

# Hillsborough Residential Home Limited

# Hillsborough Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hillsborough Residential Home ("Hillsborough") is a residential care home providing accommodation and personal care to 22 people aged 65 and over at the time of the inspection. Hillsborough Residential Home Limited also provided personal care to people in their own home. However, at this inspection, no-one was receiving support with personal care. The registered manager and provider told us they planned to review whether they would accept more people to that part of the service in January 2020.

### People's experience of using this service and what we found

The service was not always safe. Some improvements had been made since the last inspection and regular checks of the environment and of records were completed. However, not all risks relating to the environment had been identified or assessed, and records did not show people's care had been delivered as required, to reduce risks to them. Infection control practices were now being monitored but had not identified times when staff were not following best practice.

Staff recruitment processes had improved but there were still gaps in the checks being completed. Staffing levels had improved but we have made a recommendation about staff deployment. Records of incidents and accidents were now in place.

Medicines management and practices had improved and were safer. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the principles of the Mental Capacity Act 2005 (MCA) had not been followed for two people who lacked capacity.

Improvements to the environment were still required; this included identifying people's needs in relation to the environment.

The registered manager had increased the amount of checks to monitor the service. Records showed changes and improvements had been made as a result of audits, events or staff ideas. However, these had still not effectively highlighted all the gaps identified at this inspection. Concerns raised during the last inspection, such as environmental risks, ensuring risks to people were reduced, infection control practices, recruitment practices and not meeting the Mental Capacity Act 2005 (MCA), had not been fully resolved.

People told us they were happy living in the home and staff told us they particularly enjoyed working in the homely atmosphere. The provider's passion for caring for people was clear.

People told us they were happy with the food and the choices available to them. People were supported to remain healthy and staff were knowledgeable about people's needs. People saw healthcare professionals regularly but records of these visits were not always easy to find. We have made a recommendation about this.

People received support from staff who cared about them. People were supported to express their views in the way they wanted to. When people raised concerns, records did not always show what action had been taken. We have made a recommendation about this. People's privacy and dignity were mostly respected but we have made a recommendation about the storage of people's medicines records and continence aids.

People had care plans in place to describe their needs and preferences. The registered manager had identified that some more detail was required and had a plan to ensure this happened. Staff were responsive to people's requests and gave people choice and control over their care. Improvements were being made to the options available for how people spent their time. Complaints had been recorded and appropriate action taken.

There was a plan in place to ensure all staff training was up to date. Staff's understanding of people's needs and of best practice was being developed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 03 July 2019), for the second time, and there were multiple breaches of regulation; two of which were repeat breaches from the previous inspection. The provider was required to send us monthly reports detailing the improvements they had identified and what action they had taken as a result. We have reviewed these reports.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating, to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider continues to need to make improvements. Please see the safe, effective and well led sections of this full report.

#### Enforcement

We have identified breaches in relation to how the service keeps people safe, the environment, infection control, staff recruitment, the Mental Capacity Act 2005 (MCA) and the governance of the service.

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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hillsborough Residential Home

## **Detailed findings**

## Background to this inspection

### The inspection

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

### Inspection team

Two Inspectors and a medicines inspector.

### Service and service type

Hillsborough Residential Home is a 'care home' which also operates a small domiciliary care agency. 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 domiciliary service provides personal care to people living in their own houses and flats. During this inspection, the service was not supporting anyone in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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

and made the judgements in this report. We reviewed information we held about the service, for example information that had been shared with us by the local authority or members of the public. We requested information from the local authority quality assurance team. We also reviewed the monthly reports submitted by the provider following the last inspection. We used all this information to plan our inspection.

#### During the inspection-

We spoke with seven people who used the service and two visitors about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and a housekeeper. We also spoke with a healthcare professional who visited the home on a weekly basis.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the registered managers updated action plan.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people were identified and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- Action had been taken to protect people from risks, however not all the areas of concern highlighted at the last inspection had been fully resolved. An environmental risk assessment was now in place but had not identified or assessed all potential risks to people. At the inspection in 2017, we raised concerns about people's access to the kitchen. We were told that a lock would be fitted. At the last inspection, we found the kitchen continued to have open access, so we asked the provider to fit a lock. At this inspection, a lock was fitted to the kitchen door, but we observed times when the door was propped open and staff were not in the vicinity. Hot, full tea pots were also left in the dining room unattended. The provider felt it was important for people to have access to the kitchen of the home and that no-one would be at risk from the tea pots; however they had not clearly assessed the potential risk.
- Checks of the environment were being completed but had not identified all potential failings. At the last inspection we asked the provider to fit a lock to the laundry room to reduce risks to people. The lock had been fitted but we identified during this inspection that the lock was broken, so it was not possible to lock the laundry room. No-one had been harmed, but the broken lock had not previously been identified and the potential risks of people having access to the laundry room had not been assessed. A new lock was fitted as soon as this was highlighted.
- Assessments of any risks related to most areas of people's lives had been completed. However, two people regularly experienced pain but there was no care plan or risk assessment in place to describe how to recognise the person was in pain and what action to take. One person who was unable to leave their room unaided was in an area of the service where staff did not pass regularly. The increased risk to them of social isolation had not been assessed or monitored.
- Most people could use a call bell; however there were three people who could not use a call bell. These people were checked on regularly but their needs in relation to how they could call staff had not been assessed; even though this concern had been raised at the last inspection.
- Some people's records did not show they had received the care identified to reduce the risks to them. Two people were at risk of malnutrition. Their risk assessments stated they needed to be weighed at specific intervals and staff needed to record what they ate. The people had been weighed but not consistently in line

with the requirement. Staff had not always recorded how much people had to eat and drink. When records had been completed, they did not contain specific amounts that could be totalled. No-one had monitored the records to identify whether the people had received enough to eat and drink. We shared this information with the local authority safeguarding team.

There was no evidence anyone had been harmed; however failing to identify, assess, reduce and monitor risks to people was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed a risk assessment had been completed in relation to the kitchen door being open and hot teapots being left unattended.

- Other risks in relation to the environment had been identified and reduced and staff were now completing regular checks of people's equipment.
- A recent fire risk assessment had been completed and all action taken to resolve any concerns. The registered manager and staff told us regular checks were completed of fire equipment and regular drills and evacuations had been completed.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure staff protected people from the risk of cross infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- Monitoring of infection control practices within the home had failed to identify that staff were not always following best practice.
- An infection control risk assessment had been completed. It identified there was no sluice in the home but gave no further detail or risk assessment about where staff should empty people's used commodes.
- Staff told us they regularly carried used commodes from people's rooms through the home to the nearest toilet. They told us the commodes did not all have lids. This increased the risk of cross infection. There was no guidance available to staff about how to clean the commodes. Staff gave different information about how they then cleaned the commodes.
- Cleaning schedules were displayed around the home but were not all completed.
- Two people choosing where to sit in the lounge commented that the chairs were dirty. One person put a cushion down to sit on rather than sit directly on the seat.
- Soiled laundry was no longer being placed on the floor of the laundry, as it was at the last inspection; but during the inspection it was being placed in a laundry basket with no lid.

Failing to ensure staff followed safe practice in relation to infection control was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed there was now a deep cleaning schedule in place for the commodes.

- Staff had received infection control training and spot checks of staff practice reviewed staff's use of



personal protective equipment (PPE).

#### Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 19.

- Recruitment procedures had been improved but were still not operated effectively to ensure new staff were of good character. New staff recruited had not all supplied a full career history and there was not always a record of their identification or a photo, as required.
- When negative information had been received on a new staff's Disclosure and Barring Service (DBS) check or reference, further action such as assessing the risk of the staff member working with vulnerable adults, or seeking further assurance of their character, had not been taken.

Failing to follow safe recruitment processes was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed they had requested current ID from staff for their recruitment files.

- The registered manager had renewed the DBS checks of staff who had worked at the service for a long time.
- Since the last inspection, concerns had been raised with us about staffing levels in the service. Following this, the provider confirmed they had increased the amount of staff on the rota and were recruiting more staff.
- At this inspection people, visitors and staff confirmed there were now enough staff to meet people's needs. One staff member told us, "We do have more time to spend with people now. We don't have to rush and it makes a difference to people."
- We observed there were occasions when staff were not readily available when people needed support.

We recommend the provider reviews how staff are deployed in the service throughout the day.

#### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed and administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 in this area.

Since the last inspection we received concerns that there were not always medicines trained staff available at the service and that staff who administered medicines did not all have up to date medicines training.

- Staff confirmed there was always a staff member who was trained to administer medicines available in the service. The registered and deputy managers were in the process of completing assessments of staff's

competence

- People told us they received their medicines on time.
- Medicines management and monitoring had improved since the last inspection. There continued to be some gaps in medicines records. Audits had identified these, and improvements had been shared with staff.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure lessons were learned from errors or incidents. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 in this area.

- Staff were now recording incidents. These were being reviewed by the registered manager or senior staff member.
- When action was required, this had been taken but not always recorded. The registered manager told us they would ensure this happened in the future.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.
- The deputy manager told us they regularly refreshed staff's knowledge of safeguarding at team meetings.
- People had access to information about safeguarding.

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

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

At our last inspection the provider had failed to ensure people's mental capacity was assessed accurately and Deprivation of Liberty Safeguards (DoLS) application had not been made when required. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person who had fluctuating capacity, had bed rails and a pressure mat in place as well as hourly checks to increase their safety. Records did not show the person had consented to this or that a best interest's decision had been made with those who knew them well.
- The registered manager had applied for DoLS on behalf of one person. However, another person's care plan noted they did not understand why they were in the home and often requested to, or insisted on, going home. No DoLS application had been submitted on their behalf.

Not applying the principles of the Mental Capacity Act 2005 (MCA) as required was a continuing breach of

regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, the registered manager ensured a DoLS application was submitted for the person who was trying to leave.

Following the inspection, the registered manager confirmed they were in the process of arranging a best interest meeting for the person who had bed rails and a pressure mat in place.

- People's capacity to make certain decisions was assessed appropriately. Most people living in the service had the capacity to make their own decisions.
- People told us staff asked for their consent before commencing any care tasks.

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

At our last inspection we recommended the provider reviewed the environment, taking best practice and dementia research into account. The provider had made some improvements, however concerns about the environment remained.

- People's needs in relation to the environment were not clear as they had not been assessed. Some dementia friendly signs were now being used but these were limited. Several areas of the home did not reflect best practice in dementia care. However, as no assessment had been completed of people's needs, it was not clear what changes were required.
- The upkeep, maintenance and management of the environment still needed improvement. Communal areas were cluttered, equipment was being stored in lounges and there was an abundance of chairs and other furniture. Some furniture, décor and carpets were worn and in need of replacement. The provider told us they were in the process of finding someone to complete this work.
- Staff recorded the temperatures of people's bedrooms, but no-one was responsible for monitoring the temperature of communal areas. On the day of the inspection a lounge felt cold.

Not ensuring the environment was in good repair and suitable for people's needs was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed they had started removing some of the unused furniture and equipment from communal areas. They also confirmed there was a six-month plan in place to update the décor throughout the home and replace carpets where necessary.

- People and visitors told us the premises were always warm and clean with no smells.

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

- People had their changing health needs met. People were regularly reviewed by their GP and staff were knowledgeable about people's individual health needs.
- Visitors told us staff were prompt at contacting healthcare professionals for people when needed.
- People's care plans described what support they needed with their oral health and staff understood their individual needs. People confirmed they received the support they needed. One person told us, "I can brush my teeth myself but the staff put the toothpaste on."
- Staff shared the outcome of professionals' visits to people at handover so changes to people's care was understood. However, due to the new electronic recording system, they were unfamiliar with how to find evidence of these on the new computerised system.

We recommend the provider ensure professionals visits and related outcomes are recorded in a location that is easy to find.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably trained, supervised and appraised. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People spoke positively about staff and told us they were skilled to meet their needs.
- New staff members completed an induction and shadowed experienced staff before working on their own.
- Staff had been informed of what training they needed to complete and a training matrix was in place to monitor which training was completed and what staff still needed to complete.
- Competency and spot checks were completed of staff practice. When improvements were identified, these had been discussed with the staff member concerned and further training planned if necessary.
- Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

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

At our last inspection the provider had failed to ensure records reflected people's current health needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 for this area.

- A healthcare professional told us they had a good working relationship with the service.
- The registered manager and deputy manager worked effectively with other organisations and agencies to help ensure people's needs were met.

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

- People's needs were assessed before they used the service.
- Improvements were being made in staff understanding of best practice, in relation to people's care needs.

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

- People told us they liked the food and were able to make choices about what they had to eat. Comments included, "Food's very good, marvellous and plenty of it" and "I'm quite happy, it's very good really. We get very good food."
- At mealtimes, staff supported people according to their needs, checked people were happy with their food and encouraged people to eat. When people needed support to eat this was done discreetly and the staff member focused on the person they were supporting.
- There was a sociable atmosphere in the dining room at mealtimes with most people choosing to eat there.
- Staff were aware of people's dietary needs and preferences.
- Plans had been made for the kitchen staff to consult with people to plan future menus.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. Staff interacted with people in a caring, supportive manner. One staff member who was starting work said to one person, "I'm all yours till 10 o'clock" and gave the person a kiss, which made them smile.
- People received care and support from staff who knew them well. A friend of a person who had recently died told us, "Staff all loved him."
- Staff showed concern for people's wellbeing in a caring way. One person's husband had recently died, and the provider had offered to host people after the funeral and provide food.
- Staff's knowledge of people helped ensure people were treated equally and their diverse needs were met.
- Feedback to the service from a healthcare professional described the service as being a caring environment.
- Following the inspection, the registered manager told us they were creating an area in the home where information and local events would be displayed, focusing on culture, spirituality and sexuality.

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

- People told us staff listened to them and took appropriate action to respect their wishes. We observed staff patiently giving people time to make the right decisions for themselves.
- The provider was keen to meet people's requests promptly. One person had recently moved into the service and had reported that their bed was uncomfortable. The provider immediately arranged for a different bed to be provided.
- People's care plans described their preferred means of communication and staff understood these.
- Where requested, people were supported by an advocate.
- People had been supported to decide whether they would vote or not at an impending election. A staff member told us, "They have sorted it out so people will be able to vote. They are good at organising things like that."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and their care plans described what they could do for themselves and what they needed support with.
- People's privacy and dignity was generally promoted well by staff. However, on one occasion we found a folder of people's medicines records not locked away; and one person's door was constantly propped open with a large number of continence aids visible.

We recommend the provider review how they ensure people's privacy and dignity are maintained.

# 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 this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure records reflected people's current needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 in this area.

- People had care plans that explained how they would like to receive their care, treatment and support. Where possible, they had been involved in what information was included. The registered and deputy managers had identified where further detail was required and had planned how this would be achieved for each person.
- Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people.
- People were given choice and control over their everyday lives. For example, one person explained, "Staff ask what time you want to do things."
- Staff were responsive to people's needs and requests.

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 we recommended the provider researched and implemented the accessible information standard. The provider had made improvements.

- The service identified people's information and communication needs and recorded these in people's care plans.
- Staff understood people's preferred formats for information and communication.

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

- A timetable of activities was planned which included external entertainers visiting the service. Most of the people were able to choose how they spent their time and could do this independently. People were able to go out when they wanted, and people were often seen chatting, singing or watching television together.
- We received mixed feedback from people about whether there was enough for people to do. Some people told us they were happy, whereas some people told us they didn't always enjoy what was available. Some staff members had also suggested people would benefit from more options being available. This had been discussed at a recent meeting between the senior managers and the provider, and the registered manager was in the process of recruiting a new activities co-ordinator to help plan greater opportunities for people.
- Families and friends were welcomed into the home and people were supported to maintain contact with family members who did not live locally.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and action planned to reduce the risk of reoccurrence.
- Records did not show whether the action had been taken and whether the complainant was happy with the outcome. The registered manager confirmed actions had been taken as described and told us they would record this information in the future.

End of life care and support

- People had care plans in place that described practical information for the end of people's life, such as who to contact.
- Information about people's wishes and preferences for their care at this time had not yet been recorded. The registered and deputy managers were aware of this and had plans to add further information when people had had time to consider what they wanted or discuss it with people who were important to them.
- A healthcare professional told us staff managed people's health and care at the end of their life very well.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to effectively identify areas of the service that required improvement and failed to learn from information and previous inspection outcomes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- The registered manager had increased the amount of checks and audits to monitor the service. Records showed changes and improvements had been made as a result of audits, events and staff ideas. However, they had not highlighted all the gaps identified at this inspection. For example, they had not identified potential risks relating to the environment. An overview had been created of accidents and incidents that had occurred. However, not all relevant information was consistently recorded on it, which made it difficult to identify any emerging themes.
- Action had been taken in relation to the concerns raised during the last inspection, such as ensuring risks to people were reduced, infection control practices, recruitment practices and meeting the Mental Capacity Act 2005 (MCA). However, these had not all been completely resolved.
- The provider had not effectively fulfilled their responsibility to ensure they monitored the service and ensured enough improvements were made. They had not monitored work delegated to the manager or deputy manager in an effective way.
- A new electronic care planning system had been implemented. Staff had raised concerns about the system being time consuming to complete, which was in part due to the internet connection available. One staff member said, "We spend so much time on the system we don't have as much time to spend with residents. I am aware we are standing around trying to do the recording." This had affected staff morale and the consistency of recording completed by staff. The registered manager was aware of the concerns and was working with the company who owned the system to resolve the issues.
- The registered and the deputy manager were not fully conversant in its operation. This meant the system available to monitor what care had been delivered was not being used effectively and people had been left at risk. However, further training had been organised.
- Following the last inspection, the provider was required to submit monthly reports to the commission

detailing what action had been taken to improve the areas where breaches of regulation had been found. These reports clearly reflected the improvements that had been made; but had not identified all the gaps we found.

Not ensuring all areas requiring improvement were identified or acted upon was a continued breach of 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements and changes to the home were regularly discussed with the provider so action plans could be developed.
- Best practice and improvements to the service were regularly discussed at staff meetings.
- A healthcare professional told us the registered manager was making improvements to the service. One staff member had commented in a survey, "Management are doing a great job at getting our home up to standard."

At our last inspection the provider had failed to notify the commission of significant events. This was a breach of Regulation 18 of the Care Quality Commission Regulations 2009 (Part 4).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18 of the Care Quality Commission Regulations 2009 (Part 4).

- The registered manager had notified us of all significant events which had occurred in line with their legal obligations.

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

At our last inspection the provider had failed to ensure people received a service based on best practice and current guidance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 in this area.

- People told us they were happy living in the service and that staff met their needs.
- The provider's passion for providing people with love and as many of their requests as possible, was clear and inspired staff. One staff member told us, "The provider is amazing. She works really hard and loves the residents to bits, she is an absolute gem. She wouldn't give them anything she wouldn't have. She is here seven days a week. She is brilliant." A healthcare professional described the provider as "Extraordinarily caring."
- Staff told us they enjoyed their jobs because of the atmosphere in the service and the positive impact it had on people. Comments included, "I love working here. I love the feel of the place because it's friendly and homely" and "It's home from home, not clinical."

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

At our last inspection the provider had failed to ensure people and staff had the opportunity to influence the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulation 17 in this area.

- Staff told us they found staff meetings and individual supervision meetings useful as they were able to discuss any ideas or concerns they had, as well as receiving any advice or support they required.
- People told us they did not see the registered manager regularly as they were often busy in their office, which was upstairs. Staff told us they could go to see the registered manager at any time and found them to be approachable but did not see them often otherwise. Following the inspection, the registered manager confirmed they would move their office downstairs and had been supporting staff in their roles more regularly.
- Action had been taken to help ensure people, relatives, staff and professionals were consulted more regularly about the service. Individual surveys and questionnaires had been completed as well as a residents meeting and staff meetings. These mostly reflected positive outcomes for people. The registered manager told us they had responded to any concerns raised, but records did not show that action had been taken.

We recommend the provider reviews their process for collating and responding to people's concerns.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision.
- A healthcare professional confirmed staff worked well with themselves and other healthcare professionals.
- The registered manager and deputy manager told us they had worked closely with the local authority quality assurance team to help ensure improvements were made to the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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  The provider had failed to ensure the principles of the Mental Capacity Act 2005 (MCA) were applied.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed ensure risks to people were identified, assessed, reduced and monitored. The provider had failed to ensure people were protected from cross infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not ensured the environment was in good repair and suitable for people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured all area requiring improvement were identified and improved.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and

personal care

proper persons employed

The provider had failed to ensure safe recruitment procedures were implemented.