

West Bank Residential Home Limited

# The Firs Residential Home

## Inspection report

33 West Hill  
Budleigh Salterton  
Devon  
EX9 6AE

Tel: 01395443394  
Website: [www.bucklandcare.co.uk](http://www.bucklandcare.co.uk)

Date of inspection visit:  
29 August 2019  
09 September 2019

Date of publication:  
25 November 2019

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

The Firs Residential Home is a care home. It is registered to provide accommodation and personal care and accommodation for up to 38 older people. The service supports people living with dementia, a mental illness, and/or a physical disability. Nursing services are provided by the community nursing team. At the time of the inspection there were 28 people living at the service.

The service is on two floors, with access to the upper floor via stairs or a shaft lift. All bedrooms have ensuite facilities. There is an outside shared patio area.

At the time of our inspection the local authority adult safeguarding team were investigating allegations of poor care, and the service was being supported by the local authority quality and improvement team. Because of the concerns identified the provider decided to voluntarily suspend all new placements to the service until improvements were made.

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

The providers overall governance framework to help identify where improvements were required had been ineffective. The systemic failings found at this inspection demonstrated the provider had failed to ensure people received a well-managed service which was safe and compassionate; placing people at risk of potential and continued harm.

Since our last inspection, the ratings for all key questions had deteriorated.

People told us they felt safe living at the service. However, not all practices were safe enough. People were supported by staff who had been recruited safely. However, people expressed there was not always enough staff to meet their needs. The manager was actively recruiting for new staff, but in the meantime was using temporary agency staff to cover staffing vacancies. We found the reduction of permanent staff was impacting on the service, as the high use of agency staff meant new systems and processes were not always communicated or embedded.

Risks associated with people's care were not always documented and/or known by staff. This meant there was a risk people received unsafe or inconsistent care. People's medicines were managed safely.

People lived in a clean environment and were protected from the spread of infection. The environment had been assessed for safety.

Some people were supported with some aspects of choice and control in their lives. Overall, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were unsatisfied with the quality of meals provided and did not receive a positive dining experience. Overall, people had their health care met in a personalised way but told us, they did not feel fully involved in their care and support. Records were not always in place to describe to staff how people wanted their health and social care needs to be met.

People and relatives told us staff were kind and caring and overall, people's privacy and dignity was promoted.

Social opportunities existed, however during our inspection people sat all day in the lounge, without any stimulation, with two people walking up and down the corridors. In addition, it was not detailed in people's care plans or from our observations, how social care was being individually planned.

Overall people and staff told us the service was well managed. The culture of the service was developing as the new manager continued to make required changes; some of which were causing discontentment within the staff team. There were ineffective monitoring checks in place, however a new system was being developed and implemented.

People did not always have confidence in the complaints process and were not involved in the ongoing development of the service.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommended the provider refers to the Commissions 'smiling matters, oral health care in care homes' to help strengthen people's oral health care plans. We also recommended that the providers governance processes includes the effective monitoring of people's mental capacity and status of DoLS applications.

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 Good (Published 28 July 2018).

Why we inspected

The inspection was prompted due to concerns received about people's care and safety, infection control, staffing and management and leadership. A decision was made for us to inspect and examine those risks.

We have found evidence the provider needs to make improvement. Please see the safe, effective, caring, responsive and well-led sections of this full report.

The manager had and continued to act to mitigate ongoing risks where needed.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Firs Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## Special measures

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

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

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

**Inadequate** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# The Firs 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

The inspection team consisted of one inspector and an inspection manager on day one, and one inspector and an expert by experience on day two. An expert by experience is a person who has personal experience of using services or cares for someone who has dementia/and or mental ill health.

The service had a manager who was in the process of registering with the Care Quality Commission. This meant that they and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

#### Service and service type

The Firs Residential 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from members of the public and stakeholders, such as the local authority.

We used all of this information to plan our inspection.

### During the inspection

During the inspection we met everyone living at the service. We spoke in detail with five people, three relatives, six members of care staff, the chef, the kitchen assistant, a housekeeper, the deputy manager and the manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at ten care plans for people who used the service, training records for all staff, various medicines administration records, and auditing and monitoring checks.

### After the inspection

We continued to seek clarification from the manager to validate evidence found. We reviewed training updated records. We provided a summary of our inspection findings to the local authority adult safeguarding team. In addition, we contacted Healthwatch Devon. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# 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 Good. At this inspection this key question has now deteriorated to Requires improvement. 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

- People who had risks associated with their care did not always have these documented to help ensure staff met their needs consistently and safely. For example, risk assessments were not always in place relating to mental health needs, mobility and diabetes.
- People who were at risk of not eating and drinking enough were not being monitored safely. One person was at a high risk of weight loss, and their records showed they had lost seven kilograms in six months. However, there was no nutritional care plan to advise staff how to support the person to maintain a safe weight. A member of staff told us, they should offer snacks between meals but explained this was not always possible due to low staffing levels. The new manager explained they were aware of the need to address risks relating to weight loss and told us they were planning to introduce 'nutrition boosts' in future.
- When risks had been identified staff were not always aware. For example, one person was supported by a member of agency staff to eat a meal which was not in line with speech and language therapy [SLT] guidance, which could have resulted in the person choking. The inspector had to intervene to stop this from occurring.
- One person was observed to be sitting uncomfortably in a chair, which had not been fully identified by the staff team. We therefore, recommended that an urgent referral was made to the occupational therapist team.
- When a person had suffered an injury there was no risk assessment or body map in place to describe what ongoing and preventative support was required to mitigate ongoing risks.
- People's care records and risk assessments were in paper and electronic format. Therefore, details about how people wanted and should be supported were inconsistent. The variation of records meant there was a risk that care, and support may not be delivered safely or consistently. In addition, with the lack of permanent staff working at the service, it meant risks may not always have been known by all of the staff team.
- The manager had created a detailed file to help inform all agency staff of people's immediate needs, and the risks associated with their care. However, as detailed above the information provided to agency staff was not always fully considered, for example when supporting people with their nutritional needs.

Risks associated with people's care were not always documented and known by all staff. Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People lived in a safe environment. Fire tests were carried out to ensure people's and staffs understanding in the event of a fire. Portable appliance [PAT] and legionella testing was carried out.



## Staffing and recruitment

- People told us there was not always enough staff to meet their needs. One comment included, "Sometimes they [the care staff] are good at responding to calls [call bells], but because of the pressure they are under, I couldn't get them, I had to wait ages". Another person told us, "They're rushed, there's never enough staff". A relative told us, "Things have slipped as there are not enough staff". A member of staff told us, "Staffing levels are not bad, when we are fully staffed it works. It's when someone doesn't show up we have problems. We manage. I haven't seen anything overly dangerous due to lack of staff".
- The manager explained there were a significant number of staffing vacancies at the service, and that recruitment was ongoing. In the meantime, temporary agency staff were being used to maintain staffing levels, with the same agency staff being requested to help with the continuity of people's care. We found the reduction of permanent staff was impacting on the service, as the high use of agency staff meant new systems and processes were not always communicated or embedded.
- The manager was trying creative ways to recruit staff, for example by holding a recruitment open day at the service.
- The manager had not carried out individual assessments of people's health and social care needs to help determine the overall staffing level required at the service. They were in the process of doing this.

People's needs were not met by suitable numbers of staff. Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager told us they had recognised some people's care needs could not be met with the current staffing levels, so had liaised with the local authority for support.
- The provider had a recruitment policy which ensured any new staff were recruited safely, and that they were suitable to work within the service.

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

- People told us they felt safe living at the service, commenting "I never have any worries about safety", and "I feel very safe".
- Staff knew what action to take if they suspected someone was being abused, mistreated or neglected.
- The manager was confident in their managerial duties regarding reporting any allegations of abuse to the local authority and was currently working positively, and in collaboration with the local authority safeguarding team.

## Using medicines safely □

- People received their medicines as prescribed and medicines were disposed of and stored safely.
- Staff undertook training in the administration of medicines, and ongoing competence checks of staffs practice were being arranged.
- People prescribed 'as required' medicines had protocols to help staff know when to administer the medicine. Action was being taken to ensure records were more detailed.
- The deputy manager told us they could not be assured people's prescribed topical medicines [creams, lotions and pastes] were being applied as they should, because records were not always completed. So, action was being taking to re-train staff in the completion of documentation.
- People who chose to manage their own medicines had lockable storage in their rooms and had relevant risk assessments in place.
- The manager was in the process of developing new monitoring checks for the management of medicines, and the team were very clear about the areas they wanted to improve.

## Preventing and controlling infection

- People lived in a clean and odour free environment.
- The new housekeeper was passionate about people living in a pleasant and comfortable environment.
- A new infection control audit was being put into place to help highlight where improvements were required.
- The Environmental Health (EH) had recently visited the service and had identified no concerns.

#### Learning lessons when things go wrong

- The manager was proactively responding to the outcome of safeguarding allegations/ and or investigations to help improve the service.
- The manager told us data analysis was going to be used in the future to help identify useful themes and trends to minimise risks and reoccurrences, relating to complaints, falls, accidents and nutrition.

# 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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not complimentary about the quality of meals provided commenting, "Terrible, it's horrible. You get starchy food such as big pieces of cake. The meat is terrible it's so tough you can hardly cut it". Other comments included, "I don't like the food, I'm very fussy. I don't eat vegetables. I always get mash and chopped food, I don't know what it is", and "We have mince, cottage pie, mince, cottage pie". One person told us, "Today it was cottage pie and veg, there are no green veg. There was beef gravy on my omelette and there was beef gravy on ham. I said I want parsley sauce on my ham not gravy".
- People's likes, and dislikes were not always known. For example, we saw one person eating cottage pie for lunch, however their care records said they did not like or eat meat.

People's nutritional needs and preferences were not always known, and people's nutritional support was not always provided in a way that met their needs. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager told us they recognised action was required and explained how they planned to carry out dining room audits to help highlight where ongoing improvements were needed.
- The manager explained how there had been changes in kitchen staff, and a new chef was due to commence employment soon, who they were confident would bring passion and essential change to this area.

Staff support: induction, training, skills and experience

- People's comments about staffs experience and competence was variable. Comments included, "Most of them. The new ones coming in don't always know", and "They don't hurt you; they seem to know what they're doing".
- The service supported people living with a variety of health and social care needs. Some of which included dementia, mental illness, and/or a physical disability. However, people were not always supported by staff who had received training in these areas. Some staff had not received induction training. The providers training records detailed significant gaps in all training the provider had deemed as mandatory. Staff had not been suitably trained in using the new electronic care planning system, which was in use.

Staff did not always receive the relevant training to meet people's health and social care needs. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us they were well supported. Since being in post, the manager had undertaken supervision of most staff to help provide support and assess current competence.

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

- The manager told us prior to them commencing in their role six weeks ago, some pre-assessments had not been suitably carried out. This had resulted in some people having to find an alternative service and/or having to move out.
- The manager was in the process of ensuring people's care was planned and delivered in line with their individual assessments. New processes were being created to ensure people's care was reviewed regularly and/or when people's needs changed.

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.

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.

- People told us staff asked for their consent before they were supported with care and supported. However, we observed staff did not always ask people for their consent prior to putting clothes protectors on at lunch time, and/or assisting them with their meal.
- Overall, people's mental capacity was known, however this was not always recorded. The manager was in the process of updating people's records.
- Records relating to DoLS applications could not always be found, therefore the manager was in the process of liaising with the local authority to establish who had DoLS applications in place, and/or who required an application to be submitted.
- The manager had created a new monitoring tool to help keep track of DoLS applications in the future.

We recommend that the providers governance processes includes the effective monitoring of people's mental capacity and status of DoLS applications.

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

- On our second day of inspection, one shared lounge/dining room was being used to hold staff training. This meant 28 people only had access to one other lounge area. It was observed in this area there was not a lot of space. In addition, there was reduced space and chairs for staff to sit on when supporting people with eat and drinking. We observed some staff sat on small tables.
- The service was accessible for people who used wheelchairs or other mobility aids.
- The environment had been designed taking account of good practice dementia principles. For example, handrails were in a contrasting colour.

- People's bedrooms were all individualised.
- A new kitchen was being installed.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People received support from external professionals, such as GP's, community nurses and the mental health team.
- A GP visited the service on a daily basis.
- People were encouraged to live healthy life styles, and to make informed choices about their nutrition and ongoing wellbeing.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The layout of the lounge did not respect people's privacy and dignity. With some people with complex needs, who needed regular assistance and support in other people's eyeline throughout the day.
- The dining experience did not fully support and enable people living with dementia. The principles of dementia care were not always followed. For example, staff offered people verbal choices rather than pictorial, this meant people were not always fully informed to make an informed choice. Dining room tables were not explicitly laid up, with table cloths, menus, and condiments, to help people understand what was happening, and which would have made the experience more pleasant. In addition, the lunchtime experience was not respectful and inclusive, with people waiting a long period of time for their meal and not offered a choice. People requiring assistance were not always supported in a dignified way. We recommend the provider reviews the dining experience in line with the principles of dementia best practice.
- People told us staff were respectful of their privacy and dignity, telling us "They put a towel across your knees [when providing personal care]. They always knock, even though the door is open", "It's only been the odd occasion when agency staff haven't knocked", and "If I shut the door, I can lock it".
- People were not always offered their medicines discreetly. The manager told us they would speak with senior staff.
- People's care records were kept securely.

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

- People were complimentary about the kindness of staff. Telling us, "They're kind indeed", and "They're kind and gentle". A relative told us, "Staff are very caring. No complaints about Mum's care". One person commented, "Some [staff] have name tabs. It's a good idea if they all had a tab".
- One person told us, "They [the staff] come with their tales of woe. They haven't got time to sit and talk, it's a shame really".
- There was a relaxed atmosphere, and people approached staff with ease.
- The manager was in the process of collating and recording information about people's religious and spiritual beliefs.
- People were protected from discrimination in relation to the protected characteristics in line with the Equality Act 2010.

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

- One person told us, "You don't get consulted, it's from the powers that be".

- The manager told us the change of culture, and new systems being introduced would help to ensure people were fully involved in their care and support.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- Overall, people received personalised care. However, care plans did not always describe how they wanted and needed their care to be delivered in line with their wishes and preferences. People told us, "I've never had any direct contact with a care plan. I haven't seen anything", and "I didn't know I had one".
- The manager was working hard to transfer all care planning records to a new electronic format. However, this process was taking time meaning care planning records were currently in paper and electronic format resulting in staff having inconsistent information about how to support people.

People's health and social care needs were not always documented. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Whilst some people's care plans detailed how they were to be supported with their personal care, information about how their oral health care needs were to be met, was limited.

We recommend the provider refers to the Commissions 'smiling matters, oral health care in care homes' to help strengthen people's oral health care plans.

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

- During both days of our inspection there were no arranged activities for people. Most people sat in the lounge in chairs with music or the television on in the background.
- Staff were observed to not have time to spend time socialising with people, and when people could have benefited from social engagement they were ignored. For example, one person living with dementia got up out of their chair, stood in the centre of the lounge and gently started to move their feet and arms to dance. They were observed to be reaching out for company, however no member of staff joined and/or recognised the person's want and need to listen and move to the music. The person eventually stopped and proceeded to walk around the lounge, looking lost. When we spoke to the manager about this, instead of recognising the lack of awareness of staff in supporting people with dementia, they explained the activities co-ordinator was on holiday.
- There were two activities co-ordinators who arranged social events for people. But due to staffing difficulties one was currently working night shifts, and the other person was on holiday. The manager explained they had arranged for external entertainment during this time.
- The manager also told us there had been regular activities including a regular minibus outing. However,



people's comments about the social activities were variable, comments included, "I don't go downstairs. I don't like the noise. I knit and read", "There isn't anything, it's just an ordinary home here", and "They have stacks of things, it's not my bag. I'm busy until I go to bed, TV, sudoku and things".

- People's care plans did not always detail their hobbies and interests to ensure social activities were tailored to people's individual needs.
- Staff were observed to not support people in the same way. For example, one person was observed to repeat a certain question of staff; however, staff were not consistent in their response which we observed increased anxiety and confusion.

People's social care and wellbeing was not promoted in line with their needs, wishes and preferences. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improving care quality in response to complaints or concerns

- People told us they knew how and who to complain to, however they were not confident in the process. Telling us, "I made a complaint once, it never got to the new manager", and "It was always [previous deputy manager] but she's left".
- The manager was taking steps to improve the process of responding to complaints and concerns. They explained people's complaints were welcomed and would be used to help improve and develop the service.

End of life care and support

- People did not always have end of life care plans in place to tell staff how they wanted to be supported at the end of their life. The manager told us they would take immediate action to implement a care plan for one person who was currently at the end of their life.
- People's resuscitation wishes were recorded and treatment escalation plans (TEPs) were in place as required. However, this information could not always be easily found because of records being in a paper and electronic format. This meant there was a risk people's wishes may not have been known.
- Not all staff had received training about how to care for people at the end of their life, with the providers training records showing three out of 24 members of staff had attended training in this area.
- External professionals such as GPs and community nurses were involved to ensure people's care and support was coordinated, and required medicines were arranged in advance.

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.

- The manager was in the process of ensuring people's communication needs were documented in people's care plans and known by staff.
- Staff were observed to adapt their own communication when supporting people, for example speaking louder or kneeling next to a person to speak with them at their eye level.

# 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 Good. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The providers overall governance framework to help identify where improvements were required had been ineffective. Monitoring systems such as checks, and audits had not been robustly carried out. In addition, the role of the providers operations manager had not been effective in checking compliance with action plans and regulations.
- The provider's monitoring system to supervise and review the overall performance of the registered manager and the operations manager had been ineffective.
- The systemic failings as cited above in the safe, effective, caring and responsive key questions demonstrated the provider had failed to ensure people received a well-managed service which was safe and compassionate; placing people at risk of potential and continued harm.
- The manager told us they had not been given a formal induction by the provider because of staffing changes within the organisation.
- Since our last inspection, the ratings for all key questions had deteriorated.

The providers governance system was ineffective. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The manager was creating and introducing new monitoring checks to help highlight where improvements were required. Some of which included, care plan, recruitment, environmental, Deprivation of Liberty applications (DoLs), nutrition and falls audits.
- The provider had a new operations manager who would be visiting monthly to carry out an external audit to check ongoing compliance with the Health and Social Care Act 2008.
- The manager told us they had not been given a formal induction by the provider because of staffing changes within the organisation. Despite this, they told us they felt well supported by the provider with daily phone calls taking place. The manager was working very long hours to try to bring out positive change.
- The manager had recognised most staff had not received an induction to the service, so action was being taken to provide a new induction to all staff; introducing staff to the providers ethos, culture, policies and procedures. The manager also told us staff had not been suitably trained to use the electronic care planning system, so further training was being organised to improve staff understanding and competence.

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

- The new manager had been in post for approximately six weeks and was having to make significant changes to the service because essential improvements were required. Because of this some staff had left with new staff being recruited. All of which had caused some frustration and unhappiness within the staff team, making some staff feel undervalued. The manager was working hard to improve the culture of the service but recognised this would take time to be embedded. Comments from people included, "Things are different in simple ways. There is a change in atmosphere for the better", and "It could improve, there is unhappiness in the old staff".
- One person told us, "Training and quantity of care assistants, this would improve what's going on here significantly. They are stretched, particularly at the weekends. It is a home that is a business as opposed to a home for a family. What I know of the new manager, it's in the process of a culture change. I think she's winning a battle, a few more tweaks".
- People told us, "She's [the manager] very nice, she came to introduce herself", and "She [the manager] seems very nice".
- The management and leadership team had been re-designed to help develop the culture and ethos of the service.

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

- People told us they were not involved in the ongoing development of the service. One person told us, "There's a notice board and they stick signs up".
- The manager told us she would be developing this and ensuring people were involved within the service, for example by holding meetings with people and their relatives.
- An electronic signing in system for visitors was in place to collate people's views about their experience of visiting the service. However, it was not clear how this information was analysed and used to help the development of 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 manager recognised when mistakes had been made. They listened to people, respected their views, and apologised when they had experienced care which they believed was not appropriate or had not met their needs.
- The manager was aware of their responsibility to inform the Commission of significant events in line with statutory duties.
- The management team spoke openly and honestly throughout the inspection process.

Continuous learning and improving care

- The provider and manager were creating a service improvement plan which would be shared with the local authority safeguarding team and the Commission. The improvement plan would collate the inspection findings, complaints and safeguarding investigations. This would help to monitor ongoing improvement and development of the service, and keep stakeholders updated with progress.
- The manager attended training to ensure their ongoing competency.
- The provider used technology to help improve efficiency within the service. For example, an electronic door scanning system helped staff to carry out night time monitoring checks of people more robustly.

Working in partnership with others

- The provider and manager worked in partnership with external health and social care professionals to ensure people's care and support was co-ordinated.
- The manager listened to advice given by external professionals to help improve the outcome of people's

care and/or the overall service.

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 9 HSCA RA Regulations 2014 Person-centred care  Service users' nutritional needs and preferences were not always known, and people's nutritional support was not always provided in a way that met their needs.  Service user's care and wellbeing was not promoted in line with their needs, wishes and preferences.

### The enforcement action we took:

We imposed a positive condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with service users care were not always documented and known by all staff.

### The enforcement action we took:

We imposed a positive condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Service user's health and social care needs were not always documented.  The providers governance system was ineffective.

### The enforcement action we took:

We imposed a positive condition on the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Service users' needs were not met by suitable numbers of staff.

Staff did not always receive the relevant training to meet service user's health and social care needs.

**The enforcement action we took:**

We imposed a positive condition on the providers registration.