

# Indigo Care Services (2) Limited

# Thornton Hall & Lodge

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Requires Improvement ●
Is the service effective?	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: Thornton Hall and Lodge is a care home providing personal care for up to 96 older people. The home is purpose built and the accommodation is in four units over two floors. Two of the units within the home are designed to support people living with dementia. At the time of the inspection there were 72 people living at the home.

There was a change of legal entity for the service in December 2017. However, the senior management team remains the same as the previous legal entity. We therefore considered the previous ratings and breaches from both providers when planning and conducting this inspection.

People's experience of using this service: People were not receiving care that was fully safe, effective, caring, responsive to their needs and well-led. The service is now judged to be inadequate in providing effective care as well as being inadequately well-led.

Before the inspection we had received a number of concerns regarding staffing levels and the quality of care. During the inspection, we observed caring and respectful interactions between staff and people living in the home.

Prior to the inspection we also received some concerns regarding inappropriate lifting techniques which had the potential to cause harm to people. There were two incidents we discussed with the manager during the inspection. These incidents had been dealt with appropriately by the provider.

Staffing levels during the inspection appeared adequate. Staff could respond to people's support needs in a timely way. However, we raised concerns regarding the deployment of staff across the home. Staff told us one part of the home was under staffed. Staff would leave the floor they were working on to support the busier floor. We asked the manager to address this. Since the inspection, the manager has told us extra carers have been allocated to the busier floors.

People living in the home told us they felt safe. They felt there were enough staff to meet their needs. However, some relatives and staff told us there was not always enough staff and at times staffing levels had been unsafe. People acknowledged the provider was trying to address this with various recruitment incentives.

The management of medicines had improved since the last inspection. However, we still found some issues that needed to be addressed by the provider. We made a recommendation about this.

Safe recruitment practices were in place for permanent staff.

A high proportion of agency staff were used. Not all agency staff had the appropriate induction. The manager had not always had sight of agency profiles to ensure those staff were suitable to work with people

living in the home.

Care plans were inconsistent and lacked detail. The service had recently moved from paper care files to electronic versions. The care plans we saw were not adequately completed and not effective at planning appropriate support for people.

Risk assessments were not fully completed or adequate for the management of people's risks.

The service was not compliant with the Mental Capacity Act (MCA) 2005. People had not always had an appropriate assessment when they were deemed to lack capacity for a specific decision. People were being restricted without the lawful process being followed.

People told us they had enough to eat and drink. We saw drinks and snacks being offered throughout the day. However, staff told us there were limited food provisions available during the night. This was being addressed by the manager.

The quality assurance processes were inadequate. Issues raised at previous inspections had not been acted on. There have been repeated breaches of regulation.

Rating at last inspection: Requires Improvement (Report published 12th July 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: You can see the action we told the provider to take towards the back of this report.

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

## 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 effective.

Details are in our Effective 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** ●

# Thornton Hall & Lodge

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

**Inspection team:** This inspection took place on 18, 19 and 21 February 2019 and was unannounced on the first and third day. The team consisted of three inspectors, one inspection manager, one specialist adviser for medicines and one expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type –** Thornton Hall and Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had not yet registered with CQC. The previous registered manager had left in September 2018. The current manager had been asked to support the home as part of the improvement team and became the manager when the registered manager left.

#### Notice of inspection:

Day one and three of the inspection were unannounced and day two was announced. Day three was an evening inspection.

**What we did:** Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports.

During our inspection we observed the support provided throughout the service. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 4 people living in the home, six relatives and six care staff, the service manager, deputy manager, improvement manager, director of improvements and the chief operating officer. We looked at records in relation to people who used the service including six care plans and six medication records. We observed the administration of medicines. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Details are in the Key Questions below.

The report includes evidence and information gathered by the inspector and Expert by Experience.

# Is the service safe?

## Our findings

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

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

At the last inspection there were concerns with the management of medicines and the provider was in breach of Regulation 12. At this inspection, we found there had been small improvements in regards to medicines and the provider was no longer in breach of this regulation. However, we found improvements were still needed in relation to medicines management. We also found concerns with recruitment and raised concerns regarding staffing. The provider was in breach of Regulation 17 and 19. Therefore this domain remains requires improvement.

### Staffing and recruitment

- We received mixed feedback regarding staffing levels. Some relatives told us staffing levels were safe and people were well supported. However, some relatives and staff told us staffing at times has been unsafe. Two relatives we spoke with said staffing wasn't normally as high as it was the days CQC were in the home. We observed staffing levels to be adequate during the inspection.
- The home used a dependency tool to assess numbers of staff required. The rotas we saw matched the number assessed as adequate. However, we asked the manager to review people's dependency assessment as concerns were raised regarding one side of the home being under staffed. One staff member told us "It's quieter on this side of the home, they need support on the other side sometimes as people's needs are higher. I'll go over when it's quiet on this floor."
- We received a number of concerns from people before the inspection regarding staffing levels. Concerns reported staffing was inadequate and people were at risk due to low numbers of staff. These concerns were raised with the manager. Since the inspection the manager has reviewed staffing and informed us extra staff will be working in the home.
- A high number of agency staff were being used to cover vacancies within the home. The manager told us they tried to use the same agency staff so they were familiar with people living in the home.
- Recruitment processes for permanent staff were safe. Checks to ensure staff were fit to carry out their role had been completed.
- However, recruitment checks were not adequate for agency staff. The home had not received profiles for these staff to ensure they were suitable to work with people living in the home. This issue had been identified by the home, but appropriate actions had not taken place to address it.
- Agency staff had not always received an induction when starting work in the home.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A system was in place to monitor any incidents or accidents which occurred. However, the information

recorded regarding incidents was not sufficiently detailed enough to provide learning. For instance, we saw accidents had been recorded with information regarding who this had happened to and where it occurred, but the details regarding how the accident occurred were insufficient. This meant full learning from these incidents was difficult.

- There was a lack of evidence of follow up from incidents. We saw one person had fallen and a fault in the sensor mat had been recorded. However, there was no record that this had been followed up.
- Appropriate actions were taken following incidents, such as seeking medical advice, and referring to other services for further support, such as the falls team. However, care plans were not always updated with the information.
- People's care plans contained a wide range of risk assessments, however these had not been completed effectively or fully. There was information missing from people's plans meaning support for those people was not accurately documented.
- Risks to the environment had been assessed to ensure people were kept safe from avoidable harm.
- The provider had systems in place to ensure regular checks on equipment took place to ensure that it was safe and fit for purpose.
- Personal emergency evacuation plans (PEEPs) were in place for people. The PEEPs for half of the home were completed in full and detailed how staff would support people to evacuate from the home. However, other PEEPs were incomplete or missing. For those people there was no safe evacuation plans from the home in the event of an emergency. We spoke with the manager who said this would be addressed immediately.

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

#### Preventing and controlling infection

- The home was clean and well maintained.
- Staff received appropriate training in infection control and told us they understood and followed infection control procedures. One staff member told us, "We always wear gloves and aprons."

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

- People and a family member told us they felt safe with comments including "Oh yes the staff make me feel safe," "When I go home after visiting I know [relatives] are safe here and well cared for," and "There's good security here and they're [people] always being checked on."
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
- The home had installed CCTV in communal areas. An external company monitored CCTV and informed the home of any incidents. This had been used in two situations regarding allegations of abuse of people in the home. Appropriate action was taken against staff involved in the incidents.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

#### Using medicines safely

- At the last inspection, improvements had been made regarding the management of medicines. However, there were still concerns with administration of medicines and the provider was in breach of regulation. At this inspection we found we found the provider had made improvements and was no longer in breach of this regulation. However, further improvements were needed, with ongoing monitoring to assure us improvements were being sustained.



- The home had started using EMAR, an electronic version of medication sheets. This system gave the home more oversight of medicines administration, and had also reduced the number of medicines errors.
- Staff told us they were trained and assessed as competent before they administered medicines.
- Medication which is given as and when needed, often referred to as PRN medicines, had been prescribed by the doctor for people. Protocols and procedures were in place for staff so they knew how to respond to people and administer their PRN medicines. However, this protocol did not contain enough information regarding how people may present to show they were in pain. The deputy manager said this would be reviewed immediately.
- Non- prescribed creams were stored in the medicines trolley. The deputy manager told us that staff did not always return the creams to the trolley. This meant there was a risk creams were not always stored securely and people were at risk of being able to access them.

We recommend the home seek alternative secure storage for non-prescribed creams to ensure they were always kept safe.

- Some people were prescribed medicated patches. We found there were no body map diagrams to show staff where these patches had been placed previously. This medication is not meant to be placed on the same part of the body for three to four weeks, due to a risk of over absorption and skin breakdown. This meant people were at risk of having the medicated patch placed inappropriately and unsafely on their body. This was addressed immediately during the inspection.

# Is the service effective?

## Our findings

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

At the last inspection this domain was rated good. At this inspection we found the service was not compliant with the Mental Capacity Act (MCA) 2005, there were issues with staff training and the provider was in breach of regulations. Therefore, we have rated this domain inadequate.

There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Prior to the inspection, the provider and manager had identified issues regarding mental capacity assessments and DoLS, and an action plan was in place to address these. During inspection we found these concerns had not been fully addressed, and we found other concerns the provider had not identified in the action plan.
- Some assessments had been completed when people lacked capacity. However, there were people who we were told lacked capacity for certain decisions, but they did not have mental capacity assessments completed.
- Mental capacity assessments which had been completed, were not in line with the MCA 2005. Assessments were not decision specific. It was unclear from assessments we saw what decision was being made.
- There was no evidence best interest's decision meetings had taken place for some people who had been assessed as not having capacity. We saw two assessments which had no details of any best interest's meetings taking place. Some assessments had meetings recorded but appropriate people had not been asked to attend.
- Consent to care and treatment was difficult to ascertain. The provider used an electronic system and the only record of consent was a tick box by each category completed by the staff member.
- People in the home were restricted from leaving as doors were kept secure. There were also restrictions for where people could go in the home as doors were key coded. The appropriate mental capacity assessments and DoLS were not in place for all people, meaning some people were being unlawfully restricted of their

freedom.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff completed training. However, the training records we saw showed poor completion rates and highlighted not all staff had completed training deemed mandatory by the provider.
- Staff supervision was inconsistent and staff we spoke with reported not having had supervision for long periods of time. Staff told us the management changes had made receiving consistent supervision difficult.
- New staff completed an induction when they commenced working at the service. However, agency staff we spoke with reported they had not received an induction to the home.
- Not all profiles for agency staff had been viewed before they started working in the home. This meant the manager had not had sight of the skills and experience of those staff. Therefore, it was difficult for us to see how the provider had ensured an appropriate mix of skill and experience with the allocation of staff cover in the home.
- The home was using a new electronic care planning system. We were told that all staff, including agency were trained in how to use this. However, not all staff we spoke with had been trained and were unable to use the system to record notes or read care plans. Agency staff told us they would speak with permanent staff or the night manager to find out people's needs and ask them to record notes.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. However, the information recorded was inconsistent. Some people had limited information regarding their nutritional needs.
- People told us they were happy with the food. Comments from people and their relatives included, "The foods alright mostly but I'm fussy," "It's not bad, on the whole I'd say it's acceptable" and "[The person] has never complained about the food."
- We observed snacks being offered in the day. However, we were told by staff that food was limited of a night time and there was a limited choice of food to offer people. Staff had often given their own food to people. We discussed this with the manager who acknowledged this had been the case. The manager told us food items would now be purchased to ensure food was available throughout the night for people.
- We could see a menu was available each day. There was a reminder for people on the table that alternative food could be provided if they did not like what was on the menu.

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

- People's needs were assessed before admission to service. However, there were inconsistencies with the level of information recorded for people. Some people had not been appropriately assessed.
- Care plans had been developed from these assessments. However, the care plans were incomplete and lacked detail.
- Some people had not had their choices and preferences regarding care recorded. It was unclear if this was because they had not been assessed or because there was a recording error.

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

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met. We saw evidence that appropriate referrals had been made.

- However, feedback from other healthcare professionals indicated poor communication and working relationships. We were told professionals often struggled to gain access to records as information was locked away and people could not access it. We were also told that when information had been requested by telephone or email, it often was not sent. People reported they were often left 'chasing' the home for information for weeks.

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

- There were signs around the home to support people to locate different rooms, such as the lounge and bathrooms.
- We could see areas of the home had been decorated with old pictures of London, celebrities and seaside murals. We raised with the manager that the decoration could have been more relevant to the people living in the home. The manager told us the home had already identified this as an improvement and were in talks with a dementia specialist to complete a re-design.
- Some rooms had the person's name and photos of themselves on the door, other people had chosen to personalise their room with photographs and televisions.
- Bathrooms were adapted to ensure they could be accessed by all people.
- Equipment was in use to support people to move around the house independently.

# 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 domain was rated good. At this inspection this rating has deteriorated to requires improvement.

People were not always well-supported, cared for or treated with dignity and respect.

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

- People had not always been fully assessed before going to live in the home. Some people's assessments were incomplete and lacked detail. This meant people were at risk of not receiving the right care and support.
- When people lacked capacity, best interest decisions had not always taken place. This meant decisions about people's care may not have been made in their best interests.
- Resident meetings were held, although not all people we spoke with were aware of the meetings. Records showed that people were asked their opinions during the meetings and whether anything could be improved. We saw that action was taken based on this feedback, but only for those that attended the meetings.
- A service user guide was available to people. This provided information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

Respecting and promoting people's privacy, dignity and independence

- Mental capacity assessments were not always completed appropriately. This meant people were restricted with aspects of their life without lawful consideration.
- Records regarding people's care and treatment were mostly stored securely. However, on two occasions we found a laptop left open which meant people's confidential information could be accessed. This was addressed immediately each time.
- Relatives told us they felt staff protected people's dignity and privacy. One comment was "They always knock before going in the room. And they talk [the person] through what they are doing."
- Staff clearly described how they protected people's dignity and privacy, including closing doors and curtains when providing personal support and helping people to remain covered with towels.

Ensuring people are well treated and supported

- People's care plans were not sufficiently completed to ensure staff had the knowledge to support people in line with their needs. The service was using a high number of agency staff. Although the manager tried to ensure the same staff were used, this was not always the case. The lack of details in the care plans meant there was a risk agency staff would not fully understand the needs of people they were caring for.
- People told us staff were kind and caring and treated them with respect. Comments included, "They're very caring," "They always listen to you and act" and "The staff are all very helpful, nothing is too much trouble for them."

- Most relatives we spoke with agreed and their comments included, "They're well trained and very kind," "They give us peace of mind, the staff can't do enough" and "We wouldn't think twice about recommending the home."
- We observed positive, familiar interactions between staff and people living in the home throughout the inspection and staff spoke warmly of the people they supported.
- Relatives told us they felt welcomed and could visit anytime they wanted.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At the last inspection the provider was in breach of regulation 17 as care plans were not detailed enough and were not accurately reflecting people's needs. At this inspection we found there was still a lack of detail in care plans. The provider is still in breach of regulation.

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

- Care plans we saw were not detailed enough to provide effective care to people. We spoke with the manager about this who told us care plans had been moved on to the electronic system recently. The provider had concentrated on getting all plans on, and they planned to review all plans now this was complete.
- There were no care plans for people with specific physical health conditions, such as epilepsy and diabetes. Although we could see appropriate care was being provided, this was not documented appropriately.
- There was a lack of evidence the service assessed, recorded and shared information regarding people's communication needs.
- The home used a resident of the day system to review people's records. There was no evidence this had been used recently as plans were not updated. However, the manager told us they would use resident of the day to ensure all care plans were reviewed in the next month.
- Daily notes recorded for people were not accurate and did not reflect what support had been provided and when. We were unable to identify if planned support had taken place when it should. We spoke to the manager who told us this was due to an IT issue. The provider had booked an IT engineer to resolve the issue.
- Some staff told us they were unable to read care plans on the new hand-held devices as the writing was too small. There were some laptops available for people to access care plans. However, some agency staff told us they were unable to access care plans as they had not received an induction.

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

- We observed staff interactions throughout the inspection. We saw staff asking people their preferences regarding drinks and care. This meant staff could support people who were able to communicate, in line with their preferences.
- One person had communication difficulties. The home had provided this person with a marker board to allow them to communicate their preferences with staff.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The complaints log contained both

complaints from people using the service and relatives. However, we found a large proportion of complaints had not been responded to. A relative told us they had made a complaint and were unhappy with the level of care being provided. This complaint had not been responded to in a timely way. Other complaints had been recorded, but there was not always evidence of a response from the provider.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People and their family members told us they felt confident to be able to raise any concerns they had with the management.
- People living in the home told us they would feel comfortable raising a concern.
- Relatives told us they could raise complaints or concerns. One relative told us, "I haven't had to make a complaint, but I would feel comfortable raising anything with the manager if I needed to."

#### End of life care and support

- There were end of life care plans in people's files, but these were not detailed and not fully completed.
- Staff training was not fully complete for end of life care. Staff did tell us they would feel comfortable supporting people at the end of their life. Staff said they would follow the care plan. However, care plans we saw did not provide sufficient detail to support people with their wishes.



# 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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At the last inspection the provider had failed to implement effective systems to assess the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found the provider had not made sufficient improvements and was still in breach of regulation 17. Therefore, we have changed the rating of this domain from requires improvement to inadequate.

### Continuous learning and improving care

- The registered provider had systems in place to assess and monitor the quality and safety of the service. The home had been supported by the improvements team.
- An improvement action plan was in place to address issues identified by the provider and manager, and from previous CQC inspections. However, this had not proved effective at addressing those concerns.
- The provider had told us the implementation of the electronic care planning system was to improve quality. However, there was a lack of planning to ensure people's care plans were transferred to the new system accurately and with sufficient detail. Paper care plans had been archived and were not readily available to support staff.
- Documents we requested to see during the inspection were difficult to find. Some documents were held centrally, and the manager struggled to get hold of these in a timely way.
- Training documents we requested to see were poor. They showed a severe lack of training for staff. The manager told us the incorrect information had been sent to them by head office. When the correct information arrived, this also showed staff had not received all training required.
- Medicines competencies had been completed. However, some of these had actions for further monitoring. There was no evidence this had taken place.
- Incidents had not been fully analysed to provide effective learning. Forms we saw had not been completed appropriately and significant information regarding how the incident had occurred was missing.
- The provider had failed to act on recommendations at the last inspection regarding content of people's care plans.
- Recruitment audits had picked up that agency staff were working without appropriate documents. However, the provider had failed to act appropriately in managing this risk.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

#### regulatory requirements

- The manager and staff understood their roles and responsibilities within the service.
- Ratings from the last inspection were clearly displayed within the home as required.
- CQC had been notified of all incidents that had occurred within the home as required.
- Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Most people living in the home told us they knew who the manager was and would tell them if they had any concerns.
- Staff told us they felt supported in their roles. Comments included, "[The manager] is the best manager that we have had, [the manager] is very down to earth, gets stuck in to support us if we are busy."
- There have been numerous changes of management in the last few years. Staff reported this had been unsettling at times. Staff felt the current management were in a good position to improve the service.

#### Planning and promoting person-centred, high-quality care and support

- People provided positive feedback regarding the quality of the care they received. People told us staff were caring and looked after them well.
  - Staff told us they felt listened to and that the registered manager was approachable. Comments included, "She [the manager] is brilliant, very supportive, cares, listens, acts on our concerns," and "[The manager] involves everyone. {The manager} has brought a different dynamic, it's much better now."
- Staff told us they had confidence in the manager to improve things in the service. Staff felt the culture of the home had improved since the manager came into post.
- Most staff we spoke with told us they worked well together as a team to deliver high standards of care.

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

- Systems were in place to gather feedback from people. These included regular surveys and meetings as well as complaints and compliments processes. However, we found complaints had not always been responded to.
- Staff had not received regular supervision. However, staff told us they felt they could speak to the manager any time.

#### Working in partnership with others

- Healthcare professionals told us they struggled to get information they requested from the manager. They reported waiting weeks to receive communication, and in some cases never received the information.
- Other professionals also told us they were unable to view people's care plans when they attended the home. This was often due to internet issues, or documents being locked away and staff were unable to access them.
- When referrals to other services were needed, we saw that these referrals were made.

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  Consent was not gained in line with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider had not responded to all complaints.  There was no evidence complaints had been used to improve the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems in place to monitor the quality and safety of the service were not adequate.  The provider had failed to act on previous concerns identified.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not ensured all staff working in the service were safe to do so.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured all staff working in the home were trained appropriately for their role.</p> <p>Support for staff through supervision was irregular.</p>