

St George's (Liverpool) Limited

St George's Care Homes

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection was carried out on 2 and 3 August 2018.

St George's Care 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 home provides accommodation for people who require nursing or personal care. The home can accommodate up to 60 people. At the time of our inspection there were 21 people living in the home.

There was no registered manager in post at the time of our inspection. However, a new manager had been recruited and had started working at the home shortly after our last inspection in February 2018. A registered manager is a person who has registered with the Care Quality Commission 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.

We carried out a comprehensive inspection of the home in January 2018. The home was rated inadequate because we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our last inspection in February 2018 we carried out a focused inspection assessing the home's performance in the domains of safe and well-led. We found that the home remained inadequate in these domains and the overall rating for the home remained inadequate.

During these previous inspections we identified breaches of Regulations 9 (person-centred care), 10 (dignity and respect), 11 (consent), 12 (safe care and treatment), 13 (safeguarding of vulnerable adults), 14 (meeting nutrition and hydration needs), 17 (good governance), 18 (safe staffing levels) and 19 (safe recruitment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the home had made improvements and was no longer in breach of Regulations 9, 10, 13, 14, 18 and 19. The home had made sufficient improvements since our last inspection which meant the home was no longer in special measures. However, the home remained in breach of Regulations 11, 12, 17 and 20A (display of ratings).

We saw that fire safety and firefighting equipment at the home had been regularly checked and maintained. Staff had received fire safety training, several of whom had received additional training to help take responsibility for making people safe in the event of a fire. However, during our observations of the home we found some potential environmental fire risks. We also found that the information detailed in people's personal emergency evacuation plans (PEEPs) was not fit for purpose and out of date. We noted that the local Fire Service visited the home shortly after our inspection and confirmed that these issues had been addressed and people would be safe in the event of a fire.

We found that some parts of the home were unclean and in need of repair.

We found that the home did not always act in line with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The home did not always appropriately obtain people's consent to their care and it had not acted in line with the MCA when people lacked capacity to consent.

Staff were not always sure where to find the most up-to-date information they needed to safely and effectively meet people's needs.

People's personal information was not always kept securely.

The home had failed to meet its legal obligation to display its most recent CQC inspection report and rating.

We noted that in a relatively short period of time the new manager, with the support of consultants and some oversight from the registered provider, had made many improvements to the safety and quality of care being provided at the home. However, as we have explained in this report, the home still requires improvement and remains in breach of the Regulations in some areas. These additional improvements must be delivered and sustained before we can consider the service to be well-led.

Medication was safely stored, administered and recorded. This had significantly improved since our last inspection.

During our last inspection we were concerned about how the home was managing safeguarding concerns, as the records we saw were incomplete and there was a lack of evidence to show that appropriate action had been taken. We were reassured to find that since our last inspection these safeguarding concerns had been appropriately investigated and resolved. Overall, this is an area in which the home has made significant improvements.

We reviewed the home's supervision and appraisal records and found that staff had been supported with regular supervision meetings, at least every three months and in some cases more often. We also found that only eight of 46 staff had taken part in an annual performance appraisal. This was a poor level of completion. However, we noted that this was mitigated by certain factors, such as the manager had only been at the service for six months and during this time there have been more significant overall concerns about the performance and safety of the home which have taken priority.

We reviewed staff training records at the home and found 92% of staff were up-to-date with their required training. This included training in areas such as safeguarding vulnerable adults, dementia care, mental capacity, fire safety, first aid and infection control.

We reviewed four staff files, each of whom had started working at the home since our last inspection. We found that staff were safely recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files. We saw that new staff were supported with a 12-week induction process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some aspects of the premises were not safe and the information detailed in people's personal emergency evacuation plans (PEEPs) was not fit for purpose and out of date.

Medication was safely stored, administered and recorded.

The service had improved how it managed safeguarding concerns and protected people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service did not always act in line with the requirements of the MCA and the associated DoLS.

Staff were supported with regular supervisions but only a small number of performance appraisals had been carried out.

Most staff were up-to-date with their required training.

People's eating and drinking needs were being met.

Is the service caring?

Good ●

The service was caring.

People told us the staff were caring and knew them well.

People had been supported to maintain their appearance and personal hygiene.

Staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff were not always sure where to find the most up-to-date

information they needed to safely and effectively meet people's needs.

The care plans we reviewed had improved and were person-centred and documented people's support needs. Although the new paper-based care plans required further reviewing and updating before their implementation.

Records showed that they were receiving the support they needed as planned.

Is the service well-led?

The service was not always well-led.

People's personal information was not always kept securely.

The service had failed to meet its legal obligation to display its most recent CQC inspection report and rating.

The service had improved since our last inspection but remained in breach of four Regulations.

Requires Improvement 

St George's Care Homes

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 2 and 3 August 2018. The inspection was carried out by two adult social care inspectors, one medicines inspector and one 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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with four people who lived at the home and two relatives visiting people at the home. We also spoke with staff who held a variety of roles at the home, including the manager, consultancy staff assisting the home, nursing staff and carers.

We reviewed a range of documentation including people's care files, staff files, a sample of medication administration records, safeguarding and accident and incident records and other records relating to the management of the service.

During the inspection we looked around the home to assess the environment and we observed people's day-to-day care.

Is the service safe?

Our findings

During our last inspections in January and February 2018 we found that the home was not safe. We found breaches of Regulations 12 (safe care and treatment), 13 (safeguarding of vulnerable adults), 18 (safe staffing levels) and 19 (safe recruitment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we saw there had been many improvements at the home. However, the home remained in breach of Regulation 12.

People living at the home told us they felt safe. People commented, "Yes, I'm safe here" and "Yes, I'm safe here, they look after me very well I can't complain."

A fire risk assessment of the premises had been carried out in February 2017. We saw that the actions suggested in this assessment had been reviewed and completed. We saw that fire safety and firefighting equipment at the home had been regularly checked and maintained. Staff had received fire safety training, several of whom had received additional training to help take responsibility for making people safe in the event of a fire.

However, during our observations of the home we found some potential environmental fire risks. For example, we saw that several fire doors throughout the home failed to fully close automatically upon testing the fire alarm. This meant that there was a risk the fire doors would not work properly in the event of a fire. We saw that an audit of the home's fire doors had been carried out the day before our inspection, recording the doors were 'all ok'. This indicated that this audit had been ineffective in identifying the issues we saw. However, we noted that the maintenance person was actively working on the fire doors throughout our inspection in order to resolve this issue.

We also found that a ceiling panel was missing in the cleaning store room on the first floor and the loft hatch in the linen store room had been left open. This meant that in the event of a fire the fire could spread more quickly throughout the building. We discussed this with the manager and these issues were resolved on the second day of our inspection.

Personal Emergency Evacuation Plans (PEEPs) were in place for each person, along with a list with information about all of the people living at the home. However, this PEEP information was not fit for purpose and out of date. The PEEPs we saw advised 'remain in lounge if fire in another zone'. They provided no information or guidance about how staff should assist people to evacuate the building in an emergency. The list summarising people's bedroom locations and needs had also not been updated since everyone had been moved to the ground floor so the information was no longer accurate. This meant that there was a risk that staff at the home and emergency services staff would not have all the information and plans in place to keep people safe in the event of an emergency. We noted that the local Fire Service visited the home shortly after our inspection and confirmed that these fire safety issues had been addressed and people would be safe in the event of a fire.

At the time of our inspection 21 people lived at the home, two of which were in hospital. Since our last

inspection all of the people living at the home had been moved to the ground floor leaving the first floor unoccupied. During our inspection we looked around both floors of the home.

On the first floor we found that some improvements to the environment had been carried out. For example, some new flooring had been laid. However, overall the majority of environmental concerns that we highlighted on our last inspection had not been addressed. We saw that several radiator covers remained in poor condition and were loose from the wall. Some plaster was missing from a wall in one of the bedrooms and the floors in the bedrooms were dirty and did not appear to have been cleaned properly. One of the bedrooms we checked had an overpowering smell of faeces which could be smelled from the corridor. Following our inspection, the home informed us that this smell had been caused by a blocked external drain and had since been resolved.

We noted that these environmental issues were not directly affecting the people living at the home at the time of our inspection, as they had been moved to the ground floor. However, these issues should be rectified to ensure the environment is safe for people as and when the first floor is reoccupied.

We saw that the ground floor of the home was clean and free from any foul odours. However, we did find some concerns. For example, there was no form of security system on the lift in ground floor foyer. This meant that it could be called and used by anyone to access the first floor, including people living at the home. Taking into account the first floor was no longer occupied, there was a potential risk that people living at the home could use the lift and get lost on the first floor without staff knowing.

Several of the pressure cushions in people's bedrooms had broken and cracked covers. This posed a potential infection control risk as these cushions could not be cleaned properly. We noted that this was an issue that we had previously highlighted to the provider but had not been addressed.

We also found that there was a door in the foyer to a small area at the back of the building which could be freely accessed by anyone. This area contained staff lockers which were not secured to the wall and could potentially fall and injure someone. This area also contained two maintenance cupboards storing various tools and materials. When we entered this area the maintenance cupboards were unlocked. We noted that when we checked these cupboards again a short time later they were appropriately locked. However, the fact that they were unlocked when we checked meant that there was a period when there was a risk that people living at the home could access these potentially hazardous items and cause harm to themselves or others.

The home's assessment of people's needs and risk assessments had improved since our last inspection. For example, we saw that one person was at risk of suffering from deterioration in their mental health. The risk assessment gave staff information and guidance on how to effectively support this person in these situations. However, we were not assured that staff always had the most relevant and up-to-date information they needed to safely and effectively meet people's needs. For example, one person who was previously nil by mouth, had decided to start trying some food and fluids orally with the support and advice of the speech and language therapy team (SALT). The SALT team had given some advice on how to do this, the type of food to be provided and the amount of thickener to be added to the person's drinks dependent on which brand of thickener had been prescribed, referred to as 'purple' or 'green'. When we spoke with a member of staff responsible for supporting this person with their thickened fluids we asked how much thickener was required. They were unable to confidently answer this question and told us the incorrect amounts. We looked at the MAR chart for the thickener with the member of staff but this contained no further guidance, simply stating 'as per salt team'. The MAR showed two scoops were being added but did not specify if this was the thickener product referred to as 'purple' or 'green'. The member of staff was

eventually able to find the guidance from the SALT team on the electronic records system. This lack of clear guidance meant that there was a risk this person was not being safely supported to try oral intake in line with the professional advice provided.

These issues meant that the home remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as it had failed to ensure the premises were safe and well-maintained and the home had not ensured the risks to people's health, safety and welfare were appropriately assessed and managed.

Medication was safely stored, administered and recorded. This had significantly improved since our last inspection. The records showed that medication had been given as prescribed, medication stock levels balanced and staff had the guidance they needed to safely meet people's 'as required' (PRN) medication needs.

Overall, we found that the home's wound care assessment and documentation had improved and was now adequate. For example, we saw that one person's wound was being appropriately managed in line with the documented plan of care.

During our last inspection we were concerned about how the home was managing safeguarding concerns, as the records we saw were incomplete and there was a lack of evidence to show that appropriate action had been taken. During this inspection we found that the manager had taken responsibility for managing safeguarding at the home since she started working at the home in February 2018. We found that the home's safeguarding records were organised and up-to-date. Safeguarding concerns were clearly recorded and documented any outcomes and actions taken when necessary. During our last inspection we were particularly concerned that some safeguarding concerns had not been investigated and dealt with. We were reassured to find that since our last inspection these safeguarding concerns had been appropriately investigated and resolved. Overall, this is an area in which the home has made significant improvements and was no longer in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed four staff files, each of whom had started working at the home since our last inspection. We found that staff were safely recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files. As a result, the home was no longer in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a sufficient number of staff on duty to meet people's needs. In fact, the home was overstaffed, as it was operating at around a third of its maximum capacity. As a result, the home was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection Environmental Health visited the home to inspect the kitchen. The home was awarded a rating of four out of five. We noted that this was a marked improvement, as the home had previously received a rating of two out of five in two inspections in 2017.

Is the service effective?

Our findings

During our inspection in January 2018 we found the home was in breach of Regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The home had failed to have suitable arrangements in place to obtain and act in accordance with people's consent in relation to their care and treatment. During this inspection we found the home remained in breach of Regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the home did not always act in line with the requirements of the MCA and the associated DoLS. We saw that there were DoLS in place but there was a lack of evidence to demonstrate that the home had appropriately assessed people's capacity prior to these applications being made. For example, we saw that the home had submitted a renewed DoLS application without carrying out a mental capacity assessment or considering if the person's capacity had changed. This meant that people were at risk of being unlawfully deprived of their liberty.

We saw that some people were being given their medication covertly. We saw evidence that staff had discussed this approach with doctors. However, there was no evidence to show that people's mental capacity had been assessed in order to determine if they were able to discuss or consent to this.

We found that one person had an emergency healthcare plan in place to support them at the end of their life. We saw a letter to the home from a doctor requesting that a mental capacity assessment was carried out to assess whether or not the person had capacity to consent to this plan of care and if not, a necessary best interests meeting and decision could be made. We found that this assessment had not been done.

These issues meant that the home remained in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as it had failed to appropriately obtain people's consent to their care and it had not acted in line with the MCA when people lacked capacity to consent.

We reviewed the home's supervision and appraisal records and found that staff had been supported with regular supervision meetings, at least every three months and in some cases more often. The supervision records we looked at were clearly documented, highlighting areas for staff to improve, training needs, reflective learning and praise for positive work. The staff we spoke with told us they felt well supported in their roles and senior staff were approachable if needed.

We found that only eight of 46 staff had taken part in an annual performance appraisal. This was a poor level

of completion. However, we noted that this was mitigated by certain factors, such as the manager had only been at the service for six months and during this time there have been more significant overall concerns about the performance and safety of the home which have taken priority. We discussed this with the manager who acknowledged that this is an area that must be improved upon. Taking into account the home's overall improvements in staff supervision and appraisal, we found the home was no longer in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw that new staff completed a 12-week induction process, which was mapped against the standards in the Care Certificate. The Care Certificate is a nationally recognised qualification based on a set of minimum standards, that health and social care workers follow in their daily working life.

We reviewed staff training records at the home and found 92% of staff were up-to-date with their required training. This included training in areas such as safeguarding vulnerable adults, dementia care, mental capacity, fire safety, first aid and infection control. The home predominantly used online training for staff but the manager told us they planned to make improvements to staff training. She explained that additional training on managing challenging behaviour had been scheduled in response to the changing needs of people living at the home. She also explained that she is arranging additional training and support for the home's nursing staff to ensure that have all the clinical skills and training they require.

During our inspection we saw that people's special dietary requirements, such as a soft or diabetic diet, were being catered for and kitchen staff had correct information about people's dietary needs. People told us, "There's always plenty to eat and lots of drinks" and "It's ok the food, I can have something else if I don't like it." We reviewed a sample of people's food and drink charts and saw that the records had been completed properly and demonstrated that people were receiving sufficient amounts to eat and drink. As a result, the home was no longer in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

During our inspection in January 2018 we found the home was in breach of Regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The culture at the home did not always ensure people were treated with respect, some of the language used by staff to describe people's needs was inappropriate and the support provided to people at mealtimes was not always dignified. During this inspection we found that the home had made improvements in this area and was no longer in breach of Regulation 10.

People told us the staff were caring and knew them well. People commented, "Yes they're kind, nothing is too much trouble for them," and "Oh yes, they know me. I talk a lot to them so they've got to know me quite well."

During our inspection we observed some caring interactions between staff and the people living at the home. For example, we saw some staff asking how people were feeling, if they'd like another cup of tea or simply chatting and laughing together. The staff we spoke with were able to tell us about the people they were supporting, such as things they liked to do or eat and drink. This demonstrated that staff knew the people they were supporting well and had the knowledge they required to meet people's needs.

We also saw staff sitting and chatting to people, playing cards, reading to them and spending time with them one-to-one.

We observed a lunchtime period during our inspection and saw that people who needed support to eat and drink were supported in a patient and sensitive manner. There was a pleasant atmosphere, staff were not in a rush and treated people kindly. Overall, the atmosphere at the home was relaxed and friendly.

We found that staff treated people with dignity and respect. We saw that people had been supported to maintain their appearance and personal hygiene. The records we saw also reflected this.

During this inspection we did not see any people living at the home being left in an undignified manner. We heard staff communicating with people respectfully and we did not hear or read any inappropriate language being used by staff.

Is the service responsive?

Our findings

During our inspection in January 2018 we found the home was in breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care plans had not been completed appropriately, records relating to people's ongoing health needs were poor, there was a lack of activities and people did not always receive the care they needed. During this inspection we found that the home had made improvements in this area and was no longer in breach of Regulation 9.

At the time of our inspection staff at the home had started preparing new paper-based care plans for the people living at the home but were continuing to use the electronic records system that was in place. The manager told us that the paper-based care plans were due to go live in mid-August 2018, a couple of weeks after our inspection. We found that in some cases the information in the electronic records and paper records was conflicting and it was not clear which was the most up-to-date. Therefore, the new care plans would require further reviewing and updating in a short space of time before they could be effectively implemented.

We were not assured that staff always had the most relevant and up-to-date information they needed to safely and effectively meet people's needs. For example, we found that staff were unsure about one person's nutrition and hydration support needs and where to find the information they needed to clarify this. This meant that there was a risk that staff did not always have the relevant and up-to-date information they needed to safely and effectively meet people's needs.

Overall, the care plans we reviewed had improved and were person-centred and documented people's support needs. People's needs were assessed prior to them moving into the home. People, their relatives where appropriate and health and social care professionals were included in this process. This information was used to create care plans that reflected people's individual needs and included information about areas of need such as personal care, medication, communication, mobility and continence.

Care plans showed that people's equality and diversity needs were considered during the assessment process. For example, the care planning process took into account people's protected characteristics, such as age, disability and religion.

People's records showed that they were receiving the support they needed as planned. We also noted that information about people's health and visits by other healthcare professionals was being clearly recorded.

The home had some basic individual and group activities on offer for people to enjoy. We noted that the home had also refurbished part of the outside area. The home was in the process of building an outside cafe/bar in this area with a beach hut theme. The manager explained that people living at the home had contributed their ideas about what they wanted there and how it should look. Once completed this will add to the opportunities people have for spending their time engaged in different activities.

Is the service well-led?

Our findings

During our last inspections in January and February 2018 we found that the home was not well led and was in breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that quality assurance and audit systems at the home were ineffective, support for the manager was poor, there was a lack of oversight from the registered provider and there was a lack of action to address the failings identified at the home.

During this inspection we saw that one unoccupied room on the first floor of the home still had a letter from a health professional attached to the wall. This contained personal information about the person who previously occupied this bedroom and gave advice on how to meet their nutritional needs. We noted that at the time of our inspection this room was not readily accessible to other people who lived at the home, families or visitors and the document was removed during the inspection. However, the fact that this document had been left in this room meant that the home had failed to keep information about this person and their care secure and confidential. We were also concerned that this type of information had been displayed like this in this person's bedroom when the room was occupied, as this does not demonstrate supporting a person to create a personalised and homely environment.

The manager had a range of audits in place to monitor and review the safety and quality of service being provided at the home. The majority of these audits were working well. However, we saw that an audit of the home's fire doors had been carried out the day before our inspection, recording the doors were 'all ok'. As explained earlier in this report, we saw that a number of the fire doors failed to close properly when tested. This indicated that this audit had been ineffective in identifying the issues we saw.

We saw that the home had failed to meet its legal obligation to display its most recent CQC inspection report and rating. The noticeboard in the foyer area displayed a copy of the inspection report we published in November 2017. Since then we have published a comprehensive inspection report in March 2018 and a focused inspection report in April 2018. Therefore, the report and rating being displayed at the time of this inspection in August 2018 was significantly out of date. We acknowledge that the home was displaying the correct rating, as it had been rated as inadequate in November 2017 and remained inadequate in April 2018. However, this does not compensate for the fact that the home had failed to display the most recent information as is required. We noted that the manager rectified this problem when we highlighted it to them. We considered that this was an oversight by management at the home rather than a deliberate act intended to mislead anyone.

However, the fact that we had to highlight this issue meant the home was in breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the home had failed to meet its legal obligation to display its most recent CQC inspection report and rating.

We found that the new manager was well-informed, open and positively engaged with us. We noted that in a relatively short period of time the manager, with the support of consultants and some oversight from the registered provider, had made many improvements to the safety and quality of care being provided at the

home. However, as we have explained in this report, the home still requires improvement and remains in breach of the Regulations in some areas. These additional improvements must be delivered and sustained before we can consider the service to be well-led.

This meant the home remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the home still requires improvement and remains in breach of four Regulations.

The staff we spoke with acknowledged that it had been a challenging time for the home. However, they told us that they were committed to improving the standard of care being provided. Staff told us that they felt well-supported by the new senior management and the home was improving.

Registered providers are required to inform the CQC of certain incidents and events that happen within the home. The home had notified the CQC of all significant events which had occurred in line with their legal obligations.

The home had policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The home had failed to appropriately obtain people's consent to their care and it had not acted in line with the Mental Capacity Act 2005 when people lacked capacity to consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The home had failed to ensure the premises were safe and well-maintained. The home had also not ensured the risks to people's health, safety and welfare were appropriately assessed and managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The home still requires improvement and remains in breach of four Regulations. Additional improvements must be delivered and sustained before we can consider the service to be well-led.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments
Treatment of disease, disorder or injury	The home had failed meet its legal obligation to

display its most recent CQC inspection report and rating.