Margaret Rose Care Limited

Warberries Nursing Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
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
Warberries Nursing Home provides nursing care and support for older people. The service is registered to accommodate 49 people.

The service supports people who are living with dementia, nursing or residential care needs. At the time of our inspection there were 34 people living at the service.

People's experience of using this service and what we found
The service was based on the values and ethos of: "Individuality and equality, kindness and compassion, dignity and respect, honesty, safety, and empowerment". However, we did not find that these values were embedded into the culture of the service.

People and staff were not fully confident in the management and leadership of the service. There were ineffective systems in place to assess, monitor and improve the quality and safety of the service, and people and staff's feedback was not sought and acted on for the purposes of continually evaluating and improving the service.

People were not always treated with dignity and respect and there was a shortage of clinically skilled staff within the service, to ensure people's needs were met safely and/or in line with their care plans. The Accessible Information Standard (AIS) was not being fully considered to ensure those living with visual impairments received information in a format that met their individual needs.

People were not always supported by staff who had the knowledge to meet their needs because required training had not always been completed.

People, family and friends were not being accurately informed of current guidance relating to visiting, which meant some visits were being delayed. People were not always empowered to live an enhanced life and/or the best life possible; social activities were not always available.

Following our inspection, the provider submitted an urgent action plan to The Commission which set out how they would mitigate immediate risks to people. They also told the Commission they would suspend admissions to enable them to focus on making the necessary changes.

In addition, they told us they were committed to improving the safety and quality of the service for people, and in doing so confirmed they would positively engage with local authority health and social care quality teams for support.

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 the service was requires improvement published on 16 April 2021. At this inspection we found improvements had not been made.

Why we inspected
We received information from the Coroner regarding the death of a person at the service. We had also received whistleblowing concerns in relation to staffing levels, nursing competence, training, medicines management, skin, continence, nutrition, and diabetic care. As well as infection prevention and control, safety of equipment and the management, leadership and culture of the service.

As a result, we undertook a focused inspection to review the key questions of Safe and Well-led. During the inspection, because of concerns found, we widened the scope of the inspection to also include the key questions of Caring and Responsive.

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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
We have found evidence the provider needs to make improvement.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

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

Enforcement
We have identified breaches in relation to safe care and treatment, staffing, dignity and respect, and good governance.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of 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
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

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? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below	**Inadequate**

Warberries Nursing Home

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.

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 was carried out by two adult social care inspectors, an assistant inspector, a medicines 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
Warberries Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. However, following the inspection we were informed by the provider that the registered manager had resigned.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we had received about the service since the last inspection. We contacted the

local authority quality improvement and adult safeguarding teams, as well as Healthwatch Torbay. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We met and spoke with three people who lived at the service. We also spoke with one employed nurse, one agency nurse, two care supervisors, three care staff, three housekeeping staff, a chef, the receptionist, the administrator, the quality assurance lead, the deputy manager, the registered manager and the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at 12 records (care plans/daily records) relating to people's care, five medicine administration records (MARs) and four accidents and incident records. We also looked at records relating to the day to day management of the service, such as quality assurance audits.

After the inspection
We spoke with the local authority and made six safeguarding alerts. We spoke with seven relatives and one member of care staff. In addition, we continued to seek clarification from the registered manager and provider to validate evidence found; we requested and reviewed records, these included training information, catering menus, care and quality assurance records.

Inadequate

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.

At our last inspection in November 2020, the provider had failed to ensure people's care and treatment was provided in a safe way, staff did not always have the right training, competence and skills to meet people's needs, and medicines and infection control practices were not always being managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made some improvements, however we found additional concerns which meant there was a continued breach of regulation. As a result of our concerns, and to ensure people were immediately protected from risks associated with their care, we contacted the local authority adult safeguarding team and raised six safeguarding alerts.

Prior to the inspection we had been told people's skin care, nutritional and diabetic needs, and equipment were not being managed safely. In addition, we had been told there were not enough nursing staff to meet people's needs, clinical competency was a concern, and that medicines and infection control practices were unsafe. We looked at this as part of our inspection and found improvements were required.

Assessing risk, safety monitoring and management

- People's skin care was not always being managed safely and/ or in line with their care plans and staffs understanding of how to meet people's needs was inconsistent. One person had developed skin damage. Variable understanding of how to support this person, incomplete and/or contradictory care records meant the person was at further risk of not having their needs met.
- People who required the use of a specialist mattress did not always have them set at the correct pressure for their weight, which meant they could be at risk of unnecessary skin damage. We did not find people had come to harm.
- The glucometer used by one person with a complex insulin regime had not been calibrated. This meant there was a risk that glucose readings may not have been accurate. We asked that immediate action was taken to rectify this.
- Information regarding the management of people's nutritional needs was contained within their care plans, with information from speech and language therapists (SALT) contained within their records. However, records held within the kitchen did not match people's care plans. This meant there was a risk people could have received the incorrect diet. We asked that immediate action was taken to rectify this.
- People who were able to use a call bell did not always have access to one. One person told us; they had been asking for a call bell that they could press when they were in their bed but explained that despite asking about two months ago, they commented "I am still waiting". One person was observed to not have a

call bell in reach and requested that we sought assistance for them. Another person told us, "I think they forget about me; I have been stuck down by the pool for hours before".
● People were not always supported safely with their mobility. One person's care plan stated that a piece of moving and handling equipment should be worn by the person to enable them to be supported safely when walking. Their care plan also referred to the person feeling "safer when they have it on". However, we observed a member of staff not using the equipment, but instead holding the top of the person's arms tightly. Another person's care plan stated they should be supported by two members of staff to get into bed, however the person explained "Lately, it's been one staff member supporting with the slide sheet (moving and handling equipment) and not two. I have been having to push myself up, which is not easy". We reviewed this person's care records which recorded support by one member of staff.

People's care plans were not always being safely followed. Risks relating to people's care were not always known by staff and/or recorded. Equipment was not always being safely used to ensure people's ongoing safety. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Where required, people had robust care plans in place regarding epilepsy and diabetic health, which helped to inform staff of how their needs should be met.

Staffing and recruitment
● People's comments about staffing levels varied. One person told us they were not concerned, whilst others commented: "It varies from time to time. At the moment they are a little understaffed"; and "They are so short staffed…. They say, I'll do that in a minute and then they don't bother coming back…it makes me not trust them".
● We observed one person spill a drink over their trousers; 15 minutes later a member of staff supported them to their bedroom to get changed. However, whilst walking to their bedroom the person was asked to sit back down because the staff member had to assist their colleague to support someone else. This person was not supported to change their trousers until later in the afternoon. We also observed, one person requesting to go to the toilet they shouted out, "Can I move yet…come on I'm bursting". A staff member replied, "There is no one on the floor at the moment".
● Staff told us they were not always enough staff commenting, "Not really enough staff, this is the worst I have ever seen it" and "Sometimes we have enough staff, sometimes we are short and people call in sick, it varies. When we are short, we do our best".
● There were two full time employed nursing staff. Staffing rotas recorded that in the past six weeks on four occasions one employed nurse, had worked a day shift, a night shift and then a day shift. This meant the nurse on duty may not be mentally alert to meet people's needs safely.
● There was no formal system used to ascertain whether current staffing levels meant people's needs could be met safely. The registered manager told us, staffing levels were decided upon by way of observation, staff and people's feedback, as well as taking account of the layout of the building.
● Staff were complimentary of the training they received, and one member of staffing told us "We do lots of training". However, training records demonstrated staff, including nursing staff were not all trained in the subjects deemed mandatory by the provider. This included skin care, nutrition, diabetes, continence, and epilepsy.
● A recent report, written by the providers clinical consultant recorded that one of the nurses needed their competency assessed regarding phlebotomy and catheterisation, however had advised there had been insufficient time for this to take place. They had also recommended training for nursing staff in the subjects of end of life care, care planning and wound dressing.
● One person was unhappy in the way their skin care needs were being met and expressed they were not

confident in the clinical approaches being undertaken. We reviewed the care records for this person and found specialist advice was not always being followed.
● We were not fully assured by the system in place for nursing revalidation, because of the limited clinical managerial oversight within the service. Revalidation is the process that all nurses need to go through to renew their registration with the Nursing and Midwifery Council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.

There were insufficient numbers of staff to meet people's needs and staff did not always receive appropriate training in order to meet people's individual needs. The was a continued breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●There was a system in place to check nurses employed, were registered with the NMC.
● Agency nurses were used to fill vacant nursing hours at the service; and to help ensure consistency in meeting people's needs the same agency staff were requested.

Using medicines safely
● At our last inspection improvements were required to the way in which people's medicines were managed. At this inspection, we found some actions had been taken to make improvements, but further improvements were needed.
● Whilst records detailed people received their medicines when prescribed, people told us that sometimes there was a delay in getting their medicines. Commenting, "It varies, it depends on whether the staff member is held up", and "I like to get my paracetamol early. I get them late with [staff name] which means I am sometimes in pain".
● Pain relief patches were applied in accordance with the prescriber's directions. However, the recording of the location of patches was inconsistent, and there was no documented monitoring that the patch remained in place and/or if the previous patch had been removed. This is important to facilitate effective absorption and so staff can check the patch is still in place.
● Controlled drugs (medicines that have additional controls due their potential for misuse) were not always stored in accordance with current regulations.
● Staff carried out some medicines audits to help identify where improvements were required, however these had not identified the issues found at the inspection.

This demonstrated a failure to continually assess, monitor and improve the quality of the service. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were able to say how decisions were made to support people with medicines prescribed to be taken "when required".
● People with complex medicine administration routines had systems in place to support them with the management of these.
● People were assessed appropriately where it was necessary to administer medicines covertly (disguised in food or drink); and there was evidence that decisions were made in people's best interest, and advice had been sought from a pharmacist about how medicines could be given safely.

Preventing and controlling infection
● We were not assured that the provider was facilitating visits for people living in the home in accordance with the current guidance because it was not being correctly implemented within the service. We were told there were only three visits scheduled per day and one person told us, "My relative keeps ringing to find out

what the rules are but you don't get any sense". During our inspection, we observed one person's friend being told over the telephone that they were unable to visit for over a week because the visiting area was fully booked in the afternoon. We spoke with the provider about this, who said they would take action to speak with staff who were responsible for booking visits.

● We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed because people's clinical observations (temperature and oxygen saturations) were not being carried out in line with current guidance and/or in line with their care plan. This meant, there could be a missed opportunity in identifying if someone was becoming unwell. During the inspection, we were told a new system had been put into place to rectify this.

● We were somewhat assured that the provider was using PPE effectively and safely. Whilst we did not observe any concerns with the use of PPE, one relative told us how they had needed to prompt a member of staff to wear a mask. In addition, we were told by the providers clinical consultant they had observed improvements were required, because they had noticed on occasions staff not always adhering to infection control policy.

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider's infection prevention and control policy was up to date.

We have signposted the provider to the local authority quality assurance and service improvement team to develop their approach.

We recommend people, families and staff are fully informed of current guidance relating to visiting, and that systems within the service are strengthened to ensure clinical observations are carried out and that there is ongoing compliance with infection control procedures.

Learning lessons when things go wrong

● There were ineffective monitoring systems in place across the service which meant we could not be fully assured areas for improvement would be promptly identified in order for learning to take place.

● We asked the registered manager if complaints, compliments and safeguarding alerts were shared with the provider to ensure transparency. We were told that they were not. Therefore, we were not assured the provider was able to analyse themes and trends within the service, in order to take action and learn from when things had gone wrong.

● Accidents and incidents were recorded. However, there was no system in place to help identify themes and trends in order to make changes within the service to help keep people safe.

● There was no process in place to enable a pro-active approach in checking if people's call bells were being answered promptly, to ensure their ongoing safety, comfort and wishes. The registered manager told us the call bell system did not enable a report to be collated but instead, analysed the call bell data if a person had complained.

This demonstrated a failure to continually assess, monitor and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● The provider did not have effective systems, processes and practices in place to ensure people were fully protected from abuse and breaches of their dignity and respect. The registered manager told us they observed practices and spoke with people and staff. However, this approach had failed to identify the concerns found during the inspection. In addition, people and staff told us they rarely observed monitoring taking place. One person told us, "You can never get near [registered manager's name] …they don't come out on the floor much". A member of staff told us, "We see [registered manager's name] on the floor if something has happened to one of the residents or if she is popping to the loo but apart from that, we do not see her".

●People told us they felt safe living at the service and relatives commented, "I can see how [person's name] reacts with the staff. In a positive way", and "I've never seen any malice towards my father, even when he's being challenging".

● Staff were confident about what action to take if they were concerned someone was being abused, mistreated or neglected. The providers training matrix detailed the majority of staff had received safeguarding training.

Requires Improvement

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 inadequate. This meant people were not treated with compassion and there were breaches of dignity; staff caring attitudes had significant shortfalls.

Respecting and promoting people's privacy, dignity and independence

- One of the provider's core values was: "Maintaining our residents' dignity and treating them with respect" which was referred to on the providers website as a "basic standard". However, we did not always find this to be embedded within staff's practice and/ or within the culture of the service.
- Whilst some people told us they were treated with dignity and respect. Commenting, "Staff are very friendly" and "The girls are very kind and attentive". One person told us, "Staff don't always come and talk to me". Another person told us, "There is a lot of agency staff, but they are very nice; they are a bit more caring than some of our own staff".
- Overall, we saw staff speak with people in a kind and respectful way. However, we observed two members of staff using disrespectful language when arranging to support people with their personal care needs; "Do you want to do [person's name] and I'll do [person's name]?"
- People were not always served their meals or drinks on and/or in suitable crockery that met their needs and respected their dignity. For example, one person told us they received their dinner on a plastic plate and their evening drink in a two handled plastic beaker. We spoke with the provider who told us there was no reason why this should be happening as they had not been made aware of a shortage of crockery within the service.
- One person told us how staff inappropriately spoke of how unhappy they were, telling us "There is a lot of unrest in this place, I hear them talk between themselves".
- People's privacy was not always respected. Bedroom doors were left open which meant people could be seen when they were in bed and/or relaxing. However, people's care plans did not detail whether this was their choice.
- The registered manager told us the system to monitor if people were being treated with dignity and respect included being visible as a manager, leading by example and speaking with people to obtain their feedback. However, findings from the inspection showed the system to be ineffective.

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

- Relatives felt their loved ones were treated with dignity and respect and were complimentary of the staff telling us, "I think they're angels, as it's so difficult", "If [person's name] has a moment they manage him in a kind and tender way, and "They're great with Mum".

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

● One person who was registered blind, told us how staff did not always explain what their meal was, commenting "Some staff do, some staff don't". This meant they had to regularly guess what was on their plate whilst eating it.
● Staff did not always have the time they needed to provide care and support in a compassionate and personal way. For example, one person told us how the member of staff responsible for leading social activities was also co-ordinating visitors into the service. This meant, their activity was sometimes interrupted. They commented, "It's a bit annoying".
● Staff were not all trained in the providers mandatory training course of equality and diversity.
● People's individual beliefs, and cultural diversity had not been fully considered in the design of the meal menu. For example, vegetarian options were not always stated as an option.

Supporting people to express their views and be involved in making decisions about their care;
● The registered manager told us, they involved people by talking with them and/ or their families to ensure their care plan met with their wishes and preferences. However, care plans did not reflect people's involvement and families told us they had limited involvement, with one person commenting, "Haven't seen a care plan for quite some time, I would be interested in his medication, so we know what's going on with him".
● The Warberries Nursing Home was in a location whereby there were expansive views of the sea from some of the bedrooms. However, consideration had not been given to whether people wanted their bed or chair to be turned so the view could be enjoyed. We spoke with the provider about our observations, who also recognised that this needed to be explored.

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

● A "This is me" document, created by the Alzheimer's Society was being introduced to the service, to help gather information from people's families of those living with a dementia to enable staff to be able to better deliver care tailored to the person's needs.
● People's religious and spiritual beliefs had been recorded in people's care plans.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to 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

- The providers website stated: "Our activities provision, led by a Montessori trained co-ordinator, supports our residents to continue their personal hobbies and interests and maintain their skills. Daily activities might include working in the garden, washing the dishes, painting, playing the piano or spending time completing a crossword". However, we found the culture of the service was not always necessarily aimed at encouraging, engaging and helping to facilitate participation for people to remain socially stimulated.
- Some people told us there was enough socially to do, whilst others did not. One person told us, "It's a bit hit and miss" and "We have gardening club on a Wednesday, but then the activities co-ordinator has to go and do something else".
- During our inspection, the activities co-ordinator was on holiday, which meant there were limited activities for people to participate in. One person told us, "It's bingo today, but he's on holiday, so there is nothing".
- On the first day of our inspection, we observed most people sat in lounges with the television on in the background. It was a sunny day, however people on upper floors had not been encouraged to sit outside. When we spoke with the registered manager and deputy manager about this, they expressed they did not know the reasons for this and commented "Yes, it wasn't a good day". On day two of our inspection, an external musical act visited the service which people enjoyed. However, not many people were observed to attend. When we asked a member of staff why those living with a dementia on the upper floors had not taken part, they explained they were asked and had declined. However, no consideration had been given to requesting the musical act visit those in other parts of the building.
- People, staff and the management team spoke highly of the activities co-ordinator and felt they were a key role model within the service, and without their presence they recognised there was a strong absence of social stimulation and engagement for people. With this in mind and in their absence, staff were not observed to freely promote a spontaneous stimulating environment, in the attempt to encourage social engagement among people. But instead, were seen to accept the lack of social stimulation to be the cultural norm. With one member of staff telling us, "We have got the activity man here through Monday to Friday 9am to 4pm so he is doing the activities and if we have time, we try to sit with residents".
- People's care records contained limited information about the social engagement they participated in.

The provider had not established an effective system to assess, monitor and improve the quality of the experiences of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- People at the end of their lives were not always supported by staff who had undertaken training in

palliative care. This included nursing and senior care staff.
● People did not always have an end of life care plan in place. End of life care plans help to ensure staff know what a person's health, spiritual and cultural wishes are at the end of their life. However, we were told by the registered manager that care plans were in the process of being created with people and families.

Staff did not always receive appropriate training in order to meet people's needs at the end of their life. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People with a visual impairment were not always provided with information in a suitable format. For example, one person was complimentary of a newsletter which was being created, but they explained the font was too small for them to read it. We were told they were trying to rectify this. This person's care plan was also found to be in a small font.
● Staff were not all trained in the providers mandatory training course of communication skills.
● Pictorial signage was in place throughout the building to help those living with dementia orientate themselves.

We recommend the provider reviews how the Accessible Information Standard (AIS) is being implemented within the service.

Improving care quality in response to complaints or concerns
● The provider had a complaints system in place; the registered manager described a recent complaint and explained how they had positively worked with the family to obtain a resolution, demonstrating openness and transparency. However, there was no recording tool in place to help quickly identify the themes and trends, so people's complaints could be used as an opportunity to learn and drive continuous improvement within the service.
● One person told us, the provider was responsive to making environmental changes when comments were raised, for example an outside gazebo had recently been purchased and installed.
● Relatives told us they would feel comfortable to complain and knew who to complain to, with one relative telling us, "I would talk to the home manager, I've a good relationship with her".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● A detailed handover document was in place, which was used to help agency staff know quickly how to meet people's needs. However, one person told us "I dread night-times coming, as there's staff that don't know me".
● People had care plans in place which provided information to staff about how to meet people's needs. Some care plans were detailed, robust and referred to current guidance.
● Relatives spoke positively of the providers 'Portal'. A computer system that gave relatives remote access to information about their loved one's care. One relative told us, "It really puts my mind at rest being able to see it, having that".
● People's care plans were updated on a monthly basis and/or as needed.

Inadequate

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 now 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.

At our last inspection in November 2020, the provider had failed to ensure systems and processes had been established and operated effectively to assess risks, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was in continued breach of this regulation.

Prior to our inspection CQC had received concerns about the management, leadership and culture of the service. We looked at this as part of our inspection and found improvements were required.

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

- The registered manager was registered with The Commission in October 2020 when the service was rated Good. The service was inspected in November 2020 and at this inspection, breaches of regulations 12 and 17 the Health and Social Care Act (Regulated Activities 2014) were found and the rating of the service had deteriorated from Good to Requires Improvement. In August 2021, we re-inspected the service. We found continued breaches of regulations 12 and 17, and further breaches of regulations 10, and 18, and the rating of the service had further deteriorated to Inadequate and was placed into special measures.
- The registered manager did not demonstrate the competency and skills required to manage the regulated activity or have sufficient oversight of the service to ensure people received the care and support they needed that promoted their wellbeing and protected them from harm. For example, the quality assurance system framework was not robust and/or implemented with positive effect. They had not identified people were not always treated with dignity and respect and that staffing levels did not meet people's needs.
- Poor judgement and decision making potentially placed people at risk of harm. For example, they did not always give full authority to clinical decision making and at times, delegated nursing tasks to non-clinical staff such as, ensuring people's care was being delivered in line with their clinical care plans, and the writing of nursing care plans.
- The registered manager was aware of their regulatory responsibilities but failed to carry them out.

There had been a failure to manage the service in accordance with the regulations. This is a breach of regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

● The service was based on the values and ethos of: "Individuality and equality, kindness and compassion, dignity and respect, honesty, safety, and empowerment". However, we did not find that these values were embedded into the culture of the service.

● At our last inspection, there were mixed views from people, staff and relatives about the leadership and culture of the service, and this continued at this inspection. Positive comments included, "It's a nice place", "Very comfortable", "On the whole we're pleased with the place", and "I love it here". However, other comments included, "I think there has got to be a lot of change", "I just think the staff are not really valued or appreciated here", and "I know they [managers] have their own jobs and they are there if they are needed, but I don't think [registered manager] checks on what people are doing.

●The culture of the service did not promote good outcomes for people. We could not be assured people were receiving clinical care and social support in line with their needs, wishes and preferences.

● We observed a culture that was not always person-centred. For example, the use of plastic cups had not been individually assessed and their use was inherent within the service; staff were observed to be working in a task orientated way.

● Feedback from people and staff was that the management spent a lot of time in the office, and that there was limited monitoring of the care delivered to people.

● Some staff felt they were not listened to, empowered or motivated and told us the leadership of the service did not inspire confidence.

● The registered manager told us they sought feedback about the quality of the service by speaking with people on a daily basis, however people told us they rarely saw the registered manager.

● We found there was no robust effective oversight in place to ensure the clinical, health, welfare and safety of people. In the absence of a clinical lead, the provider had recruited a clinical consultant who worked four hours, one day a week to provide support to employed nursing staff. However, this resource had not been effective in promptly identifying the areas requiring improvement.

● Following the last inspection, the provider told us they had submitted an action plan in line with regulatory requirements; however, we had not received it. At the time of the inspection, we asked for a copy of the action plan, however, were not provided with it.

●There were no formal overarching or robust systems and processes in place to assess, monitor and improve the quality of the service by the provider. One member of staff told us, "I don't know who does the checks to be honest".

● The provider explained how they were regularly onsite and carried out "walk rounds" and spoke with people and staff. However, these visits did not assess the safety and quality of clinical practice and were not recorded to help identify themes and trends.

● Staff's feedback and confidence of the provider varied, with some staff telling us they found the provider approachable, whereas others did not.

● The registered manager understood their responsibilities regarding the duty of candour.

Continuous learning and improving care

● There were ineffective monitoring systems in place across the service which meant we could not be fully assured areas for improvement would be promptly identified in order for learning to take place.

● The provider had not acted to meet the breaches of regulation made by The Commission at their last inspection (November 2020), and the rating of the service had deteriorated from requires improvement to inadequate within nine months.

There were ineffective governance systems in place to assess, monitor and improve the culture, quality and

safety of service. People and staff's feedback was not sought and acted on for the purposes of continually evaluating and improving the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- Following our inspection, the provider submitted an urgent action plan to The Commission which set out how they would mitigate immediate risks to people, they also told The Commission they would suspend admissions to enable them to focus on making the necessary improvements.
- The provider told us they were committed to improving the safety and quality of the service for people, and in doing so confirmed they would positively engage with local authority health and social care quality teams.

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 Treatment of disease, disorder or injury	Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers Regulation 7 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014. There had been a failure to manage the service in accordance with the regulations.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Service users were not always treated with dignity and respect and or always involved with their care.

The enforcement action we took:

We imposed a positive condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (a) (b) (e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Service users care plans in respect of their care were not always being safely followed. Risks relating to service user's care were not always known by staff and/or recorded. Equipment was not always being safely used to ensure service user's ongoing safety.

The enforcement action we took:

We imposed a positive condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (a) (b) (c) (e) (f) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were ineffective governance systems in place to assess, monitor and improve the culture, quality and safety of service. Service user's and

	staff's feedback was not sought and acted on for the purposes of continually evaluating and improving the service.

The enforcement action we took:

We imposed a positive condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were insufficient numbers of staff to meet service user's needs and staff did not always receive appropriate training in order to meet people's individual needs. Staff did not always receive appropriate training in order to meet people's needs at the end of their life.

The enforcement action we took:

We imposed a positive condition on the providers registration.