

Prime Life Limited

Sandybrook

Inspection report

Sandy Lane
Lower Darwen
Blackburn
Lancashire
BB3 0PU

Tel: 01254660050
Website: www.prime-life.co.uk

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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

Sandybrook is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 25 people. Bedrooms comprised of 25 single bedrooms, all of which had en-suite facilities, spread over two floors.

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

The service was not safe. We found continued breaches of the regulations, new breaches and failure to act on previous recommendations.

Recruitment systems and processes were not sufficiently robust. Relatives and staff told us there were insufficient staff and audits suggested more incidents and accidents occurred when staffing levels were reduced. People were at risk as the environment was dirty and unhygienic. Risks within the environment had not been considered and we had to insist a significant hazard was addressed during the inspection. Medicines were not managed safely.

The service was not well led. The registered manager worked full time within the staffing levels and evidence showed they had insufficient time to undertake their role. There was not a positive culture within the service. Staff spoke about low morale and changes not being sustained. None of the staff had received supervision to support them in their roles. The registered manager did not always respond effectively to risks and inappropriate practices. The registered manager lacked knowledge of the regulations and their responsibilities to meet these. Quality audits were not sufficiently robust to highlight the concerns we found or to drive timely action when issues were identified.

A number of communal rooms and bedrooms required re-decoration and some furniture was damaged and in need of repair/replacement. The design and decoration of the service did not always meet the needs of people living with dementia. People were not always treated with dignity and respect. People did not have access to activities and stimulation on a regular basis. Relatives had raised concerns about activities in meetings and told us about this during the inspection. The registered manager had not ensured people always had access to information in a way they could understand.

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. Staff had access to various training courses and they completed an induction when commencing employment. People received a balanced and nutritious diet. Relatives were complimentary about the food.

Relatives gave us positive feedback about the care staff being kind and caring. People and their relatives were involved in decisions about their care and the care planning process. Consideration had been made to people's end of life wishes. The service engaged well with external professionals.

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 23 January 2019) 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 and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to person-centred care, dignity and respect, safe care and treatment, premises and equipment, good governance, staffing and fit and proper persons employed at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 is therefore 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.

Sandybrook

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sandybrook 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also contacted Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We engaged with 10 people who lived with dementia, we assessed how staff supported them and if their needs and preferences were being met by observing how staff responded to them. We also spoke with six visitors about their experience of the care provided. We spoke with nine members of staff including two regional directors, a regional manager, the registered manager, care workers, a housekeeper and a maintenance person. We observed care delivery throughout the inspection to help us understand the experience of people who could not answer our questions.

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

The provider took timely action during the inspection, to address some of the more serious concerns we found.

After the inspection

We received a timely response from the provider, in the form of an action plan, detailing what action would be taken and by when to address the concerns we found on inspection.

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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection the provider failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- The registered manager and provider failed to ensure robust recruitment systems and processes were in place to keep people safe. We looked at recruitment records and found application forms were not always completed in full, a full employment history was not always available and reasons for leaving previous roles or unexplained employment gaps had not been explored.
- The provider placed people at risk of being supported by inappropriate staff. We found those who were required to be supervised for a period of 13 weeks (at the request of the HR department for the provider, due to insufficient references and disclosure and barring service (DBS) clearance) were not appropriately supervised. The registered manager had also provided a placement for a student within the service. However, there were no records at all in place for this person (including evidence of a DBS check). The provider did not have a policy in relation to supporting students.

The provider had failed to ensure robust recruitment systems and processes were in place, placing people who used the service at risk. 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.

- The registered manager and provider failed to ensure sufficient staffing levels were in place. The registered manager worked full time as a member of staff and was included in the staffing numbers. We will discuss this in the well led section of this report. We found one person in the service was to be supported on a one to one basis between 1pm and 5pm due to risks. However, the registered manager was unable to evidence this was consistently in place. For example, records showed out of a period of 10 days, only two days had been covered. The registered manager told us this was covered but could not evidence how.
- Relatives and staff told us staffing levels were inconsistent. Comments included, "Sometimes they can be quite short staffed", "I've noticed that they use agency staff to cover regular staff absences" and "Staffing levels are not good. Half of the time we do not get time to do activities or sit and talk to people." Accident and incident analysis identified trends in occurrence; this being during times when staffing levels were

lowered. For example, between 12noon and 8:00pm and 7:00am and 7:30am. The registered manager told us they had requested to directors, a further night staff and were awaiting a response. The regional support manager also made a request to directors for a fixed term member of staff to be employed to cover the one to one support.

The registered manager and provider failed to ensure appropriate staffing levels were in place. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our last inspection we recommended consideration was made to best practice guidance in relation to ensuring risks of cross infection were managed. Not enough improvement had been made and we found further concerns.

- People were at risk of harm as the environment was dirty and unhygienic. General cleanliness levels were poor. For example, there was an offensive odour in some communal areas and bedrooms. We were told by a staff member, in one bedroom there had previously been an issue with a person urinating in a wardrobe. However, this had remained in place despite a different person currently using the bedroom. We also found windows were very unclean throughout the building, equipment such as a stand aid and 'crash' mats were unclean, and a used commode was being 'soaked' in a bath. We also found none of the duvets in place had covers on and some beds had been made despite having soiled sheets.
- The laundry room was very untidy and washing machines were unclean. Some relatives we spoke with told us their family members were occasionally wearing clothes which did not belong to them. Comments included, "One problem is the laundry. Mum's wearing someone else's clothes again today" and "From time to time, my mum has been dressed in other people's clothes."

The registered manager and provider failed to ensure appropriate hygiene standards were maintained. This is a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection we made a recommendation about the need for improved risk assessment. Whilst risks to people's health and wellbeing had been addressed we found further concerns about environmental risks.

- Risks to people's health and safety had not always been managed. The registered manager had not considered any of the risks within the environment to keep people safe. We found a significant electrical hazard during the inspection and had to ensure urgent action was taken to make this safe. Window restrictors in several bedrooms were broken. Wardrobes were not always secured to the wall. Radiators in some bedrooms were very hot and did not have covers on them. A light in one persons en-suite was not working. One person's door to their en-suite had broken off and was leaning up against the wall in their toilet.
- Fire safety was not always safe. We found a chair blocking a fire exit. Records showed that fire exits, and fire escapes had not been checked since April 2019. Fire drills did not identify which staff had been involved. There was a significant smell of cigarette smoke near to and in the laundry area.

The registered manager and provider failed to ensure risks within the environment were identified and

managed to ensure people were safe. This is a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection we recommended the provider consider current guidance in relation to the storage of eye drops and creams. Not enough improvement had been made at this inspection.

- Medicines were not managed safely, and people were placed at risk. All staff, including those who had not been trained, had access to the medicines room, controlled drugs, medicines in the fridge and drugs to be returned to pharmacy. We asked the registered manager to address this urgently, to ensure only relevant staff had access. This was made safe during our inspection.
- We found creams belonging to people were in other people's bedrooms and creams had labels missing or had been ripped off. We were not sure people had always received their medicines as prescribed. For example, two people's records did not match the amount medicines in stock. The registered manager had not ensured medicines to be returned to pharmacy were securely stored and were accessible to all staff. We found protocols were not always in place or updated for those medicines given 'as required'.

The registered manager and provider failed to ensure medicines were managed safely. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from abuse. The registered manager was not always aware of their responsibilities in relation to this, which we will discuss in the well led section of this report. Relatives told us they felt their family members were safe from abuse. Staff had received training in safeguarding and policies and procedures were in place to guide them in their roles. The registered manager had informed the local authority safeguarding team of any reportable instances.

Learning lessons when things go wrong

- There was little evidence of how lessons were learned when things went wrong. The registered manager had identified a trend in staffing levels and incidents which the provider had failed to act on or respond appropriately to.

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

- The design and decoration of the service did not always meet people's needs. We found a number of communal and personal rooms in need of re-decoration. Some furniture was damaged and in need of repair or replacement. For example, we had to request a sideboard be repaired in the communal lounge as this was damaged and people could have injured themselves. We saw a broken wheelchair was being stored in a communal bathroom. We also found a wheelchair in a bedroom of a person who did not use a wheelchair.

The registered manager and provider failed to ensure the design and decoration of the service met people's needs and is a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 19 of the 21 people living in the service, had a diagnosis of dementia. However, the environment did not always support these people to be as independent as possible. For example, the environment had not been adapted to help people living with dementia find their bedroom, no consideration had been made to lighting and toilet seats were the same colour as the toilet. Some signage was in place and some more was delivered during our inspection. Some communal areas were decorated in contrasting colours.

We recommend the provider considers best practice guidance to ensure the environment meets the needs of people using the service.

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

At our last inspection the provider failed to ensure they were working within the principles of 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 and the provider was no longer in breach of regulation 11.

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.

- The registered manager and provider had ensured detailed assessments had been made about people's capacity to make decisions. We discussed how further small improvements could be made to these. The registered manager had ensured all necessary DoLS had been submitted. However, they were unable to tell us which had been authorised and which had not; they confirmed they needed a 'tracker' so they could monitor this. The provider sent us an action plan after the inspection which detailed these minor improvements.
- Consent forms were in place and had only been signed for by those with legal authority to do so. There was evidence that best interest meetings had taken place when people lacked capacity to make decisions. A relative told us, "The staff always ask for my mum's consent. There don't seem to be any restrictions here."

Staff support: induction, training, skills and experience

- The registered manager ensured staff received an induction when commencing employment. This also included the care certificate for those staff who had not previously worked in the care sector. Staff had access to numerous courses to support them in their roles. We saw the trainer was in the service during our inspection.
- The registered manager had not conducted any supervisions or appraisals with staff to support them in their roles. We will address this further in the well led section of this report.

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

- People were supported to eat a healthy and balanced diet. Records showed a preference sheet was completed with people to identify their food and drink likes and dislikes. We saw a menu for the day was displayed. The service had received a five star, very good rating from the food standards agency.
- People had two hot meal choices at lunch time, with a choice of dessert. We observed good practice during a lunch time meal; people were shown the two meal choices, so they could make an informed decision about what they wanted to eat. Relatives told us, "The food is good. There is a choice of two meals every day and there always seems to be fresh fruit on the menu. The lounge has juice machines, so that residents can help themselves to drinks" and "Meals are very good. They are appetising and well presented. [Family member] has put a little weight on since living here."

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

- People's needs were assessed. The registered manager had reviewed almost all care plans to ensure their needs had been appropriately assessed. Records showed people's needs were assessed prior to them using the service. Relatives we spoke with confirmed they had been involved in the assessment process.

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

- The registered manager ensured referrals were made to external professionals when required. The registered manager ensured information from external professionals was followed and incorporated into care plans.
- We saw people had been seen by external professionals such as, GP's, podiatrists, district nurses,

opticians and mental health teams. However, we noted people did not have access to a dentist. The registered manager informed us they had attempted to find a dentist but had not been successful. They assured us they would address this as soon as possible. Oral health had been considered in care plans. However, the registered manager had not considered current best practice guidance in relation to this.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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; Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated with dignity and respect. During our inspection we witnessed a person wearing clothing that was too small for them and they appeared uncomfortable. As mentioned in the safe section of this report, relatives reported their family members wearing clothing which belonged to another person. We had to bring to the attention of the registered manager, the inappropriate comments made by a member of staff.

The registered manager and provider failed to ensure people were treated with dignity and respect. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives gave us positive feedback about care staff. Comments we received included, "The staff members are kind. They are all respectful of her", "I feel that the staff are kind and caring. They are respectful and help to make my mum feel special" and "I think the staff members are all kind and caring. They listen to me and tried to do the best for [family member]." Relatives also spoke about staff giving people hugs, which they felt reinforced a caring nature.
- The service had equality and diversity policies and procedures in place to guide staff. These considered protected characteristics and provided guidance for staff. The registered manager ensured information was stored securely.

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

- People and their relatives were involved in making decisions about their care and support. Relatives told us, "I have been involved in the care plan" and "I have been involved in the care planning. Everything has been documented that [family member] had at home; his routines, likes and dislikes, medication, some family history and so on."

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.

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 not consistently supported to follow interests or take part in activities to meet their needs. For example, people living with dementia were not supported to engage in stimulating activities to prevent boredom. Throughout our inspection we observed instances of behaviours that challenged. Relatives told us there were not enough activities and staff confirmed they did not have time to do activities with people. Records of resident and relatives' meetings showed activities was a regular concern and topic for discussion.

- We noted a fund-raising day had been held and themed celebrations had taken place on occasions. However, the service had an activities board displayed in a communal area, which was not reflective of the daily activities taking place. People were constantly walking around the communal areas and staff were overheard asking them to go and sit down. Records were completed to show what activities everyone had completed during the day. Staff had documented activities undertaken were 'sleeping', 'wandering', 'wondersome' or 'visit by family'.

The registered manager and provider failed to ensure people had access to meaningful and stimulating activities on a regular basis. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they were able to visit without any restrictions and were made to feel welcome by staff. We observed many people visit throughout the inspection.

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.

- The registered manager was not aware of the Accessible Information Standard or their responsibilities in relation to this. One relative told us, their family member had a hearing impairment and two sets of hearing aids had gone missing in the service. A relative commented, "I think pictorial prompts could help, but I've not been aware if any being used and I'm not aware if any other technological aids or adaptations to support deafness here." The service did have some easy read information and one person received information in braille.

The registered manager and provider failed to ensure people had access to information in ways they could

understand. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Person-centred care plans were not always in place to meet people's needs. One person, who was supported on a one to one basis at specific times during the day, did not have any care plans in place to evidence this support. We will discuss this further in the well led section of this report.
- The registered manager told us they had made some progress in updating care plans to reflect people's needs. However, further reviews were required. The level of information included in care plans evidence the person and their family had been involved.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for responding to complaints and concerns. Relatives told us they knew how to complain and would not hesitate to do so. The registered manager had dealt with two complaints in October 2019; we saw evidence to show how these had been managed.

End of life care and support

- No one was receiving end of life support at the time of our inspection. The service had end of life policies and procedures in place to guide staff. The registered manager asked for end of life information during pre-admission assessments. People had end of life care plans in place, if they had consented to discuss this, to ensure their needs and wishes were met at the end of their life.

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 deteriorated to 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.

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

At our last inspection the provider failed to ensure systems and processes were 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.

- The service was not well led and did not always achieve good outcomes for people. The registered manager was unable to evidence how they were supporting a person who required one to one support from 1pm until 5pm. Records did not evidence this was being supported. For example, the hours were not included on the rota and there was no care plan or risk assessment to support this. We also found no consideration had been made to update the DoLS application to reflect this restriction.
- The registered manager did not always respond appropriately when staff displayed inappropriate practices and behaviours. For example, when disciplinary action should have been taken or further training was required. We received confirmation after the inspection of the action taken to address our concerns.
- The culture within the service was not consistently positive. Staff spoke about low morale and not wanting to work on certain shifts. Comments we received included, "Some staff want to be here, and some staff have an attitude. There are some who bring the whole team down" and "The worst part of my job is working with a couple of the staff." One staff told us, "The manager is too soft at times. When something needs to be done, it needs to be done or nothing will move forward." None of the staff had received a formal supervision to support them in their roles.

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

- Relatives told us the registered manager was approachable. Comments we received included, "The registered manager is approachable and is pleasant" and "The registered manager is approachable and always seems happy."

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

At our last inspection the provider failed to ensure systems and processes were 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.

- At our last inspection and this inspection, the registered manager worked full time within the staffing numbers in the service. This meant they were not given sufficient time to undertake their role as registered manager. This was evident and consistent with the concerns we found during this inspection; also, another member of staff had to be brought in to work to release the registered manager, so they could partake in the inspection.
- The registered manager lacked knowledge and understanding of their responsibilities in regard to the regulations. They had not always notified us when safeguarding issues had occurred and told us they were unaware they were to notify us. The registered manager was not appropriately assessing, monitoring or managing risks in the service. This has been evidenced throughout this report.
- Quality audits did not always highlight concerns we found on inspection and a number of audits were not being completed. The registered manager failed to act in a timely manner when audits did show concerns. We saw the cook was undertaking their own audit with no oversight from the registered manager.

The provider failed to improve care and managers did not understand quality performance, risks and regulatory requirements. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- In the main, relatives and staff felt involved and that the registered manager engaged with them. Records also evidenced a residents meeting had been held, which 13 people had attended. Relatives told us, "I'm not aware of any residents' meetings, but I would speak to the manager face to face if there was an issue", "The manager is very good and communicates well" and "I can phone the manager and talk things through with her. She will also help me filling in the forms." Records showed two relatives' meetings had been held since the registered manager had been in post.
- Records showed the registered manager held staff meetings with both day staff and night staff. Staff told us, "Things sometimes change after a meeting, but they soon fade back to how it was" and "Things did change initially. I have been off on annual leave and come back and seen it has gone worse again."

Working in partnership with others

- The service engaged with external professionals. Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional teams for advice and support.

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 registered manager and provider failed to ensure people had access to meaningful and stimulating activities on a regular basis. The registered manager and provider failed to ensure people had access to information in ways they could understand.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered manager and provider failed to ensure people were treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager and provider failed to ensure medicines were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered manager and provider failed to ensure appropriate staffing levels were in place.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered manager and provider failed to ensure risks within the environment were identified and managed to ensure people were safe.</p> <p>The registered manager and provider failed to ensure the design and decoration of the service met people's needs.</p>

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to promote a positive culture and to achieve positive outcomes for people.</p> <p>The provider failed to improve care and managers did not understand quality performance, risks and regulatory requirements.</p>

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure robust recruitment systems and processes were in place, placing people who used the service at risk.</p>

The enforcement action we took:

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