

The Elms Residential Home Limited

The Elms Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Elms Care Centre is a residential care home providing personal care to 13 people at the time of the inspection. The service operates within an adapted building and can support up to 18 people.

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

People lived in a care home which was not always well maintained. Timely action had not been taken to carry out some important property repairs, which had a negative impact on some of the people living in the care home. The provider had redecorated some areas of the care home, but other areas looked tired and in need of refurbishment.

People did not always have the necessary building adaptations provided to support their mobility. Additionally, although people could access the garden, the access paths were uneven and posed a risk to people who had mobility support needs.

People lived in a care home which was not always clean and arrangements for the control of infections were not always in place. For example, several lounge and bedroom chairs were dirty, or damaged, and required replacement. Arrangements for the storage and disposal of waste, and discarded furniture items, was not well organised.

People's medication records were not completed properly. For example, care staff did not correctly record when controlled drug medication was administered to the people it was prescribed for.

People had not been consulted on what activities they wanted the care home to provide. The activities provided were limited in range and frequency.

People had care plans in place which had been written by the manager. However, there was little evidence that people, or their relatives, had been involved in agreeing those care plans. Not all care plans contained an accurate reflection of people's support needs.

People were not always provided with written information in formats they would be able to understand. People did not always know the names of the care staff but recognised that they were regular carers.

There were enough care staff deployed to meet the needs of the 13 people who lived at the care home at the time of the inspection. Care staff supported people swiftly when called for assistance.

People were protected from the risk of fire by the care home's fire prevention procedures and staff training.

People were protected from the risk of abuse. Care staff understood the provider's safeguarding policies and procedures. The manager understood the need to report incidents to the relevant authorities, so people

could be kept safe.

People were supported by care staff who had received appropriate training. Care staff had regular handovers and supported people effectively. The manager understood how to apply to the local authority for authorisation when people needed restrictions imposed to keep them safe. However, not all care staff understood how people should be supported to make decisions when they lack the mental capacity to do so for themselves.

People's privacy could not always be assured as a bathroom door had no lock fitted. People were asked, by care staff, how they wanted personal care to be provided. People made choices about when they wanted to get up, go to bed, and what they wanted to wear. Care staff respected people's choices.

People told us the care staff were kind to them. Meal times were relaxed social occasions which people enjoyed. People liked the food and the menu choices provided. People's weight was regularly monitored and advice from medical specialists obtained when needed.

People were supported to maintain contact with their families, and families could visit at any time.

People were supported to access local GPs and other community healthcare services.

People were supported to follow their religious faith where that was important to them.

People told us that they could speak with the manager if they were unhappy about anything. However, the written complaints policy was not readily accessible to people.

People had end of life plans in place where that was appropriate, and care staff had a respectful approach to end of life support.

People benefited from having the manager provide them with direct care support, but that meant the manager did not always have enough time to lead on the improvements to the service that were necessary.

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 requires improvement (published 25 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection enough improvement had not been made/sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider has acted to mitigate the risks identified to people, as detailed in the Safe section of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

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 not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Elms Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The care home was inspected by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. When a manager is registered it 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. The manager had applied to CQC to become registered.

Notice of inspection

The inspection visit on 1 August 2019 was unannounced. We returned, announced, on 2 August 2019 to complete the inspection.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who have had contact with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who use the service and two relatives about their experience of the care provided. We spoke with five members of staff including the manager, cook, cleaner and care workers. We observed care staff interactions with people.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We obtained feedback from one health care professional who had regular contact with the service.

Is the service safe?

Our findings

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

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

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

Using medicines safely

- The provider did not follow safe protocols for the receipt and administration of controlled medicines. Care homes should keep accurate records of controlled drugs. The controlled drugs record book was not used correctly, and management audits had not identified that issue. This meant people's prescribed controlled drugs were not monitored effectively, which placed people at risk of harm.
- The record of controlled drugs, returned to the pharmacy, differed from the amounts that the pharmacy confirmed they had received. The pharmacist told us the controlled drug information, provided by the senior care staff, was not always correct, and that "The senior staff don't fully understand what controlled drugs are and how they need to be monitored and recorded".
- The provider's medication policy stated the Elms Care Centre followed NICE guidance in respect of administering prescribed medication to people. It is good practice for two care staff to sign the record when controlled drugs are administered to someone for whom it had been prescribed. However, on one occasion, controlled medication had been given without being signed for. On another occasion only one care staff had signed the controlled drug book. This was brought to the manager's attention who told us they would investigate the matter. However, during the inspection, we found those records were subsequently changed to make it appear that care staff had signed the record. This was also brought to the attention of the registered manager who told us they would investigate.
- Medication training was not effective in relation to controlled drugs. All senior care staff received medication training, including information about controlled drugs. The provider's in-house trainer had carried out a medication competency assessment and had signed to confirm that the senior staff were competent to administer medication safely. We found that not to be the case.

The provider failed to ensure the proper and safe management of medicines. 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.

- The provider followed safe protocols for the receipt, storage and administration of basic prescribed medication. This meant people received their basic prescribed medications when they needed them.

Assessing risk, safety monitoring and management

- Systems and processes in place to manage and monitor risk were not effective. We identified potential safety issues including, tripping hazards and non-closing fire doors. These were brought to the attention of the manager and were resolved during the inspection.

- Two people shared a bedroom with damp walls, caused by an external leak, which had been an issue for over two weeks. This was a potential health risk. The manager told us they needed three contractor quotes before the repair would be authorised by the provider. There was no date identified for when the repair would be completed. We brought our concerns to the attention of the provider who arranged for a contractor to repair the leak the following week. The two people were moved into an alternative bedroom and a de-humidifier machine obtained.
- There was a potential food safety risk to people. The oven was not holding its temperature and had a faulty ignition control. This had been a known issue for four weeks. There was no date identified for when the repair would be completed. We brought our concerns to the attention of the provider who arranged for a contractor to repair the oven that day.
- The care home did not have adequate lighting in the lounge, and other areas of the care home, due to faulty light bulbs. The rear stairs, used mainly by care staff, had no functioning lighting. The maintenance person told us they were waiting for quotes to replace the faulty stairs lighting. There was no date identified for when that repair would take place.
- The manager carried out weekly maintenance audits but had not identified all the issues that we found during the inspection. The manager told us the provider always required three quotes before authorising any maintenance expenditure. That meant, when maintenance issues had been identified, urgent repairs had been delayed, which placed people at increased risk of potential harm.

Preventing and controlling infection

- The care home was not always clean. Cleaning records were ineffective and were not consistently audited by the manager. For example, food debris, from the previous day, was found on the dining area floor and the window sills were not clean. A care staff told us, "Cleanliness needs to improve. We need some new furniture and some carpets are dirty. The place needs a good clean and an uplift really."
- Several lounge chairs were dirty and had split armrests which created an infection control risk to people. At the previous inspection the provider told us that they would replace damaged and dirty chairs. That had not been done.
- Hand sanitiser units were located around the care home. None of those units contained hand sanitiser liquid which meant people, visitors, and staff, had no easy access to hand sanitising facilities. That reduced the effectiveness of infection control procedures.
- Food safety was compromised. For example, we observed care staff enter the kitchen, to prepare drinks and snacks for people, without wearing appropriate disposable gloves and aprons. Some care staff passed through the kitchen as a means of entering and leaving the building, rather than using the front and back doors of the care home. That breached good food safety procedures.
- A previous environmental health department food safety audit required that the provider use kitchen sanitiser spray that complied with British standard EN 1276. The provider had not obtained the necessary supplies and was using domestic kitchen cleaning spray which did not meet the required food safety standard.
- Weekly kitchen cleaning audits had not been carried out for two months. The cook told us that this was because the care home had run out of record sheets.
- Arrangements for the storage of waste were not appropriate. A previous pest control report required that the external bin area be kept clear and the refuse bins covered to prevent potential vermin contamination. The bin area was not clean and some of the refuse bins had no lids. This was brought to the manager's attention and the area was immediately tidied up.
- Disused mattresses, and other refuse items, were stored in a dilapidated outhouse, adjacent to the kitchen, which had a broken roof and was accessible to vermin. The mattresses had been in the outhouse for at least 10 months. This was brought to the attention of the manager who told us that they had obtained a quote and were waiting to get authorisation from the provider for the use of a refuse skip.

The provider failed to ensure the premises and equipment used by the service provider were clean and maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks.
- Care staff had received fire safety training and personal emergency evacuation plans were in place, so people could be supported to exit the care home in an emergency.
- People's individual risks had been assessed and reviewed regularly by the manager. Changes in people's risk assessments were discussed at staff handovers. This helped to ensure people were protected from avoidable risks.

Staffing and recruitment

At our last inspection the provider had failed to ensure that there were sufficient numbers of staff deployed to meet the needs of people in a timely and person-centred way. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had enough care staff to meet the needs of the people who lived at the care home. Therefore, the provider was no longer in breach of regulation 18.

- There were enough care staff deployed to meet the specific needs of the 13 people who lived at the care home at the time of the inspection. None of those people required 2:1 care staff assistance with mobility or the use of mobile hoists. A person told us, "I think there are enough staff, they are very busy though. But when I press my buzzer they come quite quickly."
- The manager calculated care staffing requirements by assessing people's support needs each week. However, the updated guidance document was not available, and the manager could not explain how the assessment criteria are determined. It was therefore not clear how the staffing requirements would change if the care home supported more people, or people with higher needs.
- The manager's role was split between providing direct care, for 22 hours per week, and working off rota as a manager for 18 hours per week. This meant that the manager provided direct support to people and worked alongside other care staff. However, it limited the amount of time available for the manager to carry out management duties.
- The provider had a recruitment policy in place and employment references had been obtained on all care staff. However, full work history records were not complete. This was brought to the manager's attention who told us that they would add the information to care staff employment records. These checks help to ensure that care staff are safe and suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

- All care staff had received safeguarding adults training, were aware of the safeguarding procedure, and how to use it. There were safeguarding adults' policies in place, which care staff had access to.
- The manager understood their responsibilities for keeping people safe, including the requirement to report safeguarding issues to the relevant authorities.

Learning lessons when things go wrong

- At the previous inspection we saw that a new system had been introduced to collate and send details of incidents to the provider for analysis each month. At this inspection we found that incidents were being logged and summarised, but there was no evidence that the information was analysed for trends or any lessons learned identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

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

- At our last inspection we found people were not supported to use the garden because there were not enough care staff to help them. During this inspection we saw one person regularly used the garden, without care staff support. We also saw evidence of a garden party which had recently taken place. However, access was limited, for those who required staff support with mobility, due to the trip hazards caused by uneven paving.
- People's need for adaptations was not always met. For example, we found a person used their ensuite toilet sink to lean on, when standing up from the toilet, due to the absence of appropriate grab rails. The sink had become loose from the wall, causing a risk to the person. This was brought to the attention of the maintenance person who told us they would refasten the sink and that care staff would request a referral to an occupational therapist for an assessment.
- The dining area accommodated 12 people. 13 people lived at the care home at the time of the inspection, but, as one of those people preferred to eat by themselves, the seating arrangements were adequate. Most people enjoyed the social aspects of eating together in the dining area.
- The provider had redecorated some bedrooms and parts of the lounge and had involved people in choosing paint colours. The dining area was in the process of being redecorated. Other parts of the care home appeared tired and in need of redecoration and refurbishment.

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

- Care plans were comprehensive and had been updated by the manager, but there was little evidence of any involvement by the person or their relatives. A relative told us, "I think [person] has a care plan, but I've not been involved in it."
- Care plans had not been read by all care staff. A care staff told us, "We are supposed to read them, I have read some, but not all of them. There are some things that I don't know about people because I haven't read them." This meant people may not receive the care and support reflected in their care plan.

Staff support: induction, training, skills and experience

- The provider had a staff training plan to identify when care staff required training.
- New staff completed structured induction training, which included working alongside more experienced care staff.
- Care staff told us they received regular handover sessions and supervision meetings. This provided staff with opportunities to share information about the people they supported.
- We observed care staff using their skills and training to support people effectively.

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

- People were supported to eat and drink safely and maintain a balanced diet. For example, where the need for support had been identified, care staff assisted people to eat.
- People were offered a variety of food and drink they enjoyed, and alternatives were readily available if people preferred something else. A person told us, "The food is beautiful. They usually cater for what you like."
- People were weighed regularly, and action had been taken to obtain dietician advice when a person was found to be losing weight. The advice was followed by care staff and the person's weight had stabilised.

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 GPs, and support from district nurses and community mental health teams was also available.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Two bedroom doors had external bolts fitted. The manager told us these had been installed to prevent a former resident entering people's bedrooms but were no longer used. We discussed this with the manager who arranged for the bolts to be removed immediately.
- Not all care staff had received training about the MCA and DoLS, and not all care staff understood how people should be supported to make decisions when they lack the mental capacity to do so for themselves.
- The manager was aware of their responsibilities under the MCA and the DoLS. Applications had been made to seek authorisation, from the local authority, who placed people who lacked the mental capacity to make decisions about their own care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Respecting and promoting people's privacy, dignity and independence

- The downstairs bathroom door did not have a lock fitted and, as some people access that toilet without care staff support, it meant that their privacy could not always be assured. This was brought to the manager's attention who told us they would investigate how a suitable lock might be provided.
- Care staff supported people with personal care tasks in a way which maintained their dignity. A care worker told us, "We maintain people's privacy when helping with things like bathing, we try and let the person do as much for themselves as they can, so they keep as much independence as possible."

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

- People were not always supported to be involved in creating their care plans. However, we observed care staff discussing with people how they wanted their personal care provided. That meant people received care in the way they preferred.
- People's preferences were respected by the care staff. People were supported to make choices about what time they got up, went to bed and what to wear.

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

- Care staff had not received equality and diversity training and the provider did not have an Equality, Diversity and Human Rights policy which would guide how the care home operates to support people, and staff, from diverse backgrounds.
- Staff were attentive to people's needs and supported people with kindness. A person said, "All the carers are very nice, they bend over backwards to help us, I can't fault them."
- A relative told us, "I recommend it here, because it's small and the staff are friendly."
- Care staff supported people at meal times which were relaxed social occasions. People appeared to enjoy each other's company and that of the care staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 inspection the provider had failed to ensure that the care and treatment of service users was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) 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.

- At the last inspection we found people did not have access to activities which supported their individual interests and that their preferences were not always considered. Following that previous inspection, the provider told us they would involve people in making day to day decisions about menus and activity planning. The provider told us that a consultation had been completed with people about activities they would like to do. During this inspection we found no evidence of that consultation.
- Planned activities were not consistently provided. An activity board, in the lounge, indicated a range of activities across the week. However, the activity board was not referred to by care staff during the inspection and none of the planned activities took place. The manager told us people did not like the activities on the board and that care staff did adhoc activities with people instead.
- Records of activities were not accurate. The manager had instructed care staff, to record each day the activities that people did. However, the activity record had been written retrospectively each week and was not accurate. A relative told us, "They don't do enough activities. Never seen any while I have been here, and I visit a lot."
- Following the inspection the manager told us that a resident's meeting had been arranged and improved daily recording of activities introduced.
- Care plans had been regularly reviewed by the manager. However, one person's care plan did not accurately describe their support needs. The care plan stated the person required 2:1 care staff support with mobility when that was no longer the case. Existing care staff understood the person's support needs, but new care staff would not find accurate guidance in the care plan.

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 did not always receive written information in formats that they could understand. For example, the daily menu was handwritten on a small board in the lounge, which not everyone could see. However, the

cook spoke with each person, individually, each day to tell them what was on the menu and to ask them which option they preferred.

- A notice board, showing pictures of all the care staff, was located in the entrance hall. That is an area to which people, living in the care home, have no direct access due to a keypad lock on the door. People we spoke with told us they did not always know the care staff names, but they recognised them as being their regular carers.
- People with hearing impairments were communicated with appropriately. Care staff spent time with people, spoke clearly, and checked that people had understood what was being said.
- The manager told us that if new people moved into the care home who required information written in different languages, or formats, then that would be arranged by the provider.

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 take part in some social activities. For example, the provider had arranged for an external fitness coach to attend the care home regularly to encourage people to remain active and mobile. People told us they enjoyed those sessions.
- People were supported to reduce social isolation by maintaining links with their family. The manager told us they keep families updated about their relative and families were able to visit at any time. Families had been invited to the care home to celebrate birthdays, Christmas, and a recent garden party.
- People were supported to follow their religious faith where that was important to them. For example, a person told us they enjoyed watching a weekly religious program on television and the care staff ensured the TV was tuned to the correct channel at the correct time. Additionally, the manager had made a link with a local church choir who attended the care home on key religious celebration dates throughout the year.

Improving care quality in response to complaints or concerns

- The complaints policy was not accessible to people. A copy of the policy was in the entrance hall, but people had no easy access to that area due to a key pad lock on the door.
- There was no evidence that people had been given a copy of the complaints policy when they moved into the care home. However, people told us that if they had any worries or concerns they would speak to the manager. A person said, "[Manager] is wonderful, she listens to you and sorts out your problems."
- The provider had received no formal complaints in the previous 12 months and so it was not possible to see whether complaints were responded to in a timely manner by the provider.

End of life care and support

- People's wishes for their end of life were included in their care plans. Staff told us, "We know who has a DNAR in place, it's in the care plans". DNAR means Do Not Attempt Resuscitation and is a document signed by a doctor. The form is designed to be easily recognised and verifiable, allowing medical professionals to make decisions quickly.
- We saw memorial cards for people who had recently passed away which showed a respectful approach to end of life support.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure that the systems and processes in place to assess, monitor and improve the quality and safety of the services provided were fully or consistently effective. 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.

Continuous learning and improving care

- The service had not acted to continuously learn and sustain improvements. A local authority commissioner told us, "There has been somewhat of a yo-yo history of compliance with this service. Where issues are noted, we provide support, and the service becomes stable, only for issues to arise again when we are no longer actively involved."
- The provider had given an improvement action plan to CQC following the previous inspection. The provider later notified CQC that the actions had been completed. On this inspection we found that most of the completed actions had not led to sustained improvements in the service.

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

- People were not regularly engaged, or involved, in the running of the service. There was no evidence of regular satisfaction surveys being carried out to obtain the views of people or their relatives. The manager told us they sought the views of people on an adhoc basis, for example about the decoration of the lounge, but that process was not evidenced.
- Care staff told us that the manager listened to them, but staff feedback was not routinely obtained by the provider. We saw no evidence of staff feedback shaping improvements at the care home.

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

- The provider carried out quality audits of the service which identified areas requiring improvement. However, not all improvements had been made and progress was hampered by the interim management arrangements. For example, the interim manager was required to work shifts, as a senior carer, which limited the time available to lead on the implementation of improvements.
- The manager's audit checks were not effective and were not consistently carried out. We saw that the manager signed audits, carried out by other people, without checking that they were accurate. For example,

weekly maintenance audits and cleaning audits.

- The manager understood their responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service.
- All care staff understood their roles within the care home.

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

- The manager was not empowered, by the provider, to rectify property defects in a timely manner. The provider's usual policy of requiring three price quotations, before authorising essential repair work or refurbishment, meant some people's living environment was poor. That did not support the achievement of good outcomes for some people.
- The ratings from our previous inspection were displayed so that visitors could see and read our report.
- The manager provided leadership to the care staff team. A care worker told us, "I feel supported, not just by [manager], but by the rest of the team as well."

Working in partnership with others

- The manager and care staff worked in partnership with other professionals and agencies, such as GPs, and community health services. This ensured that people received support from other agencies when needed.

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 manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured that relatives were aware of the incident and made aware of the causes and outcome.

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>The provider failed to ensure that the care and treatment of service users was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the proper and safe management of medicines. 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.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider failed to ensure the premises and equipment used by the service provider were clean and maintained. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to ensure that the systems and processes in place to assess, monitor and improve the quality and safety of the services provided were fully or consistently effective. This was a breach of regulation 17 Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.