member told us they reported accidents and incidents to the provider. They said they looked for trends, for example with falls but there were less falls now because fewer people were using the service. They told us after a person had a lot of falls last year the local authority had provided the whole staff team with training on falls prevention.

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 comprehensive inspection (published 30 May 2019) we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not being properly assessed to make sure appropriate plans were in place to keep them safe. The completed assessments that were used to develop people's care plans were not always reflective of their needs.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not always receive support, training, and supervision as is necessary to enable them to carry out their duties. On the third day of this inspection the provider told us that a senior staff member had not returned to work, and they were not sure when they would be back. Another senior staff member was off on long term sick. These staff members were trained to administer medicines to people living at the home. On checking the rota for the following weekend, we saw two staff members were due to work long days. The provider told us these staff had not been trained to administer medicines to people. The provider told us they would attend the home over the weekend to make sure people received their medicines safely.
- The provider told us that they and some staff had recently received training on medicines on Zoom. However, no certificated evidence of staff completing this training was provided. The provider told us that they and none of the staff that had received the medicines training had been assessed as competent to administer medicines to people.
- There was no system to ensure staff received regular supervision. The supervision matrix to monitor staff supervision and not been updated since the last inspection. The provider showed us records of three supervision sessions with different staff they had carried out but was unable to evidence a system of regular supervision and of support offered to staff.
- A staff member told us, "I had supervision five weeks ago with the provider and an external consultant who was reviewing the service. Apart from that I have not had any supervision since the registered manager left in October last year." Another staff member told us, "The last time I had supervision was with the registered manager before they left."

The provider had failed to ensure that staff received training, and supervision as is necessary to enable them to carry out their duties. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A staff member told us, "I think I am about 75% up to date with my training." On the third day of this inspection the provider sent us certificates confirming that staff had received training in line with the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the fifteen minimum standards that should form part of a robust induction programme.

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

- People received support to maintain a balanced diet. There was minimal information in peoples care records relating to their dietary needs, but we saw records confirming the activities coordinator discussed and recorded people's dietary requests weekly. A weekly menu was drawn up from this that met what people liked to eat.
- The chef told us the kitchen regularly received information about people's dietary needs. They told us none of the people currently using the service had any significant dietary requirements. They told us that 1 person was on a soft diet. We saw this person was being supported accordingly by staff.
- We observed how people were being supported at lunchtime. There was enough of staff to assist people when required. One person told us, "I like the food here, I'd give it 8 out of 10." A relative commented, "My loved one never complains about the food. They seem to enjoy it."

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

- People had access to healthcare services. The provider told us a GP visited the home weekly or when required to review people's health needs. One person told us, "Staff make all my appointments for me and take and accompany me to them. I go in an ambulance when I go to hospital with a member staff to help me."
- We asked staff how they would support people in emergency situations. Staff told us they would call for an ambulance if someone was injured, unwell or their health deteriorated. They told us they received training on basic first aid and they showed us where to find the home's first-aid kit.
- Staff told us they worked with health care professionals such as district nurses, dentists, physiotherapists, opticians, and a local hospice to support people with their needs. A staff member told us about a person that was referred to physiotherapist as they had problems standing up. They told us a physiotherapist came to see the person and provided them with sessions on a standing aid. The physiotherapist provided all the staff with training on using the standing aid.
- During our site visit an optician visited the home and assessed people's eye care needs. A staff member told us that several people had been given new prescriptions and they would be provided with new glasses.

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

- The design of the premises was not always meeting people's needs. There was minimal signage to aid orientation for people living with dementia.
- The home had adapted bathrooms, dining rooms with suitable furniture to support people with limited mobility.
- People had access to equipment that enabled their independence and ensured their physical needs were met, for example, bath seats, walking aids and wheelchairs.
- People had access [via ramps where required] to a very well-kept garden at the back of the home with suitable furniture for people to enjoy if they so wished.

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.

- We saw applications had been made to the local authority's DoLS team where required, to deprive people of their liberty.
- The acting manager showed us DNACPR's (Do Not Attempt Cardiopulmonary Resuscitation) for 2 people which had been completed involving these people and appropriate health professionals. The acting manager told us they were working with the local authorities DoLS team and GP in considering whether it was appropriate for the other people using the service to have DNACPR's in place.

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 comprehensive inspection (published 30 May 2019) we rated this key question good. At this inspection the rating has changed to 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: Supporting people to express their views and be involved in making decisions about their care

- The provider failed to make sure that people's care plans were reflective of their care and support needs. They also failed to make sure that safeguarding adults', staff recruitment and infection control procedures were effective. This left people at risk of receiving poor care.
- A relative told us, "I am very involved with the care plan. Any complications that arise I am involved with resolving them. Our loved one knows we are involved."
- We observed staff supported people with respect and dignity at all our site visits during this inspection.
- A staff member told us, "Our training always talks about respect, diversity, and people's rights. I am happy to support people with their needs no matter what their backgrounds are."
- A person using the service told us, "The home is friendly and warm, I am happy with the service I receive."
- A relative told us, "The care my loved one receives is excellent. 10 out of 10." Another relative commented, "My loved one receives first class care. They are wonderfully looked after. Staff have a real affinity for the residents that live here." A friend of a person using the service said, "The staff are kind, caring and listen to both me and my friend."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity, and their privacy was respected. A person using the service told us, "I can choose the clothes I wear every day. I choose my meals. I decide when to get up and when I go to bed. I can go for walks when I want." A friend of a person using the service commented, "They treat my friend with dignity and respect. The staff are very respectful of his privacy."
- A staff member told us, "When I help people with personal care, I always close windows and doors. I prepare before we carry out the task. I ask people an hour before; I always ask permission before I do anything. I let people do what they can do for themselves, I help some people with prompting and with supervision."

Is the service responsive?

Our findings

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

At our last comprehensive inspection (published 30 May 2019) we rated this key question good. At this inspection the rating has changed to requires improvement: This meant people's needs were not always met.

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

- People's care and support was not always tailored to their individual needs. People had care plans in place however these were not person-centred and lacked information on how people should be supported by staff. One person's 'personal care' care plan stated, '[Person] requires the assistance of one staff to wash and dress.' The care plan did not state if they preferred a bath or a shower, what they could do for themselves or what staff should do to support them. Their nutrition care plan goal was for them to receive adequate nutrition and fluids throughout the day. However, there was no description under 'care actions' on how this person was to be supported with their nutritional needs to ensure this goal was met.
- There were no care plans in place for people with specific health conditions. For example, there was no care plan in place for staff to support a person using the service in relation to Parkinson's disease.
- Some people's care plans recorded they needed help with oral care. However, there was no oral health care plan in place advising staff about how people liked to be supported. A staff member told us, "I help people with oral health care by prompting and reminding, give [person] a cup to gargle."
- Care plans did not contain enough information to support staff to administer people's medicines safely. There was no person-centred information to inform staff about how people liked to take their medicines.
- We saw some people had paper care records that included some instructions for staff to follow but these instructions had not always been transferred to the electronic system. The acting manager told us that people's paper care records were available for staff to refer to. All the staff we spoke with told us they used handheld devices to follow people's electronic care plans.
- A staff member told us, "It's easy to record what we do for people on the handheld devices, but the care plans need to add more details on how to provide care to people." Another staff member told us the devices did not give a great deal of detail of what to do for people, they said, "It gives a rough idea, but it's not descriptive." When asked if the current care plans would instruct a new staff member how to support people with their care needs, 3 staff told us, "Not without staff supervision."

The provider failed to assess the needs of service users and devise with them a plan for how their wishes and needs should be met. This was a continued breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 supported to partake in activities that met their needs. The home employed an activities coordinator. Activities included reminiscence, exercise sessions, bingo, drama, hand massage and nail

painting, quizzes, and arts and crafts. A musical entertainer also attended the home most days to play the guitar and sing with people using the service. We observed the activities coordinator playing games with people in the lounge and the musician playing the guitar and singing with people at all our site visits during this inspection. We also saw staff engaging with people through colouring and in conversation.

- One person told us, "I play bingo and the quiz, I also play chess when I can." A relative commented, "My loved one plays the piano and his guitar most days. He participates in bingo, quiz, and other activities that the activity worker arranges." A friend commented, "My friend reads in his room a lot. He gets a free newspaper delivered to him by the activity worker every day."

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 communication methods were recorded in their care plans.
- The provider told us if people required information in large print or a different language this could be made available to them.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- A relative told us, "If I had to make a complaint I would talk to the owner or the manager."
- The provider told us they had not received any complaints since the last inspection. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed.

End of life care and support

- The provider told us no one currently using the service required support with end-of-life care. They said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death.
- We saw people's care records included end of life plans with information on how they would like to be supported at the end of their lives.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our last inspection we found the provider's systems for monitoring the quality and safety of the service were not operating effectively. This was a breach of regulation 17 (Good governance) 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 this inspection we found the provider's quality monitoring systems remained ineffective. There was no registered manager in post. The provider told us they were always at the home overseeing staff and supporting people using the service. The acting home manager had no previous experience of managing a care home.
- Accurate records of people's care were not maintained. Risk assessments and care plans were not reflective of people's needs and contained contradictory information.
- Records related to the management and oversight of the service were disorganised and some could not be located, such as an accident book and staff training records. A relative commented, "I am not sure if this home is well managed. Their record keeping skills are appalling."
- Some audits were completed such as infection control and a health and safety audit. However, these did not include full premises and equipment checks and failed to identify issues we found at the inspection related to legionella, and a faulty socket. There were no audits of staff recruitment, training, or supervision records.
- There was no system to oversee complaints, safeguarding, accidents, and incidents to ensure actions were taken when needed, patterns and themes identified, that learning took place and improvements were made.
- The provider told us they did not hide anything and that it was their duty to be transparent. However, they did not always act in line with the duty of candour. We found that an allegation of theft that was made directly to the provider was not referred onto the local authority's safeguarding team or the CQC. A relative commented, "The provider did not take me reporting stolen property seriously. The police were not informed."

The issues above demonstrate a continued breach of regulation 17 (Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A staff member told us, "Teamwork is alright. If I need something the provider is always around and is very helpful. We had a team meeting about two months ago. We talked about the work we do, what we like and what we don't like, we got a chance to talk about things." Another staff member told us the provider is okay, they have a lot going on. They need a manager to run the home. We have had two team meetings in the last 8 months. They were more like briefings, we (staff) don't really get a chance to express our views." A third staff member told us, "I am very happy to work here. The managers always support us, and I like caring for people."

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

- The provider sought people's views using satisfaction surveys. We saw records from residents' satisfaction and food surveys carried out in 2023. These indicated that people were happy with the service they received, and the food provided at the home. We also saw a staff survey completed by 2 staff and an anonymous relative's questionnaire. The relative commented, 'Very caring home and good care.'
- A relative told us, "I attended a meeting about a year ago, nothing changed but I do not think the meeting asked for anything to change." Another relative commented, "We did attend a relative meeting about 12 months ago. Nothing changed but we did not expect anything to change, it was not that sort of meeting."

Working in partnership with others

- The provider told us they and staff worked closely with the GP and health care professionals to make sure people's health needs were met.
- We saw a local authority service monitoring tool was in place. The provider told us they worked closely with the local authority's commissioning team who they said had helped them make improvements at the home. They told us they planned to attend the next local authority providers forum in September 2023.

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 The provider failed to assess the needs of service users and devise with them a plan for how their wishes and needs should be met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of proper risk assessment, risk management plans and care plans exposed people using the service at risk of avoidable harm. Medicines were not always safely managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected from the risk of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for monitoring the quality and safety of the service were not operating effectively.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Appropriate checks were not being carried out before staff started to work at the service.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not always receive support, training, and supervision as is necessary to enable them to carry out their duties.