

Noblefield Limited

St Clements Nursing 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Clements Nursing Home is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service can support up to 37 people.

St Clements Nursing Home accommodates 37 people in one adapted building with three floors however only two floors were in use at the time of the inspection.

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

Improvements had been made to the quality and safety of the service since the last inspection. We identified a continued breach in relation to governance because these improvements were not yet embedded and sustained. We identified some record keeping issues and systems to oversee the safety of the service were not all robust.

People told us, and we saw the home was clean. We saw some improvements were required to ensure consistently good infection control practice. People and relatives told us they felt the service, and the support people received, was safe. Staff had received safeguarding training and knew how to escalate suspicions of abuse. However, systems to safely monitor some people's monies were not robust. Staff knew about people's risks and how to help promote people's safety and health.

We saw improvements to how people's risks were managed including support with medicines, and how incidents were responded to. Further improvements were being embedded. We found the breach of regulation identified at our last inspection had been met.

We saw, and relatives told us people received support when they needed it, however people's feedback suggested this was not consistent. Further improvements needed to the provider's recruitment processes were underway.

We saw improved support from staff who knew how to meet most people's needs well, however improvements were required to achieve consistently good support, for example for people's needs associated with mental health and dementia. Staff described improved support and development opportunities and training updates were underway.

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; although the policies and systems in the service did not always support this practice.

People received good support with meals and drinks but gave mixed feedback about the quality of meals provided. People were supported to access healthcare support. Improvements had been made to the design and décor within the floor of the home that was in use at the time of the inspection.

We saw, and relatives told us people were involved in aspects of their care however people's feedback suggested this was not consistent. Staff took opportunities to speak with people and had a caring, friendly approach. People told us they were treated with dignity and respect. We found the breach of regulation identified at our last inspection had been met.

People and relatives described support that met people's needs and we saw staff followed people's preferences. However, care planning processes did not ensure all people's needs were known and met as far as possible, including access to activities. Records were regularly reviewed but not always sufficiently detailed. Further improvements were planned.

People, relatives and staff all described a positive and improved culture. Staff felt involved in improvements at the service and told us they felt supported by the new management. Audits had helped identify further areas of improvement required to the quality of the service and people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Inadequate (published February 2019).

Enforcement (and update)

After our last inspection, we carried out enforcement action to impose conditions on the provider's registration. The conditions required the provider to submit monthly reports to the Commission in relation to their quality assurance activities, and to seek approval from the Commission prior to any admissions to St Clements Nursing Home.

At this inspection we found improvements had been made and the provider had met all but one of the breaches identified at the last inspection. We found the provider was still in breach of one regulation related to governance because improvements to the quality and safety of the service need to be embedded and sustained. We therefore decided that the condition requiring the provider to submit monthly reports to the Commission in relation to their quality assurance activities, will remain imposed on the provider's registration to support continued improvements.

This service has been in Special Measures since February 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating and was to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to continue to make improvements. Please see the full report for more information.

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

At the last inspection we recognised the provider had failed to always notify the Commission as required. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Clements Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme and through the remaining condition imposed on the provider's registration. We will work alongside the provider and 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.

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 always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Clements Nursing 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 was carried out by one inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The manager had joined the service in May 2019 and had submitted an application to register with the Care Quality Commission. Registered persons 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 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 also looked for any feedback available from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. 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 spoke with eight members of staff including care staff, a cook and a nurse. We also spoke with the new manager, regional manager, the nominated individual and a visiting healthcare professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and six people's medication records. We looked at three staff files in relation to recruitment and a variety of records related to the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate 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, we identified poor and unsafe risk management, such as for people's weight monitoring, wound care, equipment use and medicines support. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

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 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.

Staffing and recruitment

- Although improvements were underway, recruitment processes were not robust. Recent audits had found some staff did not all have relevant records in place and this was being addressed.
- A newly recruited staff member had completed a Disclosure and Barring (DBS) check. However, only one reference check had been completed on time. We also saw that additional necessary checks for this staff member were carried out by the provider, but not in relation to the staff member's role at this care home.
- Another staff member told us reference and DBS checks were completed before they started in their role.
- We saw, and relatives told us staff responded in a timely way to people's calls for help. However, people's mixed feedback showed this was not a consistent experience. One person told us, "Lately we get support when we need it."
- Staff felt there were enough staff to meet people's needs although one staff member told us this could depend on the staff group on shift and how well they worked together.

Assessing risk, safety monitoring and management

- Current guidelines state high water temperatures, particularly over 44 degrees Celsius, create a scalding risk. When records since May 2019 indicated temperatures were shortly beneath or reaching this temperature, action had not been taken to adjust temperatures to keep people safe. We prompted the manager to address this. There had been no recorded scalding incidents and the manager told us people and staff had not raised concerns about water temperatures.
- After the inspection, the manager told us that previous systems to check water temperatures were found to be faulty. The manager told us checks after the inspection had found water temperatures were safe and were lower than the records we saw, had indicated. Audits had not ensured possible concerns about water temperatures were acted on, and that checks were carried out safely to reduce risks.
- There had been recent improvements to how people's risks of sore skin were monitored. The manager was driving improvements to record keeping through regular audits. Records we saw were accurately maintained. People told us they were supported to use creams appropriately and a visiting health professional was satisfied with one person's current support with this risk.
- Staff were aware of people's risks and how to help promote people's safety and health.

- We saw safe moving and handling support. People were supported to move safely at their own pace, while staff reassured and chatted to them. One person told us, "They reposition me. They hoist me very well. They know what they are doing. They talk me through it."
- New equipment had been ordered for people and was regularly checked. One person told us, "Sometimes they come and check my mattress. I had a new one a month ago."

Systems and processes to safeguard people from the risk of abuse

- Systems to help safely manage people's monies were not always followed. People's monies were securely stored, and two people's records confirmed all their monies were kept safe however receipts for their recent purchases were not yet gathered.
- People and relatives said they felt the service was safe. One person told us, "The carers make me feel safe". A relative told us, "[Person] is safe and happy here. They get on with all the staff."
- Since the last inspection, all staff had completed safeguarding training. Staff we spoke with knew how to report and escalate any concerns or suspicions of abuse.

Preventing and controlling infection

- Staff did not consistently apply good infection control practices. For example, one staff member did not use personal protective equipment appropriately on one occasion, and we had to prompt for odours in a bathroom area to be better managed.
- Staff told us the provider had ordered new equipment for people to promote good infection control and people's safety.
- People and relatives told us the home was kept clean, as we saw. One person told us, "We have a lovely housekeeper. Every three days she comes and polishes and cleans. Another lady comes and cleans, sometimes twice a day. They change my bed linen. The sheets are immaculate."
- We saw the kitchen was clean and tidy with appropriate storage arrangements.

Using medicines safely

- Nurses did not consistently record the reasons for people's use of 'as and when' (PRN) medicines. This is required to help monitor the effectiveness of these medicines for people.
- We saw medicines were stored safely with one exception that a person's prescribed thickener was not locked away. The manager removed it and said they would raise this with staff.
- We saw improvements to how people's medicines were managed since the last inspection.
- People told us they were given their medicines on time. People told us a nurse supported them safely, as we saw. A relative told us, "[Person] has medication at set times and they give them with water." People told us their prescribed creams were regularly applied.
- People's medicines administration records (MARs) we sampled were clearly completed with no gaps. These records were audited regularly. There were clear ordering and disposal processes.
- Nobody received medicines covertly. The nurse told us people were encouraged at a later time, or had prescribed medicines in alternative formats, if in the event that people refused their medicines.

Learning lessons when things go wrong

- Our last inspection found incidents were not consistently responded to and escalated to ensure people's safety. Records we saw showed this had improved in recent months. Systems to effectively monitor and learn from all incidents as far as possible, were still being embedded.
- Timely and appropriate action had been taken in response to the majority of incidents, for example in response to a medicines error and a person's fall.
- Where incidents showed one person's wound care had still been poorly managed since our last inspection, systems were now in place and being embedded to help prevent future reoccurrences.

- The manager described learning taken from previous incidents and safety shortfalls and confirmed there had been no incidents since July 2019 as records showed.

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.

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

- Improvements were still needed to achieve consistently good support.
- Staff knew how to effectively help one person become calm which meant the person did not often need to use prescribed PRN medicines when unsettled. However, although staff knew noise unsettled the person, this potential trigger was not avoided, and we saw the person became uneasy in a noisy lounge area and needed more support.
- Although staff had received training and felt better equipped to support people living with dementia, we saw one person was not effectively responded to and reassured when the person was unsettled and asked staff several questions about where they were.
- People gave generally positive feedback about staff. One person told us, "The staff are good. They are better now." Another person told us, "The staff are okay generally." We saw people received an improved and more attentive approach from staff since the last inspection.
- We saw improvements to record keeping around a person's catheter care. The person's relative told us, "They tell us when he has to go to the hospital for his catheter change. The staff at the hospital asked which home he has come from as he is so clean and well looked after."

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.

- Although the service had assessed people's mental capacity to make particular decisions, assessments were often generic rather than decision-specific. Improvements were planned.
- Assessments were not always available to confirm, as healthcare professionals' records indicated, that some people could not make their own decisions about emergency support.
- Staff had received relevant training but did not fully understand Deprivation of Liberty Safeguards and all the requirements of the MCA.

- People told us, however, that they were given choices about their care. We saw people were asked for their choices wherever possible for example preferences for food and drinks, and where to sit.
- A staff member told us, "On good days [person] is fine making decisions. Once we go to their room, we can explain and get more information from [person] about what they want." Relatives were consulted where some people did not have capacity to make decisions about their care.
- We saw good examples of how some people's consent had been sought around people's bedrail use and other possible restrictive support. Relevant assessments had been carried out to balance the risks against one person's preference about their bedrail use.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and described improved access to training and development opportunities. A staff member told us, "It's a lot better now, everything is more structured and we all know what we're doing. We've all had supervisions and lots of training updates."
- Most staff training was up to date in core areas such as First Aid, Fire Safety, Health and Safety, safe moving and handling, care planning and person-centred care. Training relevant to people's support needs was booked including catheter care and wound care training to further develop staff knowledge.

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

- People gave mixed feedback about the quality of their meals. One person told us, "The food is very good." Another person told us, "It depends on the cook, we have three cooks. Some days appalling, some days good." We shared this feedback with the manager to review further.
- People told us they were offered snacks and given enough to drink. Staff checked that people had enough to eat and drink and either encouraged people or offered alternatives when needed.
- The cook had guidance about people's dietary needs and preferences, and relatives confirmed these were met. Staff knew how to prepare people's drinks safely for example for some people who had swallowing difficulties.

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

- People told us they were helped to access healthcare support. One person told us, "They would contact the doctor and tell my family. I need my glasses and they are sorting it for me."
- We saw care staff promptly informed the nurses of any health concerns and when a person said they felt unwell. Staff called the doctor and monitored another person who was poorly.
- Nurses used a monitoring tool to help effectively identify and respond to concerns about people's health.

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

- Since our last inspection, the provider had redecorated which help improved the design and décor of the home. Relatives' comments included: "The décor has been improved... They have laminated the floors and new furniture in the lounge," and, "Lovely how they have cleaned it up."
- The provider had closed off one floor of the home and planned to improve this area once the number of people living at the home increased and this area was back in use.
- People's bedrooms had been decorated to their preferences. One person told us, "'I like the décor. I chose the colours. If you want anything doing in your room they will do it.'" One person's privacy screen was used to preserve their dignity and a memory board was kept up to date.
- We saw some people used aids such as plate guards to enable them to eat independently.

Is the service caring?

Our findings

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

At the last inspection, people were not all treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported and involved in their care and improvements we saw needed to be embedded.

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

- People told us staff sought their permission before supporting them. We often saw this, however there were a small number of occasions when this was not consistent practice.
- We saw people were asked for their views and choices and records showed people were often asked about their care when their care plans were reviewed. However, people's feedback showed they did not always feel fully involved in their care discussions and decisions. Comments included: "I am not asked what support I want," and, "In the past they asked me what support I need".
- People and relatives were invited to residents and relatives' meetings but these were poorly attended and so the manager had held individual, smaller meetings with people's relatives.
- Relatives told us they were involved in care planning and reviews. One relative told us, "[Person] had a review recently. They let me know what is going on." Another relative told us they were invited to care reviews and asked to confirm some details gathered with the person.

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

- One person shared their concerns about some staff. With the person's consent, we shared this with the manager for further investigation and to remind all staff of caring practices.
- We saw improved and caring approaches from staff. Staff often took opportunities to chat with people, for example, we overheard inclusive and friendly comments such as, "Your lovely slippers that your [relative] bought you," and "Good to see you having a second breakfast."
- People told us staff were kind and caring. People's comments included: "They look after me," "We do have some fun here", and, "[Named staff member] is a treasure, brightens me up."
- A relative told us, "Staff are caring. There has been cause to [raise a concern] occasionally but the staff they have here now, there are no problems."
- People and relatives told us most staff seemed to know people well. A relative told us, "They know [person's] little ways, [person] responds to them well. They have a good relationship."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "They wrap me up in a

sheet when taking me to the shower and back to my room." Another person told us, "They knock my door before coming in."

- We saw people were supported to wash their hands before and after lunch and to wipe their faces if they wished. This promoted people's dignity.
- We saw staff spoke respectfully to people, for example, they called people by their names, and spoke at a suitable pace and eye level that people could respond well to.
- People were given privacy when supported with personal care.
- The manager told us they were often 'on the floor' to support people and staff and the regional manager was looking at initiatives to sign up to, to help further promote caring 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, people's needs were not appropriately assessed and met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

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

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

- Care planning processes did not focus on people's whole lives, including their goals and mental health needs, to help ensure people's individual needs and preferences were known and met as far as possible.
- People's care plans did not always identify people's needs to ensure these could always be known to and met by staff. For example, 'This is me' templates were not always completed for people living with dementia. 'This is me' is a support tool developed with the Alzheimer's Society to enable person-centred care. Systems had identified improvements were needed.
- Relatives were invited to be involved in care planning as appropriate. People did not describe having the same input in their care, and all told us they had not seen their care plans, although records we sampled showed people had been asked for their views about aspects of their care.
- We saw an improved approach from staff since our last inspection, for example, to follow people's choices and preferences. People and relatives told us they felt staff knew people's preferences. One person told us, "They know what I like and don't like." A relative told us, "[Person] is settled, staff are clued up with what [person] wants and doesn't want."
- We saw examples of how people's individual needs were met. One person told us, "I have Holy Communion every few weeks."
- Staff confirmed people were occasionally offered various cultural dishes and people's religious holidays and festivals were recognised. A relative told us a person whose first language was not English was supported with communication aids if not by staff who shared the same language.

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

- Planned improvements were underway to ensure people always had good access to activities.
- We saw some staff engaged people in group games well. Some people spent time together and did their own activities of interest. However, we also saw some people sat with little to do, while the television and music played at the same time.
- A staff member told us, "We've been having problems with activities. We ask a carer to do activities as there is no activity coordinator at the moment. Some are better than others."
- We saw staff often took opportunities to chat and spend time with people. However, people's mixed

feedback showed this was not consistent. Comments included: "Some come in and talk to me", "They do speak and listen to me", and "Not really sit and have a conversation."

- One person told us, "A lady comes in and does our hair. The carers do our nails." We saw staff made a fuss and complimented one person's hair they had recently had styled.

End of life care and support

- Most, but not all, people's end of life care plans were completed to an improved standard and reflected people's wishes and cultural needs. Some improvements were still required and to ensure all people's wishes and preferences were gathered and recorded accurately.

- People were invited to develop end of life care plans. One person's wishes had been recorded including their preference not to discuss end of life care.

- Nobody required end of life care at the time of our inspection. Some prescribed end of life medication was stored for some people in case this was needed which we saw was in date.

Improving care quality in response to complaints or concerns

- The provider had taken appropriate action in response to a recent anonymous complaint. However, these actions were not logged to demonstrate the provider's full response and to help identify any learning or improvements for the service. The manager told us this would be done after the investigation was complete.

- People told us they felt able to complain if they needed to. A new system was in place to help monitor complaints and how these were responded to.

- Relatives told us they would speak with the manager if they had any complaints. One person told us they had received an apology after they complained about an agency staff member. A relative told us, "All complaints are rectified".

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.

- We sampled care plans for two people who could not always express their needs verbally. Records provided basic guidance and staff could give us more information about how one person communicated although this was not recorded.

- The manager was familiar with these standards. The regional manager told us people's care plans would be tailored to better reflect people's needs to ensure all staff had this information.

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, systems did not effectively assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although systems had been developed and had supported improvements to the quality and safety of the service, these improvements were not yet embedded and sustained. The provider was still in breach of Regulation 17.

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 and 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

- Records about people's care were maintained to an improved standard, and we saw improvements to how people's needs were responded to. However, people's records did not reflect all people's needs and preferences to always inform person-centred care.
- Current good practice guidelines had been sourced and were available for some, but not all people's healthcare conditions. For example, staff had clear guidance about one person's equipment use. We signposted the manager to current good guidance for diabetes care plans.
- Health and safety checks had found, but not acted on high water temperatures that were recorded since May 2019 and which went over the provider's own recommended temperatures. After the manager looked into our concerns, they found the system to check water temperatures was faulty and accurate checks suggested people were not at risk. These issues had not been identified through the provider's own oversight to reduce risks to people as far as possible.
- Systems to safely monitor some people's monies were not always robust.
- The local authority had recently raised concerns about the provider's infection control practices. Although the provider had taken remedial action to ensure the home was clean and maintained, this had not been done proactively to ensure the safety of the service at all times.

Systems were not all yet established and effectively operated to assess, monitor and improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems had identified where recruitment processes had not always been followed appropriately. Improvements were underway to effectively monitor how checks were carried out.
- Improvements had been made to the service including the safety of the premises, equipment use and medicines management. Additional improvements, such as wound care and systems to respond to incidents and complaints were being embedded.
- Systems had identified where further improvements were required, including to ensure people received

person-centred care and good access to activities.

- Recent audits had picked up continued inconsistencies in how staff completed some people's records. The manager told us this had identified learning needs for some staff and had helped improve record keeping, as suggested by records we saw.
- Systems were in place to monitor staffing levels and availability. For example, to check how quickly people's call bells were responded to, and to monitor staff absence and any support needs. The use of agency staff had recently reduced which helped promote consistent care.
- There was new management and nurses were given more accountability, for example, lead roles in monitoring people's weight to help promote safe and effective care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives all told us they were happy with the service, although we raised one person's feedback with the manager for further review. Relatives and staff told us they would recommend the home to loved ones.
- Staff told us they felt better supported. One staff member told us, "We're listened to now. The manager is very approachable, understanding and takes on board what we do and that's what's been lacking for a long time."
- Some people and relatives had completed feedback surveys. One relative told us, "Yes I filled in surveys. They always ask if we have any concerns." Improvements to these processes were underway, for example, to gather more detail about people's experiences and for staff to complete feedback surveys. People, relatives and staff felt able to raise concerns and confident these would be addressed.
- People and staff had been involved in decorating the home.

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 was aware of their requirements around the duty of candour.
- The provider had displayed their last inspection rating as required and had produced letters to people and relatives about concerns raised by the local authority and the Commission.
- Our last inspection found the provider was in breach of the regulations because they failed to notify us of all events as required. In recent months, the provider had improved how incidents were responded to and escalated, which meant the Commission was since notified of events as required.

Continuous learning and improving care; Working in partnership with others

- People and relatives described improvements to the service since our last inspection. Comments included: "The care has improved since [the manager] has been here," "The staff are better now," "The staff are more vigilant," and "Definitely improvements. The home is fresher and tidier. The staff are consistent. The home is more inviting."
- The service was working to an action plan with the clinical commissioning group and local authority to support continuous improvements to the quality and safety of the service.
- We saw evidence of reference to current good guidelines and resources such as from CQC and NICE (The National Institute for Health and Care Excellence).
- There was a new regional manager, and a new manager in place who had submitted an application to register. The provider had plans to recruit a clinical lead.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not all yet established and effectively operated to assess, monitor and improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Continued condition imposed on the provider's registration following the last inspection in December 2018. This will require the provider to continue to submit monthly audits relating to their quality assurance and governance activities.