

Advinia Care Homes Limited

# Netherton Green Care Home

## Inspection report

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## 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

Netherton Green Care Home provides personal and nursing care to older people, people with physical disabilities and people living with dementia. At the time of our inspection 59 people were living there. The service can support up to 120 people.

Netherton Green Care Home is purpose built and consists of four single story buildings named, Primrose, Windmill, Darby and Saltwells. At the time of our inspection Primrose was closed. Saltwells is a step down service for people being discharged from hospital, Darby provides general nursing care and Windmill supports people living with dementia

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

Some people and relatives told us there were not enough staff to meet peoples' needs in a timely way. We observed this in two of the bungalows, and people were left in bed until after midday. Risks were not always accurately assessed or mitigated in a timely way. Medicine management required improvement to ensure medicines were stored correctly and administered safely as prescribed. Some infection control concerns had not been identified in relation to the cleanliness of the environment. Most people told us they felt safe, although some people told us they felt less safe at night when agency staff were used.

The management of the service was inadequate as the provider was not carrying out regular checks to ensure the care was being delivered safely and effectively. Audits were not being carried out in line with the provider's schedule due to lack of management staff. Staff told us they did not feel supported because of the number of management changes that had occurred. People and relatives told us they felt confident to raise concerns and they would be addressed.

We received mixed feedback about the food, some people told us the quality of the food could be improved but most people said there was choice and plenty of snacks were provided. The provider was gathering feedback from people about food, in order to improve the quality. Healthcare professionals were contacted when necessary, but guidance was not always recorded on care plans which meant there was a risk that advice was not consistently followed.

Most 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 mostly supported this practice. We did have concerns about one person where there appeared to be conflicting information and staff were unclear about whether the person had capacity to make decisions about their care.

People told us staff were kind and caring and treated them with respect and we observed this in practice. Staffing levels meant that sometimes people had to wait for their care which meant dignity was not always upheld.

Activity co-ordinators worked in each bungalow and people had opportunities to be involved in activities they enjoyed. This was limited in some bungalows as people enjoyed spending time in their rooms, there was only one co-ordinator in each bungalow and staff told us they didn't have time to spend with people. People's wishes for the end of their lives were explored.

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

The last rating for this service was good (published 04 April 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing, support for people at risk of skin damage and the oversight of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing and governance at this inspection.

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 continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

**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.

# Netherton Green 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 (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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a medicines inspector, a specialist advisor (who was a qualified nurse) and an assistant inspector.

#### Service and service type

Netherton Green Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager had been recruited but they left during the inspection process. The provider told us they would continue with the recruitment of a manager.

#### Notice of inspection

This inspection 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 used the information the provider sent us in the 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. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

### During the inspection

We spoke with nine people who used the service and nine relatives and friends about their experience of the care provided. We spoke with fourteen staff including the regional director, regional support manager, manager, deputy manager, nurses, senior care workers, care workers, domestic staff and kitchen staff. We spoke with one professional who was visiting the service. 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 a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including the provider's dependency tools, audits and policies and procedures were reviewed.

### After the inspection

We spoke with relatives and we continued to review information in relation to the governance of the service. We continued to seek clarification from the provider to validate the evidence found.

# 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- Some people and relatives told us there were not always enough staff to care for people. One person said, "If you want to go to the toilet you have to wait. I have been known to wait for 20 minutes." A relative told us there was, "Not enough staff, sometimes people are shouting, and buzzers are sounding."
- On the first day of our inspection we saw there were not enough staff to meet people's needs. In one bungalow two members of staff were ill and not working which meant four people who wanted to get up were not supported to get out of bed until after midday. One person hadn't had a drink, support with care or any breakfast. Two people told us this happened often. One person said, "It is usual, it makes you fed up."
- In another bungalow someone was still in bed at 3 o'clock in the afternoon even though their care plan stated they liked to get up early. When we raised this with staff, they told us, "This is because we did not have time before. We still had four people to get up after lunch. Mind you this is a normal day it is usually like this."
- The provider had a dependency tool to assess how many staff were required to meet people's needs. We reviewed this tool and found it had not been completed accurately and staffing was not being provided in line with the assessed need. We discussed this with the regional director who told us they were introducing a new tool as the current one was too complicated.
- Most staff told us there was not always enough staff to meet people's needs. In one of the bungalows staff told us staffing levels were adequate but the regular use of agency staff increased the time it took to provide care to people as they did not know people's needs as well.

This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. This included the completion of a Disclosure and Barring Service (DBS) check and references.
- The provider was continually recruiting to try and improve staffing levels and agency staff were used. A new regional support manager had been recruited who was providing a lot of support to the home to drive improvements.

### Assessing risk, safety monitoring and management

- People were not always protected from the risks associated with skin damage. For one person the risk had not been identified and a care plan was not in place, the person was not being supported to reposition regularly and there was a delay in ensuring they had the right equipment in place. For another person records showed their dressings had not always been completed at the required time. For these people we



saw there had been further skin deterioration.

- One person was regularly refusing care and would shout or display aggression towards staff. There had been limited analysis to understand why this person may be acting in this way, and a lack of guidance for staff on how to support them when they were showing these feelings and communicating in this way. This had an impact on the person's well-being.
- One person had been assessed as needing an urgent pain review when they first came to live at the home. This had not been actioned for over a week, which meant the person was at increased risk of pain. We raised this with the nurse on inspection and this was completed the next day.
- People had not consistently been protected from risks associated with malnutrition. We found one person's risk assessment had not been completed correctly to identify the risk of them losing weight and guidance from the dietitian had not been included in their care plan. This placed the person at risk of further weight loss.
- Care plans did not always contain guidance for staff to follow, for example in relation to supporting someone to move and for support with diabetes. Although staff knew people well, agency staff were used routinely, and new staff were being recruited. The lack of guidance increased the risk of unsafe care.

We were not assured that all reasonable steps had been taken to reduce risks associated with people's care which placed people at risk of harm. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

#### Using medicines safely

- Where people needed to have their medicines administered directly into their stomach through a tube there were no written protocols in place to inform staff on how to prepare and administer these medicines. This increased the risk of the medicine being administered in an unsafe way.
- Processes were in place for the timely ordering and supply of medicines. However, we found staff were not always recording the receipt of the medicines or signing the administration record to confirm medicines had been given. This meant it was not always clear if people were receiving their medicines as prescribed.
- For some people who had been prescribed medicines on a when required basis, there was no guidance available for staff on how to appropriately administer them. Although staff did have knowledge, the service regularly used agency staff which increased the risk of people not having their medicines when needed.
- A system was in place for recording where on the body skin patches were being applied. This is done because manufacturers of patches set out how often a patch can be applied to one particular part of the body. We looked at two people who had been prescribed these patches and found the patches for one person were not being rotated around the body as instructed by the manufacturer. Although we didn't not find any impact on the person using a site too often can lead to people experiencing unnecessary side effects.
- Medicines were not always stored safely. We saw prescribed thickeners left in a lounge area and prescribed creams were in people's bedrooms not stored securely. This had the potential to cause harm if people swallowed the powder or cream or applied the cream that was not prescribed for them. We raised this with the managers who agreed to take action to address this.

We were not assured that all reasonable steps had been taken to ensure the safe management of medicines which placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

- Some people required their medicines to be administered by disguising them in either food or drink, this is known as covert administration. We reviewed the information for four people and found the provider did have all of the necessary measures in place to ensure these medicines were administered safely.

Systems and processes to safeguard people from the risk of abuse

- Most people and relatives told us they felt safe. One person said, "I feel safe and comfortable." A relative told us, "They call me straight away and let me know exactly what has happened. I have no worries whatsoever." Some people told us they didn't feel as safe at night due to more agency staff being used. People told us they didn't know the agency staff and at times found it difficult to communicate with them.
- Staff had received safeguarding training and understood the signs of abuse and the action they should take if they had concerns. One staff member said, "I would report it to my manager first, document it, I can also refer to safeguarding and CQC."

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found in one of the bungalows cleaning of some of the toilets and bedrooms had not been carried out due to a staff shortage. Some other environmental concerns had not been identified, such as a number of broken pedal bins and no bags in some bins.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. Although the provider was following current guidance in relation to visiting, their visiting policy and COVID risk assessment had not been updated to reflect this.
- We were somewhat assured that the provider was admitting people safely to the service. People who were recently admitted to the home were being supported to test for COVID 19 in line with guidance. However, all people were being isolated for 14 days. We asked for more information about this, as guidance says people do not have to isolate if they meet certain criteria. The managers were unclear why this was in place, and we observed for one person, who managers told us should be isolating in their bedroom, the correct isolation steps were not being taken. After raising this the regional support manager confirmed that people would not need to isolate if they met the criteria in the guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was accessing testing for people using the service and staff.
- People living at the home were supported to maintain contacts with their relatives. A system was in place to support people to have visits from relatives and any other important people in their lives.

We have also signposted the provider to resources to develop their approach.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- In response to concerns about response times to call bells, audits were being carried out. However, there was limited analysis of why call bells hadn't been answered in a timely way and limited evidence of lessons learned.

# 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.

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

- Whilst assessments were completed when a person was new to the home, the appropriate care plans were not always completed in a timely way. For example, one person did not have a guidance for staff in how to manage the risk of skin damage or how to support them to move safely. This was put in place after we raised the concern on inspection which was ten days after their admission. This increased the risk of people receiving unsafe care.

Staff support: induction, training, skills and experience

- The provider had a training matrix which showed that most staff had completed mandatory training such as safeguarding, mental capacity and supporting people to move safely. For some other relevant training such as pressure care and positive behaviour support only a small number of staff had attended training. We found concerns in staff skills in these areas. There had been an impact on people as there had been a lack of action to understand someone who was regularly refusing care and for two people with skin damage all steps had not been taken to mitigate the risk.
- There was no evidence of regular supervision and staff told us they did not feel supported. One staff member said, "We feel insecure as there are new managers, new rules and we need the support." We discussed with the regional director who told us there had been meetings with all staff to discuss concerns and offer support, but these had not all been recorded.

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

- People gave us mixed views about the food. One person said, "I like the food and I tell the staff what I want to eat." Another person told us, "It could be better, I think it's the ingredients." Staff were gathering feedback after each meal to review and improve the quality of the food.
- Most people preferred to eat in their bedrooms, and this was supported by staff. People told us they did not go hungry and snacks were provided. One relative told us, "[Person's] appetite has got better. They look plumper and stronger which is good."
- People who were at risk of choking received the appropriate diet and staff supported them to eat. Care staff knew people's dietary needs well, but care records had not always been updated to reflect the person's current needs. Kitchen staff were reliant on care staff sharing the information and did not always have the knowledge or records of people's individual needs.

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.

- Whilst mental capacity assessments were completed, for one person we found there was conflicting information on their care plan about their ability to consent to specific decisions. Staff were also inconsistent about whether this person was able to make these decisions. We fed this back to the managers who agreed to review the situation.
- We found DOLS applications had been submitted to the local authority as required by law to deprive people of their liberty in order to protect their health and wellbeing. Staff understood what this meant for individual people.
- Staff had received training in MCA and DoLS and we saw staff asking for people's consent before supporting them.

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

- People were referred to external healthcare professionals when needed. However, care plans were not always updated with the outcome of the involvement and the professional's advice. Although staff knew people well, agency staff were regularly used which increase the risk of inconsistent care.
- Whilst oral hygiene plans were in place and staff had received training, records of the support given was inconsistent and we could see that one person had not been seen by the dentist for over three years. We fed this back to the deputy manager who agreed to look into this.
- We spoke to a healthcare professional visiting the service. We received positive feedback about how staff knew the person and how they were following their advice.

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

- One of the bungalows was being re decorated to improve the environment. People were encouraged to personalise their bedrooms to their own taste.
- One person had been supported to move furniture in their bedroom to make them more comfortable and the room more accessible following an operation. They told us, "Nothing is too much trouble for them."

# 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.

Whilst we received positive feedback from people about the caring attitude and behaviours of individual staff, we found that the providers systems did not always support the service to be fully caring. This can be demonstrated by the concerns found in other areas of this report.

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

- Our observations were staff knew people well and we mainly saw respectful interactions between staff and people. However, for one person who regularly became angry with staff we found not enough had been done to understand why they may be feeling this way and to ensure the care was as respectful as possible.
- People and relatives told us staff were kind and caring. One person said, "I love it here. The staff are so kind to me." A relative said, "The staff have been fantastic and approachable and really care about [person]."
- Information was gathered about people's individual and diverse needs. People were supported to have the food they requested and listen to music in line with their cultural needs and religion.

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

- People and most relatives told us they had been involved in developing their care plans and decisions about their care. One person told us, "I've seen my care plan and got involved. Getting up early and going to bed late is written in my plan."
- Whilst we observed people being offered choices about their care, some people told us their wishes could not always be met due to staffing levels. One person told us they were regularly unable to get up at the time of their choosing. Their care records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Some people told us their personal care needs were not always met in a timely manner, which had an impact on their dignity. Although on one bungalow people told us waiting times had improved on the other bungalows, we observed people having to wait for care.
- People's privacy and dignity was respected. One person told us, "Staff are always courteous, doors are always shut behind them if clothing is removed." Our observations confirmed this.
- Staff supported people with their independence. One person who had a visual impairment told us "Staff always ask if I want my food cut up and explain to me where the food is on the plate."

# 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 requires improvement. 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; 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

- People's care plans contained a "This is Me" document. This contained personalised information about the person such as what time they liked to get up, the important people in their life and what they liked to do. Some people told us at times their preferences were not met due to low numbers of staffing.
- Some people preferred to stay in their bedrooms. The activity co-ordinators ensured they spent time with them in their bedroom carrying out the activities they enjoyed. Care staff, however, did not feel they had the time to spend quality time with people. One staff member said, "We haven't got time for the residents."
- There was an activity co-ordinator working on each bungalow. We saw a craft activity being carried out, people were enjoying this and getting involved. One person told us, "I think it's brilliant, [co-ordinator] is good and gets you engaged."
- The provider had a digital system which enabled people to select and listen to familiar songs, movies and other activities.
- Most people and relatives told us they were involved in reviews of care. One relative told us, "Yes, I've been involved in reviews and consulted."

Meeting people's communication needs; Improving care quality in response to complaints or concerns  
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 provider kept a log of complaints, and ensured action was taken to resolve the issue. However, for the most recent complaint we sampled although an acknowledgement letter had been sent, the response had not been provided in line with the timescale set in the provider's policy.
- People and relatives told us they knew how to complain and would be comfortable to do so. Two people told us they had made complaints, received a response and were satisfied with the outcome. One relative said, "I would feel confident to complain."
- The provider had a complaints policy which could be provided in different languages and formats to meet people's communication needs.
- People's communication needs were assessed, and guidance was in people's care records.

### End of life care and support

- People and their relatives were asked about people's individual wishes regarding end of life care and this was recorded in their care plans.

# 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 requirement; Continuous learning and improving care

- Governance systems had failed to ensure care plans and risk assessments were up to date, accurate and contained guidance for staff. Care plan audits had not been completed for a number of months. The concerns we found on inspection in relation to inaccurate risk assessments and gaps in monitoring records had not been identified. This increased the risk of unsafe and inconsistent care.
- There was insufficient oversight to ensure staffing levels were adequate. There was no accurate assessment tool to identify how many staff were needed to support people and a lack of analysis of why call bells were not answered in a timely way. This meant people were having to wait for care which impacted on both the safety and quality of care.
- People's medicines were not always safely managed. We found failings in the provider's quality assurance systems around medicine management and they had not identified the concerns we found on inspection.
- There were ineffective systems to monitor infection control practices. The environmental concerns we found on inspection had not been identified and infection control audits had not been completed in line with the provider's own schedule. As a result, the provider had not taken all steps necessary to reduce the spread of infections.
- The provider had failed to ensure there was a culture of continuous learning in the service. Concerns about skin damage and staffing had been raised previously with the provider by the local authority and clinical commissioning group. We continued to find concerns at this inspection.
- The provider had introduced an electronic care records system. Governance systems had failed to ensure all staff had good knowledge and access to the new system. For example, an auditing tool for people newly admitted to the home had not been completed as not all staff had access to the form on the system. Some staff told us they didn't know how to access or input information. A new regional support manager had been appointed to support staff in this area.

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- At the time of inspection there was no registered manager as they had left in September 2021. A new manager was in post, but they left during the inspection. The deputy manager, regional support manager and regional director were providing support to the service. The provider was in the process of recruiting to the position again.



- Following our feedback, the provider agreed to look into the concerns raised on inspection and continue to work with the local authority and clinical commissioning group to improve care.

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

- Following a large number of complaints raised in one bungalow the management team held a meeting with people to discuss their concerns and improve care. People living there told us improvements had been made. One person said, "The quality is much better. I'm happy with the care."
- The provider had completed a number of staff investigations and taken appropriate action in relation to safeguarding concerns which had been raised.
- Although care plans did contain person centred information, people did not always achieve good outcomes, as preferences were not always met due to staffing. The management team told us they were continually recruiting staff but had been impacted by a number of people leaving and nationwide recruitment pressures. They were also reviewing the deployment of staff within the bungalows to ensure this was efficient and people's needs could be met.
- We received mixed feedback from people about the whether the care was person centred. A relative said, "[Person] spent a lot of time not going to bed and sleeping in a chair. They were very respectful about that and over time encouraged him." A person told us, "I don't like that they use a lot of agency staff on the night. Sometimes they can't speak English." This meant that people could not always communicate effectively with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There had been some recent 'residents' meetings' and a relative meeting. One person told us they had been asked to get involved with completing environmental risk assessments alongside the manager and they were looking forward to being involved in this. Some relatives told us they had received a questionnaire about the service but not recently.
- Staff told us they did not feel supported and morale was low. One staff member said, "There is constantly new managers there is no consistency". Another told us, "Staff morale is very low, because people are leaving or going to another unit." We raised this with the management team. They advised that all staff had received a focused supervision to discuss concerns, but they were unable to find the records of this.
- There had been no recent survey to gather people or relatives' views about the service. However, most relatives told us the service kept in regular contact with them about any changes in needs of the person and they were happy with this level of contact.
- We saw that the provider worked in partnership with several different professionals to ensure people's needs were met. Care plans were not always updated in line with this advice, and this meant there was a risk professionals' advice was not consistently followed.