

Leaf Care Services Ltd

# Ixworth Dementia Village

## 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

### About the service

Ixworth Dementia Village is a residential care home providing accommodation and personal care for up to 24 people. At the time of our inspection there were 16 people using the service most of whom were living with varying levels of dementia. The service consists of three houses (Mayfair, Homely and Traditional) which are all on the ground floor. At the time of the inspection, due to occupancy, only two of the houses were open and in use.

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

Since our last inspection the service had received enhanced support and guidance from the Local Authority and the provider had an action plan in place. Whilst we found there were areas of improvement, this was not sufficient and embedded and further work was required.

Whilst the provider was no longer in breach of some of the Regulations that they were at the previous inspection they remained in breach overall and had failed to take action to ensure potential risks were effectively assessed and mitigated against. This put people at risk of harm.

Staff did not always follow best practice to prevent and control the spread of infections. This put people at risk of harm. We could not be assured medicines were managed safely. Stock counts for people's medicines were incorrect, some protocols for 'as required' medicines were missing, and topical creams and ointments were not administered in line with the prescriber's instructions.

Staffing levels had been improved, there were more staff throughout the day and night to meet people's needs. Staff were safely recruited. We have made a recommendation about the provider monitoring the staffing levels closely.

People were not provided with enough meaningful activities to ensure they were mentally and physically stimulated. People we spoke with felt there wasn't enough for them to do.

Quality monitoring systems were detailed but were not targeting the right areas to help ensure the safe running of the service. This meant the provider and registered manager could not be proactive in identifying issues and concerns in a timely way and acting on these.

Whilst the meal time experience required improvement, a chef had been employed and the choice of food and the quality of meals had improved. We have made a recommendation about the provider carrying out their own meal time audits to pick up areas for improvement and promote best practice.

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](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (report published on 29 July 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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. We have found evidence that the provider needs to make improvements. Please see the safe 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. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leaf Park Dementia Village on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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.

## 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 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?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Ixworth Dementia Village

## 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

The inspection site visit was completed by two inspectors and a specialist medicines inspector. An Expert by Experience made telephone calls to relatives to seek their feedback on the service. 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 September 2022 and ended on 26 September 2022 when detailed feedback was given. We visited the service location on 7 and 14 September 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 three people who lived at Ixworth Dementia Village to seek their reviews of their care and support. Not everyone who used the service were unable to tell us about their experience of receiving the service, so observations of care and support were also made. We spoke with eight people's relatives, received written feedback from a further three relatives and spoke with eleven staff members. These included the nominated individual for the provider (the nominated individual is responsible for supervising the management of the service on behalf of the provider), the deputy manager, registered manager, the chef and seven care staff.

A selection of records was also viewed, and these included the care plans and associated records for seven people who used the service. The medicines records for nine people were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.

# 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. At this inspection the rating has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure risks had been fully identified, managed and mitigated. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of Regulation 12.

- Risks were not being effectively identified and mitigated against.
- Risk assessments were not always completed. The care planning process in place did not support the creation of risk assessments and paper-based versions had not been put in place instead. This meant potential risks and methods of mitigation were not available for staff, so they knew what actions were needed to reduce risks to people.
- Where people experienced episodes of distress, care plans were not always sufficiently detailed in how to effectively support people and to mitigate any risk. One person had a history of distress and presented potential risks to themselves and others and yet their care plan stated staff should observe and check them every four hours. This meant there was a significant risk this person and/or others could have been harmed in this time duration.
- We found examples of incidents between people not being investigated or reported to the local safeguarding team. This placed people at risk of harm.
- Water temperatures were not routinely checked to ensure they were in the safe temperature range and to reduce risk of scalding.
- Activities both inhouse and external, were not always risk assessed before they occurred. This meant the potential risks of injury, using equipment had not been fully explored to ensure it was safe for staff and people to participate.
- Some staff we asked did not know how to access personal emergency evacuation plans (PEEPs) and were not clear on the fire emergency plan. This meant they would not have known how to safely support people in the event of an emergency.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of Regulation 12.

- When people were prescribed medicines on a when required basis (PRN) not everyone had person-centred guidance available to help staff give people these medicines consistently and appropriately. This meant there could be inconsistencies in why the PRN medicine was administered.
- Records relating to the administration of topical medicines (TMARs) had not always been completed to show that items such as creams and ointments had been applied to people when required. Instructions for staff around application of creams and ointments were also not clear. One person had too much of a topical pain-relieving gel administered.
- We looked at the electronic Medicine Administration Record (MAR) system and found that for some medicines there were discrepancies where the recording system did not show and confirm they were given to people as prescribed.
- Whilst there were medicine checks in place, errors were not being promptly identified and resolved.

The shortfalls we found in the management of risk and medicines demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of suitably trained staff deployed in the service which placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements at this inspection and the provider was no longer in breach of Regulation 18.

- Some improvements had been made to the number of staff on the rota to provide care to people. Since our last inspection, there were more staff available on both the day and night shifts. However, some of these shifts were planned around staff availability and if the staff member was unable to work the shift did not happen.
- We received mixed feedback from relatives with some saying that there continued to be insufficient staff to ensure their family member received their care in a timely manner. One relative commented, "There is never enough [staff], sometimes you can wander around, but they are in the rooms dealing with someone. [Family member] says if she rings her bell, they may take 30 minutes to come, and they don't understand where the staff are, but [family member] doesn't have any complaints about their care. We also received some positive comments such as, "I mean it is difficult, we visit at weekends and there is always staff around, there were more staff than when we went a few weeks ago."
- We observed sufficient staffing to meet people's needs with staff visible. Some people told us, however, that staff were still not able to spend quality time with them and were rushed at times.
- The dependency tool the provider used to help assess staffing levels failed to take account of the layout of the building or the safety of the people who used the service. For example, for some periods the dependency tool recorded that the minimum number of staff required was one, this was despite a number of people requiring two staff to support them and the home being spread across two houses.
- The staff files we viewed evidenced that staff were recruited safely and that Disclosure and Barring Service (DBS) checks were carried out on staff. DBS checks provide information including details about convictions



and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with people using the service, relatives and staff to ensure people's needs continue to be met in a timely manner.

#### Preventing and controlling infection

At our last inspection we were not assured that effective infection prevention and control procedures were in place. This was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to infection prevention and control. However, further improvements are required to ensure the risk of infection was reduced.

- Infection prevention and control practices were not consistently applied. Throughout our inspection, several staff did not consistently wear face masks or had their face mask sitting under their mouth and nose. This increased the risk of infection transmission and did not follow recommended guidance. We have made a recommendation for guidance to be reviewed to ensure staff wear the correct Personal Protective Equipment (PPE) at all times.
- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection.
- Whilst the home was visibly clean, there was still damaged flooring in places which meant these areas could not be effectively cleaned. There were also some areas of malodour.
- We were not assured that the provider was using PPE effectively and safely. Not all staff were wearing masks in line with the Government guidance.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visits with their family and friends in line with national guidance.

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

- People were not always protected from the risk of abuse and harm. Not all safeguarding concerns had been discussed with, or referred to, the Local Authority Safeguarding Team. This meant there was not

always independent oversight to ensure people were fully protected.

- Staff received training in safeguarding and were able to tell us the action they would take should they have had a safeguarding concern, despite this not always occurring in practice.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question inadequate. 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.

Staff support: induction, training, skills and experience

At our last inspection we found that people were not supported by staff who had the relevant training relevant to their needs. 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 some improvements and the provider was no longer in breach of Regulation 18.

- Staff had differing opinions about the level of support provided to them and whether or not they had received any one-to-one supervision to review their work and offer them support. Some staff reported receiving no supervision. The provider told us supervisions were held.
- Staff training had been carried out by a member of the providers business support team who had undertaken some webinars themselves in order to pass on and teach the information. This was in areas such as moving and repositioning, safeguarding and dementia knowledge and care. Some of this training delivered to staff took place prior to the webinars which meant the teaching may not have always been delivered by a competent person.
- A staff member described how their moving and repositioning training had involved people who live at the service being hoisted and moved as part of their practice. The provider refuted that this had happened and told us staff only supported people to move and reposition once they had completed training and their competency assessed.
- Staff competency assessments were completed in a variety of areas to assess the knowledge and working practices and to ensure staff were working to the required standards.

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

At our last inspection the provider had failed to meet the nutritional needs of people who used the service. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14 however further development is needed to enhance the mealtime experience for people.

- People and their relatives told us the service had made improvements since our last inspection in relation

to the quality of food offered and available.

- People now had a greater choice of food and varied portion sizes according to preferences.
- People's relatives spoke of the improved food and choice of meals their family member had at the service. One relative said, "The meals look like home cooked meals. The dining room is set up like a pub and there is a bar in it. It is a nice setup and they invite [people] there for a Sunday pub lunch. They can have a drink if they want one." Another relative commented, "They have new cook and they have improved the presentation of the food; I would want to eat it. Now they have choice of foods. The new chef makes food you would want to eat. Meals break up [family member's] day and brings someone into the room for a little chat. [Family member] loves curries and the other night they had a curry night."
- The mealtime experience we observed was disjointed at times. Staff were supporting people in the main dining room and also transporting meals to the separate houses where some people remained. Food was carried uncovered and did not include condiments to ensure people had the preference of seasoning their food. Paper towels were offered instead of napkins and plastic table clothes and cups were routinely and widely used regardless of individual needs. This practice was not always respectful.

We recommend the provider carries out their own mealtime experience audits to identify areas of good practice and whether further learning is needed to ensure a pleasant and well organised meal for people.

### 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.

At our last inspection the provider had failed to ensure compliance with the MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11 however further development is needed to ensure consistency of approach.

- Where people had one or more Lasting Power of Attorney (LPA) in place, these parties were not always equally consulted on their family members support and care plans didn't always set out the complex arrangements that were in place. The registered manager took action to update records and guidance for staff in response our concerns about this.
- People's consent to their care and treatment had been sought but not always in line with best practice. Records lacked detail to show how consent was sought.
- Applications to deprive people of their liberty had been made appropriately and any conditions were

being complied with.

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

- The environment continued to need improvement to ensure that good practice guidance in dementia care was being followed. Whilst there had been some additional signage and memory boxes installed and some door frames had grey painted strips, there were walls and doors either plain white or heavily patterned at the service.
- Some areas of the service continued to be in a poor state of repair. The external grounds were not well maintained with uneven patio areas and gardens that had empty flower beds and a lack of planting. Two people told us how they would have liked to see improvements in the gardens.
- As reported at our last inspection, additional accommodation for 'live in' carers was being built and works had continued. This reduced the quality of the window outlook available to some people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider had not completed any new assessments since the last inspection as there had been no new admissions into the home.
- Referrals to external professionals had been made to ensure people received additional support in a timely manner.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question inadequate. 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; Respecting and promoting people's privacy, dignity and independence.

At our last inspection we found people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection insufficient improvement had been made at this inspection and the provider remained in breach of regulation 10.

- Due to the concerns identified during this inspection, we could not be assured that people received a high quality, compassionate and caring service. We have taken these concerns into account when rating this key question.
- Staff did not always take steps to protect people's privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area.
- The language staff used was not always respectful, for example, referring to people who need the assistance of staff to eat as 'feeders'.
- People were not always supported to be independent and we saw people trying to stand up and move being repeatedly asked to sit back down.
- People continued to not be engaged and stimulated. At this inspection we observed people left unsupervised for long periods of time with no meaningful activities in place. This was in particular relation to people who were cared for in bed or who opted to remain in their bedroom.
- Improvements were still needed to maintain the environment and communal gardens following best practice in the care of people living with dementia. Two people told us that they would love to have a garden with plants or colourful flowers growing.

People were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

- We also found some improvements. At our last inspection we were concerned that people had no access to call bells and therefore could not seek support of staff should they have needed it. We found at this

inspection call bells had been introduced and people were able to seek assistance. One person's relative told us, "At the time [people] didn't have call [bells] they just shouted...After a CQC [inspection] they installed call bells, and the system seems to work which is a massive improvement."

- We also observed some staff speaking with people with affection and treating them with dignity and respect. We also received positive feedback from relatives about the care their family member received. One relative said, "[Family member] does word searches and they are in book form. [Family member] struggled to keep the pages open, so their keyworker cut them out and clipped them onto a clipboard with a pen attached. so, it easier to use." Another relative commented, "Yes, they do, I have been there when [family member] is being [assisted with personal care] and is sometimes frightened and they cover [family member] whilst they [assist them with care] and talk to them, they don't rush they engage with [family member]."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- At our last inspection we were concerned that staff were responsible for facilitating activities for people but were too busy providing care and support, helping with cleaning and laundry duty as well as some meal preparation which meant they did not have the time to support people to follow their interests and to take part in activities.
- At this inspection whilst there had been improvements to the staffing levels, we were not assured people were provided with meaningful activity to reduce boredom and isolation. Some people spent long periods of time alone in their bedrooms. Staff were still expected to fulfil the role of activities facilitators, often without guidance or plans in place to support and assist them in this role.
- A member of staff had created an activities timetable, however, this contained random calendar dates that did not correlate with an activity offered. On the second day of our inspection a well-meaning attempt to create a more detailed activities plan had been completed. This, however, included activities that were not always inclusive and respectful of people's individualism and were not based on meeting people's needs.
- The registered manager told us of some additional activities that had taken place or were planned such as a pub lunch in the local area and a visiting petting zoo and how these were enjoyed by people. A relative also told us, "I have heard singing activities... I know something is happening in the dining room as I can hear it."

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

- Whilst the care planning system was not always effective and some records lacked specific detail, improvements had been made and the care plans had been reviewed and some updating had taken place.
- Some care plans were detailed in some areas but in others further information was required to make them person centred. For example, one person required medication to help them with any distress and anxiety they may experience, however, their care plan didn't detail strategies.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.



- Since our last inspection we found some improvement. Some signage had been installed to aid people in navigating around the care home and many people had memory boxes outside their bedroom door to aid their recognition of their personal space. Further work was required to implement this approach across the whole service.
- The menu for the week continued to be written on a blackboard in the separate houses and not in the dining room where many people ate their meals. This approach didn't support people who may have benefitted from pictorial information as opposed to written.

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

- There was no record of any complaints received since our last inspection.
- Several people's relatives told us they were confident complaints would be dealt with should they have any. One relative said, "The only thing we had to say, was [maintenance issue] and we mentioned it and it was fixed the next day"

#### End of life care and support

- At the time of our inspection, no one living at the service was receiving active end-of-life care.
- Some people had end of life care plans in place however people and their relatives wishes not to discuss arrangements were also respected.

# Is the service well-led?

## Our findings

### 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.

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

At our last inspection the provider had failed to have a quality assurance system in place that ensured a safe and caring service was delivered; the duty of candour requirement had not been met. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of regulation 17.

- The provider continued to fail to fully understand their roles and responsibilities and make the required improvements to ensure people received consistently good and safe care. The provider has failed to meet regulation requirements at both this service and the 'sister' home.
- Risks to people as referred to within the safe section of this report had not always been fully assessed and recorded. There was a failure to maintain accurate and fit for purpose care records.
- We found continued issues in relation to risk management, infection control, and medicines. These ongoing concerns had not been identified or resolved through any governance process.
- Misleading information was displayed on the provider's website across both of their registered care services. A description that the service had facilities within the care home such as an onsite supermarket for people to shop at, which the service did not have, was misleading and did not allow for members of the public to make informed decisions.

The provider failed to assess, monitor and improve the quality and safety of the service. This was a repeat breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection in April 2022, and in response to our findings, some action had been taken by the

registered manager and provider. The provider has since been working with system partners from the local authority on reviewing people's needs and strengthening quality across the whole service. Following that inspection, we were informed of the immediate action taken to increase staffing levels, improve the quality of food and to ensure people had access to a call bell that they could use to obtain staff assistance when needed. Whilst the registered manager and provider had been quick to react to issues raised by system partners and through the inspection visit, there remained a lack of consistency in place to show continuous improvement. Improvements need to be sustained, maintained and fully embedded into the culture of the service.

- We received some positive feedback from people's relatives about the changes being made at the service. Several relatives we spoke with told us they would recommend the service to other people.

#### Working in partnership with others

- The registered manager and provider were aware that improvements were required across the service and had worked with the local authority and safeguarding team to develop better systems.

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 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated with dignity and respect.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to assess risk and ensure people's safety. People's medicines were not being safely managed.

### The enforcement action we took:

We issued a Notice of Decision to remove the location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not assess, monitor and mitigate risks relating to the health and safety of service users.

### The enforcement action we took:

We issued a Notice of Decision to remove the location