

Roche Healthcare Limited

Hartshead Manor

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Hartshead Manor Care Home provides accommodation, care and support for up to 55 people over 65 years old including people living with dementia. At the time of our inspection, there were 44 people living at the service.

People's experience of using this service:

- People told us they felt safe and well cared for by staff. One person said, "I think they're very good to me."
- At this inspection, we found some improvements had been made in relation to the management of medicines, the mealtime experience of people living with dementia and how people's weight loss was managed. However, further improvements were still required and the provider continued in breach of regulations.
- We found four breaches of the regulations in relation to safe care and treatment, consent, good governance and staffing. The provider was not always managing the risks involved with people using specialist seating equipment appropriately, checking the temperature of the water before supporting people to have a shower, ensuring the equipment used to help people to move was safe and information in people's risk assessments was not always detailed or updated. The provider was not always completing decision specific mental capacity assessments and best interest decisions for people who lacked the capacity to make decisions about their care. Staff were not offered regular supervision and appraisal. The provider's quality assurance processes in place were not effective in identifying the issues found at this service. Some of the issues found at this inspection had already been identified in our previous inspection. The management of the service continued to fail in their oversight and monitoring of the quality of the service and in implementing the changes needed for the service to be compliant with the regulations.
- We have made three recommendations in relation to the use of specialist seating equipment, checks on water temperatures and pressure relief for people at risk of developing pressure ulcers.
- We received mixed views about the staffing levels at the home.
- People enjoyed the meals and their dietary needs had been catered for. This information was detailed in their care plans.
- People were supported in accessing healthcare professionals.
- People and relatives felt staff were kind and caring and treated them with dignity and respect when providing care.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service has been in special measures and has been inspected within six months as we state in our guidance. As insufficient improvements have been made and there remains a rating of inadequate for the key question of well-led, the service therefore remains in special measures.

Why we inspected:

When services are in Special Measures they are kept under review and we will inspect the service within six months. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor the service to ensure that people received safe, high quality care.

Further inspections will be planned for future dates. We will follow up on the breaches of regulations and recommendations we have made at our next inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Hartshead Manor

Detailed findings

Background to this inspection

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

Inspection team:

This inspection was conducted by one adult social care inspector, one pharmacist inspector and an expert by experience on the first day and two adult social care inspectors on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For the purpose of this inspection, that experience was in caring for people with dementia.

Service and service type:

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

The service had a home manager who had been in post less than one month and had not yet registered with the Care Quality Commission but told us they were planning to do so. The nominated individual had been the acting manager for the last six months but had not registered to manage the service. It is a legal requirement that the home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:

This inspection was unannounced. Inspection activity started on 4 March 2019 and ended on 8 March 2019. We visited the service on 4 and 5 March 2019 to see the home manager, speak with people, relatives and staff and review relevant records.

What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and received feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, the local authority infection prevention and control team, the fire service and the Clinical Commissioning Group.

During the inspection, we spoke with 11 people using the service and six relatives and friends of people using the service. We spent time observing care in the communal lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We spoke with eight staff; this included the nominated individual, home manager, commercial manager, nurses, chef and care workers. We looked at care records for three people using the service including support plans and risk assessments. We also looked at other specific areas in three people's care records related with their moving and handling, nutrition and hydration and consent. We analysed four medicine administration records. We reviewed training, recruitment and supervision records for three staff including assessment of their competencies. We looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service. We also received feedback from two healthcare professionals visiting the service.

After the inspection, we exchanged emails with the nominated individual and home manager for additional evidence and updates on the actions being taken by the provider following this inspection.

The report includes evidence and information gathered by the inspectors and expert by experience. Details are in the key questions below.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- At our last inspection on 17 and 25 July and 2 August 2018, we found the provider was in breach of regulations in relation to safe care and treatment; medication was not managed safely, people using specialist pressure relief chairs had not been assessed to use this equipment and manual handling risk assessments were not always person centred and lacked detail about how people should be moved. At this inspection we found not enough improvements had been made, further concerns were found in relation to the safety of the equipment used to move people and lack of checks on the temperature of the water before supporting people to have a shower. The provider continued in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- The provider had systems in place to identify and manage risk to people's care however improvements were still required in making sure the information in people's records was the most up to date and detailed. People had a range of risk assessments to look at different areas of their care such as their moving and handling requirements, continence, falls and nutrition. One person required support with having a bath; their assessment indicated they used a shower chair however this was not accurate; due to their poor sitting posture they were supported with a bed bath. The moving and handling risk assessment for three people who required support with the use of an electrical hoist lacked detail as to the size of their slings. It is important that the information in people's risk assessments provides detailed and accurate guidance to staff to prevent incidents. We shared our concerns with the nominated individual and home manager and they told us they would review people's risk assessments.
- People who require specialist seating equipment did not always have a specialist assessment of their needs. During our second inspection day, two people had this specialist assessment and recommendations were by the professional. This was an issue that we had already identified at our last inspection. We discussed this concern with the nominated individual and home manager and asked them to identify the number of people who required these assessments and take appropriate action; they shared this information with us and stated that the appropriate assessments would be completed one week after our inspection. We have made a recommendation for the provider to consult and implement good practice on the use of specialist seating equipment.
- One person who was living at the home was known to display behaviours that could challenge others, such as physical aggression. This person had a behavioural risk assessment and care plan in place to manage their behaviour and information about what had happened before, during and after an accident was being recorded. When we reviewed this information, we saw several recent incidents of physical aggression towards staff happening during the morning period and records suggested this person was spending long periods of time in their bedroom. No analysis of these incidents had been done by the provider and after we spoke with staff and management there was lack of clarity of who was responsible for keeping an oversight of this information. The nominated individual told us, and we saw evidence, that other

relevant healthcare professionals were involved or had been sent a referral, such as the GP, mental health team and the deprivation of liberty safeguards assessor.

- Other accidents and incidents that had happened at the home, such as falls, were being monitored and monthly analysed by the provider.
- The provider was not checking the temperature of the water before helping people to take a shower therefore putting them at the risk of being scalded. The management told us they were going to introduce these checks. We recommend that the provider implements the requirements issued by the Health and Safety Executive in relation to managing the risks from hot water and surfaces in health and social care.
- We found concerns in how the provider was monitoring that the equipment used to help people to move was safe. During our inspection visit, the provider could not evidence that all slings used by people had passed the Lifting Operations and Lifting Equipment regulations. The provider sent us information confirming these checks had been completed after the inspection and action was being taken to replace the equipment that had failed the checks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I'd rather be here than home, I'm taken care of, I'm not worried, I feel safe." Relatives told us their loved ones received safe care.
- At our last inspection on 17 and 25 July and 2 August 2018, we found the provider was in breach of regulations in relation to safeguarding because there were concerns about how people's weight loss was managed and the provider had not always submitted the required statutory notifications. At this inspection, we found improvements had been made and the provider was no longer in breach however work was still required to consolidate staff's knowledge in this area.
- The provider was managing safeguarding concerns appropriately however, on one occasion, staff did not report concerns to a senior member of staff in a timely way. The home manager and nominated individual told us they were planning to discuss the safeguarding and whistleblowing policy at the next staff meeting and check staff's knowledge in this area.

Using medicines safely

- The arrangements for managing medicines at the service kept people safe.
- People told us they received their medication regularly and on time.
- Body maps were in place for external medicines such as creams and ointments, however it was not always possible to tell which cream care staff had applied from the records made on handheld electronic devices. We discussed this issue with the nominated individual and they told us they would address this.
- The safe management of medicines was supported by a written policy which was regularly reviewed. Medicines, including controlled drugs and those requiring refrigeration, were stored safely. There was a system in place to ensure time critical medicines were given at the right times. Care plans and 'when required' protocols contained sufficient information to ensure people received medicines in a way which met their needs.
- Staff had received suitable training in medicines and regular ongoing checks of their competency to administer medicines. There was an audit process in place to identify and mitigate risks associated with the improper management of medicines.

Staffing and recruitment

- At our last inspection, we received mixed views about the staffing levels at the home and we asked the provider to review this in light of our inspection findings. At this inspection, we received again varied feedback about the levels of staffing and its impact.
- We asked people if staff responded in a timely way. People told us, "Yes 90 % of the time, I appreciate [care staff] can't be in two places at once;" There are enough staff day and night, they come quickly enough;" "It's

not usually long [to wait for staff] unless there's a good reason, like if they're busy, they usually say why, like sorry we're short of staff, people are on leave or sick;" "It can vary, busy at bedtime but generally there's one about."

- Some staff we spoke with told us there was not enough staff of shift. Staff did not mention any incidents that could have been caused by low staffing levels but highlighted possible risks, in particular in the unit dedicated for people living with dementia. We shared this information with the nominated individual and the home manager. The provider continued to use a dependency tool to access the level of staffing at the home and they were working in line of what was indicated in the tool. The home manager told us they were considering whether to introduce an extra twilight shift.
- One healthcare professional shared concerns about the time it could take for the front door to be answered and the availability of staff during their visits. They commented, "It is very difficult to find a nurse when a [healthcare professional] attends for a visit." We asked the provider to investigate these concerns.
- People were supported by staff who were safe to work with them. Staff files contained the information required to aid safe recruitment decisions such as full employment history, references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- During this inspection, we found one wheelchair that was not cleaned. We discussed this with the home manager and nominated individual and they took immediate action. Care workers had completed training in infection control prevention. Staff told us they have access personal protective equipment. People and relatives told us they found the home clean and hygienic.

Learning lessons when things go wrong

- At the last inspection we found concerns about how the provider was analysing the incidents and accidents at the home. At this time, we saw that there had been a decrease in the number of accidents and incidents, in particular, falls and no patterns had been identified that could help prevent these happening again. The nominated had started developing daily meetings with staff to discuss risks to people, including falls and measures to prevent these were having a positive impact in how staff were kept informed and acting on risks to people's care.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- At the last inspection the provider was in breach because relevant people had not always been involved in best interest meetings and we saw relatives giving consent for decisions without having lasting power of attorney for health and welfare. At this inspection, we found not enough improvements had been made and the provider continued in breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- Some people who appeared to lack capacity had been assessed, but these assessments were not decision specific. For example, the decision in one person's mental capacity assessment indicated, "to receive considerable amount of support and supervision to maintain safety"; another one stated, "[Person] is unable to administer their own medication and attend to [their] personal care and would be at risk of self neglect if not assisted."
- The provider was not consistently completing mental capacity assessments for people who required them. For instance, one person who required their medication to be given covertly had a very comprehensive and decision specific mental capacity assessment and best interest decision. Another person who was also having their medication administered covertly did not have any assessment of their capacity or record of best interest decision for this decision.
- When the provider was completing best interest decisions, there was limited information of how the person had been involved and the considerations made during the best interest meeting. There was evidence that relevant people had been involved.

Staff support: induction, training, skills and experience

- The provider's supervision and appraisal policy indicated supervision should be done 3 times a year and 1 appraisal a year. When we reviewed staff's records, not all had had a recent supervision. When we reviewed the training matrix which presented information from the last 14 months, we saw the majority of staff had

only had one supervision during this period and some staff had not had any supervision. We discussed this concerns with the nominated individual and after the inspection we saw evidence of supervision records for two staff members however the information made available did not assured us that most staff members had been offered a regular supervision. This issue had already been raised during our last inspection. The evidence above indicates the provider is in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- People and relatives felt staff were well trained and skilled to do their jobs. One person said, "I think they have or they wouldn't be here doing it."
- Staff had access to varied and relevant training plan which was up to date.
- Feedback from a healthcare professional questioned the competency of staff due to the nature of some referrals done and knowledge of people's health conditions. We shared this information with the provider and asked them to investigate. They sent us a written response explaining they were considering the concerns raised under their complaints procedure and were taking disciplinary action.

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

- People's physical, mental health and social needs were assessed and their care and support was planned through the development of a care plan. However, this was not always in line with good practice. For example, the care plan and records of care delivered to one person who was at high risk of developing pressure ulcers indicated they were being repositioned on average every six hours during the day. This is not the frequency recommended by The National Institute for Health and Care Excellence (NICE). We recommended the service implements current best practice in relation to the frequency that people who are at risk of developing pressure ulcers should be repositioned.
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's communication requirements were assessed and included in their care plans. For example, one person's communication care plan indicated, "[Person] will give yes and no answers and will need staff to ask [them] leading questions"; this guidance enabled staff to adapt their approach to better meet this person's needs. Our observations confirmed this was happening.

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

- At the last inspection the provider was in breach in regulation in relation to nutrition and hydration because people's nutritional and hydration needs were not being met and the registered provider was not managing people's weight loss safely. At this inspection we found improvements had been made and the provider was no longer in breach.
- People gave us positive feedback about the quality of the food at the home. They told us, "The food's very good, lots of tea and things," "The food is generally very good, more often than not we get a choice, they give us an alternative if you don't like the choices."
- The mealtime experience for people living with dementia had improved. We observed people being supported to have their meals in an appropriate and person-centred way. We saw staff using pictures to help people making decisions about what they wanted to eat.
- People's weight loss was managed in an effective way. Relatives told us, "[My relative]'s weighed very regularly, they've maintained [relative] weight, they monitor [relative] food;" "[Relative lost [considerable amount of weight] in hospital with pneumonia, [relative] has put it back on, they weigh [relative] regular, [relative] is back to full health." The provider had appointed one member of staff to focus on people's nutrition and hydration; their duties included weighing people regularly, making referrals and keep in contact with relevant healthcare professionals and keep the staff team informed. The home managed and nursing team continued to keep an oversight of this area of people's care and daily discussions were held about risks to people's nutrition.
- People's care plan included information about their nutritional needs and this was being followed by staff.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff had contacted other healthcare professionals when required.
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as the GP, district nurses, palliative nurses.

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

- The service environment, including communal areas was accessible for people to use and throughout our inspection visit we saw people moved freely around the service as they chose. Each person had their own room and most of them were decorated in a personalised way. The communal area in the unit dedicated for people living with dementia had sensory objects that could be used to keep people active and relaxed.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said they were supported by staff who were kind. They told us, "Everybody's very good, very kind and caring;" "If any of the staff see you on your own they help you, they've got a lot of patience, they are kind."
- During our inspection visit we observed staff and management talking with people in a caring and respectful way. Interactions between staff and people staying at the service were relaxed. It was evident that people felt comfortable in the presence of staff. For example, we observed one person who had difficulties in communicating initiating physical affection to staff by reaching out to hug them, smiling and waving at staff.
- The home manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the protected characteristics of the Equalities Act 2010.

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

- People and relatives told us they were involved in decisions about the care delivered. "Relatives said, "Yes it's [the care plan is] pre-written, I haven't seen the care plan since [relative's] needs changed;" "I've been involved in the planning" and "I've seen the care plan but not for a while, we can see it when we want, it's available."
- Records we looked at confirmed regular reviews were taking place and but there was limited evidence how people and relatives had been involved during reviews of care.

Respecting and promoting people's privacy, dignity and independence

- Most people told us staff respected their choices. One person said, "[Staff] always ask before helping." We asked people if they could choose when to have a bath or a shower and we received mixed views. One person said, "Not always me who chooses when but I go along with [staff]." Another person said, "About once a fortnight, if I wanted or needed more I would ask for them." And another person commented, "You can have a bath or shower when you want, twice a week [is] enough for me." We asked the home manager and nominated individual to review the frequency that people were being offered and supported with a shower. After the inspection, they send us information showing people were supported with a shower or a bath but staff were not recording when then had offered this support and people declined. The provider told us they would address this issue.
- We observed people who required support with being transferred with the help of an electrical hoist keeping their slings under them after the transfer being completed. Some people's care plans indicated their slings were breathable, which meant that keeping them under the person for several hours would not have a detrimental impact on people's skin integrity. However, there was no indication in people's care plans that this had been their choice or a choice made in their best interests. We shared with the home manager and

nominated individual our view that, due to the high number of people that we observed sat on their slings during the day, this suggested that it was an organisational practice and not a person-centred choice. They told us they would review this.

- People who required it, had been supported to access advocacy services. Advocacy services are independent of the provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- We found limited information about people's person history in their care plan. We reviewed one person's care plan and there was no information about their personal and professional life before being admitted to the home. One of the staff members told us about this person's professional background, that they used to like going to pubs and liked to participate when entertainment was offered at the home. We could not be assured this information was also known to other staff members because it was not in this person's care plan. We discussed this issue with the home manager and nominated individual and they told us about the improvements they were planning to do in this area.
- Care plans reflected people's needs and preferences when being supported. For example, one person's care plan indicated the themes of conversation they liked to talk about and how staff should use these to support this person during behavioural incidents. Our conversations with staff confirmed they were aware of these instructions and following them.

- The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider told us they had made information available to people before specialist appointments and could make adaptations to the printed information given to people, for example, in large print.

- In our last inspection we found concerns about people not being offered enough social stimulation throughout the day and spending long periods of time sitting in the lounges. At this inspection, we found improvement were made in particular in the activities offered to people living with dementia. For example, we observed staff encouraging people to play with musical instruments and some people seemed to be enjoying. The home continued to develop a regular program of activities which included indoor and outdoor activities mainly, but not only, developed by the activities coordinator. Most people gave us positive feedback about the activities they were involved in, they told us, "There's enough to do especially when it's good weather, I'm interested in gardening, I get involved;" "I knit a lot and [play] dominoes"; ""I do what's on offer"; "[Name of staff] the activities coordinator is good, I've been on a few trips out". One person told us there was not enough to do, "I would like to do odd jobs, gardening, things like that, we shall be starting the new season in a few weeks, I will help, I love doing it" Relatives commented, "There seem to be enough [activities for residents]" and "Yes, there's bingo, quizzes, trips, shopping, knitting, the carers bring wool in and so do I."

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be actioned.
- We reviewed complaints received by the service and these had been managed appropriately.

End of life care and support

- The provider was caring for people who required end of life care. This person's care plan indicated their care needs and support required and we saw evidence that this had been reviewed recently however there was no indication that this person's specific end of life wishes had been discussed with them. We discussed this with the nominated individual and they told us they were aware of good practice in providing end of life care and reassured us would be following the appropriate pathway of care at the appropriate time. We saw relevant healthcare professionals were involved and they told us staff followed their advice.

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

Inadequate: There are significant shortfalls in the way the service is led. Some regulations are not met. The delivery of high-quality care is not assured by the leadership, governance or culture in place.

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

- At our last inspection on 17 and 25 July and 2 August 2018, we found the provider was in breach of regulations in relation to good governance because there were systematic and widespread failings in the oversight, monitoring and management of the service, which meant people did not always receive safe care. We found concerns around the lack of effectiveness of the quality assurance processes and improvement plans put in place by the provider, poor oversight of the quality of people's records of care, assessment of staff's competencies and supervisions. At this inspection, we found not enough improvements had been made and the provider continued in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- At this inspection, we identified a continued breach in regulations related with consent, safe care and treatment and good governance and one new breach in relation to staffing. We have made three recommendations in relation to the use of specialist seating equipment, checks on water temperatures and pressure relief for people at risk of developing pressure ulcers. The provider's continued failure to be compliant with the regulations and good practice shows that the systems in place for identifying, capturing and managing organisational risks and issues are ineffective. The provider had an improvement action plan however some of the actions indicated as completed or that had been progressed matched with areas where we found concerns, such as staffing, frequency of people being repositioned and compliance with the MCA.
- The home was being managed and had been managed in the last six months by a manager who had not registered with the CQC. It is a legal requirement that the home has a registered manager in post.
- The provider's registration and statement of purpose indicated the service could support people over 65 years old however one person living at the service was 63 years old. We highlighted this to the nominated individual and they told us they would take appropriate action.

Continuous learning and improving care

- The quality assurance processes in place were not effective. Regular audits were being completed on areas such as medication, care plans, health and safety. The provider had implemented a daily walkabout by the home manager to complete various checks on people's care, medication, premises. The provider showed us new quality assurance tools that they were planning to put in place however we could not be reassured of their effectiveness. When services are in special measures, our expectation is that when they are re-inspected significant improvements had already been implemented.
- At this inspection, we found improvements were still required in how the home was managing records. For example, care staff had the responsibility to support people with their prescribed creams and make the

appropriate records of this, however when we looked at the records these did not indicate which cream had been applied. Some people living at the home required their drinks to be thickened to manage risks with their swallowing; staff were supporting people with this however no records were being made of the quantity of thickener that was being put in each drink. We discussed these issues with the nominated individual and they told us of the actions they would take.

- The home manager and nominated individual were proactive throughout the inspection in demonstrating how the service operated and the improvements implemented. They were open during the discussions about the issues found at this inspection. During and after the inspection, the home manager and nominated individual were responsive to our requests for further information and kept us up to date of the actions they were taking to address the areas that required improvement.

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

- People and relative told us they had attended meetings with the provider and relevant aspects of the management of the home were discussed. We reviewed some minutes of these meetings. One relative said, "I've been once or twice [to meetings] since the furore [the home being on special measures], it's nice to be kept in touch, I think it's better now, they have upped their game, they are more aware, they are trying hard."

- Staff also told us they had been kept updated and informed about the changes in the service.

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

- People, relatives and staff shared positive feedback about the management of the service. People said, "I know who the manager is, a lady, [name of home manager];" "We know who the manager is, she seems nice." One relative told us, "I know who the manager is, she is very open to talk to, very approachable." Staff told us, "It is better now;" "It's ok, we have been having meetings and they have been keeping us updated of everything, I think they are ok."

- Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and deaths of people using the service. The provider ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

Working in partnership with others

- Evidence we looked at demonstrated the service was in close contact with a wider professional team in the community. Records noted the involvement of GP, social workers, district nurses and commissioners of people's care. One healthcare professional raised concerns about the working relationship with the provider. We shared the concerns with the home manager and nominated individual and they send us a written response detailing their findings and the actions they were planning to take to improve their relationships with partners.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not always completing decision specific mental capacity assessments and best interest decisions for people who lacked the capacity to make decisions about their care.</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 was not always managing the risks involved with people using specialist seating equipment appropriately, checking the temperature of the water before supporting people to have a shower, ensuring the equipment used to help people to move was safe and information in people's risk assessments was not always detailed or updated.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not offered regular supervision and appraisal.</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance processes in place were not effective in identifying the issues found at this location. Some of the issues found at this inspection had already been identified in our previous inspection. The management of the service continued to fail in their oversight and monitoring of the quality of the service and in implementing the changes needed for the service to be compliant with the regulations.</p>

The enforcement action we took:

Warning notice