

Maples Care Home (Bexleyheath) Limited

Maples Care Home

Inspection report

29 Glynde Road
Bexleyheath
Kent
DA7 4EU

Tel: 02082986720
Website: www.maplescarehome.co.uk

Date of inspection visit:
29 October 2019
01 November 2019

Date of publication:
23 January 2020

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Maples Care Home is a care home set over three floors and provides residential care and support, nursing care and dementia care for up to 75 older people. At the time of our inspection, 66 people were using the service.

People's experience of using this service

Risks to people were not always assessed, reviewed and the provider did not always have appropriate risk management plans to guide staff on how risks should be minimised.

There were not enough staff available to meet people's needs in a timely manner. Staff did not always monitor and assess people's behaviour by completing behaviour charts so appropriate action could be taken to minimise risks associated with behaviours that can challenge the service. People were at risk of developing pressure sores, because pressure mattresses were not always set correctly. Where people were at risk of malnutrition, food charts were not always completed and prompt referrals were not made to health professionals for additional support where this was required to ensure people maintained a healthy weight. There was not appropriate signage within the home to help people orientate themselves.

Staff were not always kind and caring, and the provider's systems and processes did not support them to consistently display their caring values. Staff training was up to date. Information was available to people in a format to meet their individual communication needs when required. The service was not currently supporting people who had end of life care needs, but relevant information was not recorded in their care plans so this was not available when people developed these needs. People were not always supported to eat a healthy and well-balanced diet. The provider's quality monitoring systems were not effective. Internal audits did not identify the issues we found at this inspection.

People said they felt safe and that their needs were met. People were protected against the risk of infection. Accidents and incidents were appropriately managed and learning from this was disseminated to staff. Assessments of people's needs were carried out prior to them moving to the home to ensure their needs could be met. Staff were supported through induction and supervisions. People had access to a variety of healthcare professionals when required to maintain good health. The provider worked in partnership with key organisations to ensure people's individual needs were planned. Medicines were safely managed. Systems and processes were in place to order medicines to ensure they remained in stock and people could receive them as prescribed. People's rights were upheld with the effective use of the Mental Capacity Act 2005. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Their needs were not accurately assessed, understood and communicated.

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 of the service was requires improvement (published on 30 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations and the rating has deteriorated to inadequate.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, dignity and respect, safe care and treatment, premises, staffing and good governance.

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 ask the provider to complete an action plan to show what they will do and by when to improve to at least good. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. We will also meet with the provider.

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 six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Maples Care 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 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 was carried out by one inspector, one 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

Maples care home 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 registered manager in place. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 29 October and 1 November and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We usually request that the provider send us in a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. However, on this occasion we did not request this information from the provider.

During the inspection

We spoke with five people and three relatives to seek their views about the service. We spoke with five members of care staff, the deputy manager and the registered manager. We also spoke with a visiting physiotherapist. 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 reviewed records, including the care records of ten people using the service, and the recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Is the service safe?

Our findings

Safe – this means 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 deteriorated to inadequate. This meant people were not safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were not always reviewed when their needs changed, and risk management plans were not always in place where risks were identified. For example, we saw one person complained to a relative after they had pressed the call bell, they had to wait a very long period of time to receive support. We looked at call bell records and saw that another person had to wait 54 minutes due to a faulty call bell.
- The deputy manager told us that they were unsure of the person's capability to use a call bell. However, their call bell risk assessment had not been reassessed and updated and a risk management plan put in place to guide staff on alternative measures of ensuring the person was safe such as by staff making regular checks on the person.
- We also observed that some people's call bells were out of their reach, which meant that they were unable to call for assistance should they required it.
- We could not be assured that people's skin integrity was protected. Some people used pressure relieving mattresses to help keep their skin healthy. We looked at three people's mattresses and saw that the pressure settings of the mattresses for two people were set incorrectly. Records for a week, including on the day of the inspection showed staff had signed logs to show that the mattress settings had been set correctly. The third person was having a pressure mattress log completed, including on the day of the inspection, which stated their settings were correct when they actually did not use a pressure mattress. This meant that people were placed at risk of developing pressure sores because their pressure relieving mattresses were not being used correctly.
- Some people were at risk of malnutrition and staff did not follow appropriate guidance to monitor their food intake to ensure they were eating enough. People's food charts did not detail exactly what or how much they had eaten throughout the day. Staff recorded phrases such as 'ate some' but it was not clear how much this was, for example, whether it was a breakfast bowl or a dinner plate. This placed people at risk of malnutrition as staff lacked oversight of what people were eating as records did not accurately detail what people were eating. This also meant that accurate information could not be provided to health care professionals about the person's food and fluid intake if further action needed to be taken.
- The provider used a Malnutrition Universal Screening Tool (MUST). A MUST tool is used to assess and identify people who are either malnourished or at risk of malnutrition.
- One person had lost almost 17kg of their body weight between November 2018 and October 2019. Between August 2019 and the first day of the inspection, this person had lost 10.3kg of their body weight but staff had not identified and recorded this in the person care plan or risk assessments. The person's care plan recorded that if the person lost more than 5% of total body weight over three months the person needs to

be referred to the dietician. This had not been done. The provider had stopped carrying out MUST audits in May 2019. When these were re-commenced during the inspection, it was then identified that this person needed to be referred to a dietician.

- Three people were identified as having a behaviour which could be challenging to staff and others. Staff had implemented a behaviour monitoring chart which was not being completed. There were no risk assessments or guidance in place for staff regarding these behaviours, what the triggers were and how to respond to any triggers for the behaviour. This placed the person at risk of receiving unsafe care.

Failure to provide the safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not sufficient numbers of staff on duty to meet people's needs in a timely manner.
- People told us they had to wait for long periods of time when they needed assistance and call bells were not answered in a timely manner. One person said "There are not enough staff for anything, when you buzz on your buzzer it can be a very long wait before they can help." A second person said, "There are not enough staff, "The worst thing is if you can't hold on when you want to go to the toilet." A relative said, "There are not enough staff as my [relative] now needs the hoist and it takes 2 carers to do that, so they have to wait."
- Staff confirmed there were not enough staff on duty to meet people's needs in a timely manner. A staff member said, "We don't also have enough staff, especially on the second floor where dependency needs are high. If one person needs the support of staff members, then that leaves the unit short-staffed." Another staff member said, "Life would be easier if we had more staff. We could do with more staff as people dependency needs are high." A third staff members said, "We need more staff, we are stretched." A fourth staff member said, "Some people have had to wait 25 minutes to be supported with toileting, sometimes they just wet themselves."
- The home used a dependency tool to establish the number of staff needed to meet people's needs in a timely manner. However, the registered manager and the regional manager were unable to confirm the last time the dependency tool was reviewed to ensure there were enough staff to meet people's current needs.
- We saw that people on the ground floor waited for a long period of time to have their lunch. There was no management oversight of the deployment of staff during the meal times to ensure people's needs were met in a timely manner.
- During our inspection, on the ground floor we heard call bells continuously ringing where people had requested and had to wait for support. Staff told us this was because people on the ground floor asked for more support and they got to them as quickly as they could.

Failure to deploy sufficient numbers of suitably qualified staff to provide the safe care and treatment is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate recruitment checks took place before new staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, the right to work in the UK and criminal record checks undertaken for each staff member.

Using medicines safely

- Medicines were managed safely. Staff responsible for administering medicines had been trained and assessed by the provider to ensure they were competent to do so safely.

- Medicine administration records (MARs) were completed in full. There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Health professionals reviewed people's medicines regularly, to ensure they still needed them.

Preventing and controlling infection

- There were systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance on how to prevent the spread of diseases.
- Staff had completed infection control and food hygiene training and followed safe infection control practices. Staff were observed wearing personal protective equipment such as aprons and gloves and washing their hands when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were appropriately reported, recorded and investigated in a timely manner.
- There was guidance in place for staff to minimise future incidents. For example, when one person suffered a fall, the person was immediately checked, the person suffered no injuries. The registered manager reviewed the person's falls risk assessment and communicated how to minimise the risk of falls with this person and staff.
- When things went wrong, the manager responded appropriately and used this as a learning opportunity and any lessons learnt was disseminated to staff during staff meetings.

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

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow in reporting any allegations of abuse.
- Despite our findings, people and their relatives told us that they felt safe using the service. One person said, "I feel safe living here as everyone looks after you and you know you can trust them." Another person said, "I feel safe living here as the place is locked up at night, also no one can just wander in."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to RI. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection improvements were needed as the home did not have appropriate signage to help people to orientate themselves easily. The registered manager showed us that this was an area that had been highlighted in their management plan. However, not enough improvement had been made.

- The home still did not have appropriate signage throughout, to help orientate people. Dining rooms and lounges did not have signs on them stating what rooms they were. Some toilets and bathrooms throughout the home also did not have signs on them. The registered manager told us that this area was still highlighted in their management plan, but action had not been taken.
- Only some people's bedroom doors had either a picture of themselves, their name or a memory box outside. This meant that not all people would be able to find their rooms easily, especially those living with dementia. We saw that the lounge carpet on the first floor was heavily stained and malodorous.

The fact that the provider had not ensured that the environment was suitable for the people living in the home meant that there was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the registered managers attention, who told us they were going to replace this carpet as a deep clean had not worked. The registered manager told us that putting up more signage still remained part of their management plan to do this and were preparing to redecorate and put up new signage.

Supporting people to eat and drink enough with choice in a balanced diet

At our last inspection people had to wait for a long period of time before lunch was served and people were not always offered alternatives. Menus displayed were in a small font making it difficult for people to read. At this inspection the provider had not fully addressed these issues.

- People were not always supported to eat and drink in a timely manner. For example, people on the ground floor were due to have lunch at 1pm and had been seated in the dining room from 12.45pm. We saw lunch was not served until 1.35pm and people who had lunch in their bedroom did not have lunch taken to them until 1.50pm. There was no management oversight of the deployment of staff during the meal times to ensure people's needs were met in a timely manner.
- People told us that there were no snacks offered between meals. One person said, "There is no food

offered between meals." The regional manager told us that they were in the process of looking at introducing snack boxes in lounges.

- People were offered a choice of alternative meals if they did not like what was on the menu.
- Menus were available in pictorial formats making it easier for people to read menus and make choices.
- The chef was aware of people's dietary needs which were also recorded in their care plans. This included whether they required a low sugar, soft food or pureed diet.

Staff support: induction, training, skills and experience

- Staff were supported in their role and received training as required. Training considered mandatory by the provider included safeguarding, dementia, health and safety, infection control and moving and handling. During the inspection, we found records which showed that staff had not always had the training considered mandatory by the provider. Following the inspection, the provider sent us training certificates for staff and an up to date training matrix to show that they had received up to date refresher training
- People told us that not all agency staff had the skills and knowledge to support them with their individual needs. One person said, "Agency staff have to be told sometimes how to use the hoist, if it's permanent staff then they know what to do." Another person said, "The permanent staff know what they are doing in all areas but it's not always the same with agency staff, a lot of agency staff are willing, but they tend to lack the knowledge, an example of that is with the hoist." One relative said, "There was one agency staff recently who didn't know how to use the hoist, but they went and asked
- Staff were supported through regular supervisions and annual appraisals in line with the provider's policy. One staff member told us, "I have supervisions and they are helpful to meet on a one to one basis with my manager."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider followed the requirements of DoLS and had submitted applications where people might have been deprived of their liberty to the local authority as required. We saw that where DoLS applications had been authorised that the provider was complying with the conditions applied under the authorisation. Mental capacity assessments were completed and best interests' decisions made where people lacked capacity to make specific decisions for themselves.
- The manager and staff understood the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.
- Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as for the use of bedrails and the provision of personal care.

- People's consent was sought before staff supported them. One person said, "Staff always ask for my permission and explain to me what they are going to be doing before they do it which is respectful."

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

- Assessments of people's needs were carried out with them before they moved into the home. This was to ensure that the home would be able to meet people's care and support needs appropriately.
- People, their families, or social workers where appropriate, were involved in the assessment process to ensure the service had a complete understanding of people's needs when developing care and risk management plans.
- These assessments, along with information from the local authority were used to produce individual care plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People had access to a range of healthcare services and professionals which included GPs, district nurses, opticians, chiropodists and dentists. One person said, "I just have to ask to see a doctor if I need one, and I get to see one." Another person said, "There is a very nice and good chiropodist who comes, she does a good job."
- We spoke to a visiting physiotherapist who told us, "Staff are very responsive, and they follow advice and instructions we give."

Is the service caring?

Our findings

Caring – this means 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 deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that not all staff were kind and caring. One person said, "Most staff are kind, some very gentle and some are rough handlers, the rough ones tend to be the agency staff." Another person said, "It depends who the staff members helping are and how gentle they are. Most of the girls are lovely, agency staff are a bit rough sometimes." "A relative said, "All the regular staff are wonderful and so caring, nothing is too much trouble, some of the agency staff are a bit rough." Another person said, "I have to ask to be passed the toothbrush otherwise it doesn't happen."
- People were not always treated with dignity and respect. People said they were not always treated as adults. For example, we saw one person being given a picture to colour in. They told us, "Do [staff] think we are still at school?"
- We observed that staff did not always treat people with dignity during meal times. For example, dining tables were not always laid out appropriately in an inviting and convivial way. We also observed that people were not always given choices about what they wanted to drink. We observed that for lunch they were given a glass of squash and there was no choice of what squash, it was just handed out to them. We brought this to the registered manager's attention, they told us that people who used the smaller dining room required assistance to eat and drink.
- On the second day of inspection we saw that there was fish and chips as a lunch option. On the ground floor staff asked people if they wanted vinegar. This required people to put their hands up. The staff member then proceeded to go around and put vinegar on people's food for them, instead of people being able to help themselves to the vinegar. This practice did not promote people's independence. .

The provider failed to ensure people were treated with dignity and respect, therefore, this was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were involved in making decisions about their daily support. For example, people chose what they wanted to wear and the time they wanted to go to bed. People's care plans included their life histories and their preferences. One staff member said, "I show people options of clothes so that they can choose their clothes on a daily basis."
- People were given information in the form of a 'service user guide' prior to moving to the home. This guide detailed the standard of care people should expect and the services provided. The service user guide also

included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

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

- Care records included people's personal information relating to their disability, religion and sexual orientation.
- A religious representative visited the home monthly and people were supported to attend services if they chose to.
- Although no one using the service at the time of this inspection required support with any other diverse needs, staff showed an understanding of equality and diversity and how they would support people from different backgrounds should the need arise.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At the last inspection this key question remains the same. This meant people's needs were not always met.

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

At our last inspection paper care plans were not available for staff to consult when the home's internet connection was down.

At this inspection, the home's internet connection had been upgraded and the provider also maintained paper copies of care plans that should the internet connection be lost. However, people did not always receive person-centred care.

- Care plans were reviewed regularly, however the provider did not ensure that people always received care according to their care plans. For example, we found that food charts were not completed in full and pressure mattresses were not set correctly according to the person's weight, even though these actions were identified in the care plans.
- Care plans did not include all elements of people's needs and some areas were not completed or accurate. For example, there were no detailed behavioural charts to support people with behaviours that may challenge.
- People's told us they had heard of care plans but had not seen theirs and not had been involved in planning their overall care needs and had not attended any reviews.
- The registered manager told us that care plans reviews had taken place; however, there was no records to show that these reviews had taken place with people or their relatives.
- Staff we spoke with were not always clear about whether or not people were capable of using a call bell, although their care plans documented that they were. This meant there was a lack of person-centred care and support and we were not assured that staff knew people well or understood their needs.

The provider failed to ensure records reflected clear and updated care and treatment plans of people's individual needs. This was a breach of Regulation 9 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.

At our last inspection pictorial menus were not available for people unable to read written menus. At this inspection, improvements had been made.

- The provider ensured that people's communication needs were met by developing and using effective ways to support people to communicate. People's care plans contained appropriate guidance for staff on how to effectively communicate with the people they supported.
- Staff told us for people who required support to communicate, they used pictorials, body language and gestures. We saw this being done during the inspection.
- Staff told us there was no-one else living at the home with diverse needs, but if there was they would be supported to meet these needs.

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

At our last inspection we found there were not regular stimulating activities on offer. At this inspection, improvements had been made.

- A range of activities were delivered to people on a daily basis. This included bingo, armchair exercises, sensory activities and ball games.
- On the day of the inspection we saw people enjoying bingo as well as one to one activities which included sensory activities. People were encouraged to take part in activities, but their choice was respected if they just wanted to sit and watch.
- We spoke to one of the activities co-ordinators who told us, "We offer so many more activities now compared to last year

End of life care and support

- The home did not currently support people who were considered to be at the end of their life. However, people's end of life wishes were documented in their care files. The registered manager told us that they were aware of best practice guidelines and would consult with relevant health and social care professionals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. The provider had an effective system in place to handle complaints. Complaints were logged and investigated in a timely manner.
- Staff understood the complaints procedure and told us how they would support people to make a complaint and ensured they received an appropriate response. One person said, "I have made complaints and I get results in the end." Another person said, "If I have had a niggle about something, I tell a carer, who puts it to the manager, who has then come and seen to sort it out."

Is the service well-led?

Our findings

Well-Led – this means 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 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.

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

At our last inspection the provider had failed to maintain an effective quality assurance system as they had not identified issues we found at the inspection. The home had a electronic care records, but the internet service frequently lost signal which meant that staff were not always able to access or update care records when required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although the provider now had a new internet provider and there was no drop in internet connection, not enough improvement had been made and the provider was still in breach of regulation 17.

- The provider's governance of the service was not effective or robust. Despite the service having been rated requires improvement with one breach of regulations at the last inspection, the provider and registered manager had not made improvements at the service and , the quality of the service has deteriorated.
- The provider has not ensured that records were always completed fully and accurately. Staff were not always completing food charts appropriately and were not monitoring people's weight and nutritional status adequately. risks to people. This meant that we were unable to confirm if people were receiving safe care.

The provider had failed to have effective quality assurance systems in place to ensure people were provided with safe and good quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Records showed regular audits were carried out by management to identify any shortfalls we identified during the inspection in the quality of care provided to people. These included concerns in relation to person-centred care, dignity and respect, safe care and treatment, premises, staffing and good governance. However, these were not effective. For example, prior to the inspection, the last MUST tool audit was carried out in May 2019 due to staff being on leave. The lack of MUST audits meant that one person who had lost a significant amount of weight had not been identified so appropriate action could be taken to address this concern.
- There was a registered manager in place, who was supported in running the service by a deputy manager. However, they were not knowledgeable about the requirements of a registered manager and their

responsibilities with regard to the Health and Social Care Act 2014.

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

Engaging and involving people using the service, the public and staff

- People's views were sought through an annual residents and relatives survey which the registered manager told us was carried out in December 2018 as it did not have a date on it.
- The feedback from people was not all positive; 5% of people did not feel safe, 5% said that they were not treated with dignity and respect. 11% said they were not given their medicines in a safe and competent way and 11% said they were not treated equally and fairly.
- Although the registered manager showed us an action plan that had been drawn up following the survey, it failed to address any of the negative feedback received. Including how the provider was going to address the feedback.

Failure to assess, monitor and improve quality and safety of people is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff attended regular team meetings. Minutes from the last meeting in September 2019 showed areas discussed included training, lessons learnt and people using the service. One staff member said, "I go to staff meetings where we get updates about the home and get to discuss any issues, updates."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People were positive about the registered manager. One person said, "The registered manager is always smiling when they talk to me, they are very friendly which makes you feel at home." A relative said, "The registered manager is very approachable. If I ask to see her, she is very accommodating."
- When things went wrong, apologies were given to people and lessons were learned. Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with staff and the wider provider management team.
- The registered manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the local authority and CQC.
- Staff told us that the registered manager was supportive and approachable and had an open-door policy should they have any concerns they wanted to discuss.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, the local hospice and health and social care professionals to provide joined-up care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People did not receive person-centred care. People were not involved in planning their care and support needs. Care plans were not regularly reviewed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider failed to ensure that the home was suitably adapted to meet people's needs.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risk assessments were not updated and there were not always risk management plans in place. People's skin integrity was not always protected. People's weights were not always monitored and people were not report to health care professionals. Behaviour charts for people were not completed. Regulation 12(1)(2)(b)

The enforcement action we took:

We issued a warning notice and required the provider to become compliant with the regulations.

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 provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(b)

The enforcement action we took:

We issued a warning notice and required the provider to become compliant with the regulations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were not enough staff deployed to meet people needs. Regulation 18 - Staffing

The enforcement action we took:

We issued a warning notice and required the provider to become compliant with the regulations.