Thurlaston Meadows Care Home Limited

Thurlaston Meadows Care Home Ltd

Inspection report

Main Street
Thurlaston
Rugby
Warwickshire
CV23 9JS

Tel: 01788522405
Website: www.thurlastonmeadows.com

Date of inspection visit:
12 July 2022
13 July 2022

Date of publication:
16 September 2022

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

Thurlaston Meadows Care Home Ltd is a care home providing personal care and accommodation for up to 45 older adults living with dementia, physical disability or sensory impairment. The service is a two-storey building with 16 en-suite bedrooms and 23 bedrooms sharing bathroom facilities, some of which are for double occupancy. There are three communal lounges and a dining room. At the time of our inspection visit there were 35 people receiving care.

People's experience of using this service and what we found
Governance systems, management and provider oversight of the service were inadequate. They had failed to improve the quality and safety of the service and were not effective.

Care plans did not always include risk mitigation plans for people with specific health conditions, or guidance for staff about how to care for people safely. Events which called into question people's safety were not always identified or managed appropriately to ensure people were made safe in a timely way. Systems and processes to support people from the risks of abuse were not always effective.

People's medicines were not always administered as prescribed and stored safely.

There were significant gaps in essential training for staff to meet the needs of those people they supported. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Staff lacked training, had limited understanding of and did not always act in accordance with the principles of the Mental Capacity Act 2005.

People had conflicting views about whether staff supported them in a caring way and described occasions where care was not provided in a dignified manner.
Staff supported people to engage in a range of activities they enjoyed.

People felt able to raise concerns with staff. However, complaints had not been managed in accordance with the provider's policy.

People were generally positive about the food provided and told us they received a choice. However, there was a risk people were not supported to drink the right amount of fluids to meet their needs.

We were assured infection prevention controls were being followed.

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

Rating at last inspection
The last rating for this service was requires improvement (published 02 April 2020) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
The inspection was prompted in part due to a safeguarding concern. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see all the sections of this full report for details.

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

Enforcement and Recommendations
We have identified breaches in relation to safe care, safeguarding, consent, dignity and good 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 wrote to the provider and requested some information to be sent to us urgently and asked what they were going to do to mitigate the risks identified and to keep people safe. The provider responded demonstrating some immediate actions taken.

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 safe. Details are in our safe findings below.	**Inadequate**
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 well-led. Details are in our well-Led findings below.	**Inadequate**

Thurlaston Meadows Care Home Ltd

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 Health and Social Care Act 2008.

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 and an Expert by Experience who visited the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience spoke with people and their representatives, to gather feedback on their experiences of the home.

Service and service type
Thurlaston Meadows Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Registered manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we had received about the service since the last inspection and any recurrent themes of concern. We sought feedback from the local authority and commissioners who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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 looked at 13 people's care plans, three recruitment records and a variety of information relating to the management of the service. The inspectors spoke with 15 staff including the nominated individual, the registered manager, the human resources manager, six care staff including senior care staff, catering manager, the activities coordinator, two maintenance staff and two office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with six people who used the service and three relatives, about their experience of the care provided. We observed care and support in communal areas. 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 obtained feedback from a health professional who supported people at the service, about their experience of the care people received.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The inspection was prompted in part due to a safeguarding concern raised with the Care Quality Commission (CQC).
- Following an allegation staff had abused someone at the home, action was not taken for over three weeks to mitigate potential risks to people. During the registered manager's internal investigation, information about the allegation had not been shared in a way that maintained confidentiality and demonstrated a lack of respect for people involved in the allegation.
- During our inspection we identified another similar safeguarding allegation which we were told had been reported to the registered manager. We shared this immediately with the registered manager, who told us they were not aware of the allegation. The registered manager conducted an internal investigation and identified gaps in staff understanding of their safeguarding responsibilities.
- In response to our feedback regarding the pattern of safeguarding allegations, the provider conducted a survey to see if people at the home felt any complaints they had raised had not been responded to. As a result of the survey two people were contacted on an individual basis with an outcome to their 'complaint'. There was a continuing failure by the provider to identify and manage these issues as safeguarding concerns.
- There was no accessible safeguarding information at the service, including the local safeguarding authority contact details for staff, people and relatives. This meant people did not have the information to tell them where they could independently raise concerns about safeguarding.
- The provider's training matrix dated July 2022, recorded 27 per cent of staff had not been trained in safeguarding. This meant people were at risk because not all staff were provided with the knowledge they needed to keep people safe.

There were failings in the provider's systems and processes to protect people from potential abuse. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us safeguarding training would be arranged for staff during July and August 2022.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk was not always identified, assessed and well-managed. There were not always effective care plans to inform staff how to manage risks around choking, catheter care, diabetes and the use of specialised equipment.
- One person had dysphagia, which meant they had difficulty swallowing certain foods and liquids. The person had been assessed by the speech and language therapy team (SALT) in June 2022 and prescribed

level 1 thickened fluids. The person's nutrition / hydration care plan contained inconsistent information as to the amount of thickener to be added to the person's drink and staff gave inconsistent responses when asked how they supported the person with their fluids. This meant the person's risk of choking was not being effectively managed.

● Risks around people's medical conditions were not well managed because risk assessments and risk management plans had not always been reviewed and updated following healthcare professional advice.

● There was no process to monitor people's fluids who were at risk of dehydration. For example, one person was recommended an upper limit of one litre of fluid each day, due to a health condition. At the time of the inspection, there were high temperatures and the UK meteorological office was warning of higher extreme temperatures the following week. No checks had been made with health professionals about the person's fluid cap during very hot weather and there was no assessment of risk relating to the person's hydration. In response to our feedback, advice was obtained that the person fluids should be increased to 1.5 litres of fluid per day.

● Accidents and incidents were not consistently recorded and reviews of risks to people's health were not taking place following significant events. One person had recently fallen during personal care, but this had not been recorded and no review of the person's care and support needs had been undertaken to identify any measures required to mitigate the risks.

● The provider did not have a heatwave plan to prepare for the impact of severe heat in accordance with government guidance. This meant there had been no review of risks of how people were supported to maintain a safe temperature or how areas of the service would maintain a regular temperature, for example, in the kitchen, where medicines were stored and storage of the central heating oil.

● Following our previous inspection of the service on 4 February 2020 we identified numerous fire safety failings. The provider was not able to provide evidence all works had been carried out in accordance with their previous action plan dated 30 April 2020. Following our visit, the provider shared a consultant's fire assessment and action plan to address the fire safety failings. Target dates for completion of the work were not included.

● A consultant's testing of the hot water system on 15 June 2022 showed positive results for legionella bacteria. The report stated it was not the strain which caused 'the majority of cases of legionnaire's disease' however stated, 'Your system may be colonised and represent a real risk.' Following the inspection visit the provider shared further consultant's test results dated 5 August 2022 showing the bacteria were still present and an action plan for completion of improvement works by 22 August 2022, when there would be further tests.

Using medicines safely

● Medicines were not always managed safely. Medicine management systems were not accurate. There were three different recording systems and information about what time medicines were administered was inconsistent on each system. This meant staff did not have clear information about when to administer people's prescribed time sensitive medicine and there was a risk people could receive too little or too much medicine.

● Medicines were not always administered as prescribed. One person was supported to use transdermal patch medicine for pain relief, which was prescribed daily. The MAR recorded the prescribers' instructions as apply one patch in the morning and apply one patch every 24 hours, remove old patches before applying new patches and avoid using the same area for 14 days. The electronic record did not show staff where the patches had been applied over the last 14 days. This meant there was a risk the patch could be reapplied in the same place on the person within the 14 day period. This was not in accordance with the prescriber's instructions or best practice and there was a risk this may cause skin irritation.

● Medicines which had shortened expiry dates when opened, did not always have the date of opening recorded on them. For example, one person's prescribed cream had been opened on 21 January 2022 and

should have been disposed of within three months of opening. A staff member informed us they had administered the medicine to the person on the 11 July 2022. This meant we could not be assured of the continued effectiveness of some medicines.
● Medicines were not stored at a temperature in accordance with the manufacturer's instructions. Medicines in people's bedrooms were not stored in a temperature-controlled environment and room temperatures were not monitored. Medicines stored in the clinical room were not stored at a temperature of 25 degrees centigrade or below on the days of our inspection, which meant there was a risk the medicines may not be effective.

The provider's failure to ensure risks associated with people's care were safely managed including failure to provide safe medicine management, was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider purchased a new air conditioning unit for the clinical room on the second day of our visit and assured us the temperature was now below 25 degrees centigrade.

Staffing and recruitment
●The provider had not ensured staff on duty had the right mix of experience and skills to meet people's needs safely and effectively. Some staff had not received training in safeguarding, moving and handling, fire safety and specific health conditions such as catheter care. This meant there was a risk people would not receive safe care because staff had not been trained to meet people's needs.
● During our inspection visit there were sufficient staff to meet people's needs. However, some people told us they waited for support. One person told us they had waited half an hour for staff to support them to use the toilet on the first day of our inspection visit. Another person told us they sometimes waited from 6am until 11am for staff to check if they needed support to use the toilet. Another person told us, "Staff don't have time to sit with everyone who needs them." A member of staff told us there was a carer absent on the second day of our inspection visit and at 11.30am staff were still supporting people to get up. They said, "A few (People) would like to get up and dressed earlier."
● Safe recruitment procedures were being followed, to ensure people received care from suitable staff of good character.

Preventing and controlling infection
● 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 admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● Visiting was being facilitated in line with government guidelines.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Legal authorisations to deprive a person of their liberty were in place for three people and the registered manager had applied for six further applications to the authorising body. However, staff lacked training and understanding in MCA and did not support people in the least restrictive way. Twenty-seven staff had not undertaken training or refresher training in MCA.
- It was not clear if assessments of people's capacity were accurate and carried out in line with legislation or the code of practice. The registered manager told us they and another member of senior staff carried out capacity assessments for people. The registered manager acknowledged gaps in their understanding of the MCA process.
- Staff identified people to us that were not allowed out of the home and one member of staff told us, "Nobody goes out alone unaccompanied." Some of these people did not have a legal authorisation to prevent them from leaving. One of these people had been assessed as having capacity to make their own decisions.
- There was no evidence of decisions being made in people's best interest and no record of consultation with people's representatives or health professionals before decisions about their care were made. For example, we identified acoustic monitoring devices had been placed in 10 people's rooms. The device listens to people and triggers an alert to staff if support is required. The registered manager told us they had only sought verbal permission from two people's families to use the device. This meant a best interest decision had not been recorded for any of the devices.

The provider's failure to work within the principles of the MCA was a breach of regulation 11 (Need for

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

Staff support: induction, training, skills and experience
● The staff training matrix dated July 2022 recorded significant numbers of staff who were supporting people had not received core training to carry out their role effectively, including safeguarding, moving and handling and fire safety.
● Staff training had not been specifically tailored to meet the needs of those people staff supported. Staff had received no training for specific health conditions such as catheter care, diabetes, or end of life care. This meant there was a risk people would not receive safe and effective care because staff had not been trained to meet people's needs. The registered manager told us training had been arranged for some staff in the next two months, including safeguarding, health and safety and dementia.
● There was mixed opinion from staff about the frequency of meetings they had with their manager on an individual basis to discuss their development. However, staff told us they could access support from their line manager whenever they needed it. We spoke with the registered manager about supervision meetings with staff and they told us there was no set frequency for supervision meetings.

Supporting people to eat and drink enough to maintain a balanced diet
● We observed drinks were made available to people during our inspection visit, however, there was no process to monitor people's fluids who were at risk of dehydration and there were significant gaps in senior staff's understanding of risks around hydration. This meant there was a risk people were not supported to drink the right amount of fluids to meet their needs. This was particularly important given the UK Meteorological Office's warning of extreme temperatures at the time of our inspection.
● The catering manager was knowledgeable about people's individual needs and how to keep them safe from any risks such as allergies and malnutrition. However, one person's dietary review had not been updated since they received updated guidance from the speech and language team (SALT) in June 2022.
● People were generally positive about the food provided and told us they received a choice. Meal times were relaxed, and people chose where they ate according to their preferences. People received the support they needed to eat and drink at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had been referred to other healthcare professionals to promote their wellbeing, such as SALT and the district nursing team. However, the advice healthcare professionals had provided had not always been incorporated into people's care and risk management plans.
● Staff told us they reported any concerns or changes in people's health to a senior member of staff.
● A health professional told us staff contacted them for advice about people's care in a timely and appropriate way.

Adapting service, design, decoration to meet people's needs
● The service was adapted to meet the needs of people who were living there and there were a number of communal areas. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheel-chairs. The upper floor was accessible by a lift or stairs. There was a communal garden which was level and enabled people using wheelchairs easy access.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were assessed before they began using the service. However, when their circumstances changed care plans were not always updated.
● Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs.

For example, people were asked about any religious or cultural needs they had and care was tailored to meet these needs. For example, the activities coordinator explained some people were supported to see a local chaplain if they wished.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Ensuring people are well treated and supported; respecting equality and diversity

● During the inspection visit we observed there were some positive interactions and conversations between staff and people, that were respectful and friendly. However, people had inconsistent views about whether they felt staff cared about them and valued them as individuals. One person told us that some staff knocked on their door before entering, but some were less respectful and could just walk in their room. Another person when asked if staff had a caring attitude told us, "A few (staff) have, some haven't." Another person told us staff had shouted at them when they asked for support and made them cry. This meant people were not always treated with dignity and respect.

● Some people told us they waited for support. One person told us they were supported to get up by night staff at 6am because, "It's the only slot they (staff) had, if I wanted it (to get up) later, it would be about 8am." This meant people's choice was not respected.

The provider's failure to ensure people were treated respectfully and that their dignity was promoted was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People told us they could not recall being involved in reviews of their care. There was no evidence on care plans that people or their representatives were involved in reviews of their care.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There were inconsistent responses from people when asked if they felt their concerns had been addressed. One person told us, "I did complain, I don't think it was sorted though."
- The registered manager showed us the complaints matrix and explained there had been five complaints since March 2022. The Complaint Summary and Analysis document for June 2022, showed a summary of complaints for that month and recorded there had been two complaints. The registered manager could not provide evidence of either complaint investigation recorded on the analysis for June 2022. This meant complaint records were incomplete and any analysis of events was not accurate. There was a risk lessons were not learnt and the service would not be improved.
- The registered manager told us neither complainant in June 2022 had received a complaint outcome letter. This meant the registered manager had not acted in accordance with the provider's complaint policy and people had not been made aware of the outcome of their complaint.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff supported people to understand information in a way that met their individual needs. For example, some information posters in the home contained pictures, to help people's understanding. The registered manager told us in their provider information return, if people needed information in particular formats, they would ensure these were made available. For example, audible books and large print options for those residents who have reduced vision. However, information about how to report any safeguarding concerns had not been made available to people in any format.

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

- Staff told us how they identified if people's needs changed or if they needed additional support. Staff explained important information was shared at handover when shifts changed.
- Support plans contained information about people preferences, for example food likes and dislikes.

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 were enthusiastic about the activities at the home. One person told us, "There is always something

happening".

● Staff supported people to engage in activities they enjoyed, such as dominoes, giant card games and crafts on the days of our inspection visit. There had been community events at the service. For example, people were supported to celebrate the Platinum Jubilee at a party at the home. The activities coordinator showed us evidence of visiting bands and entertainers.

● People told us they were asked for their ideas about what activities they would enjoy. Staff planned themed and seasonal activities in the home, such as a 'Restaurant Evening'.

● People were encouraged to remain in contact with people who were important to them.

End of life care and support

● The service supported some people who received end of life care. The staff training matrix dated July 2022 recorded one senior member of staff had received awareness training in end of life care, however there was no date of the training recorded. The registered manager told us via email, that senior staff cascaded training to care staff and supported staff with less experience, to care for people at the end of their lives.

● The registered manager told us if they had any concerns about someone, they would refer them to the GP for review.

● People were supported to make decisions and plans about their preferences for end of life care, when they came to reside at the service.

Inadequate

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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.

At our last inspection the provider had failed to have robust systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities).

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

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

- The provider failed to demonstrate effective oversight to improve the quality and safety of the service. There was evidence the provider had sight of audits carried out by senior staff, but had not identified the concerns we found during inspection.
- The provider failed to ensure action was taken to address the regulatory breach and concerns we identified at our last inspection to ensure people received high quality, safe care.
- There was a failure to ensure systems and processes were in place to identify and manage events which called into question people's safety and to have oversight of trends, in order to take steps to mitigate any potential risks. This included safeguarding events and incidents and accidents.
- There was a failure to ensure people were protected from abuse and improper treatment, when safeguarding allegations were raised.
- The complaint management system was not effective. Complaint records were incomplete, people had not received an outcome from their complaints and any analysis of complaints was not accurate. There was a risk lessons were not learnt and the service would not be improved.

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

- The provider and registered manager had failed to effectively assess staff's training to ensure this provided them with the skills and knowledge needed to safely support the people they were working with. For example, staff did not always act in accordance with the Mental Capacity Act 2005 (MCA).
- The provider had not ensured the registered manager had the skills and competency to carry out the responsibilities of their role. The registered manager acknowledged during our inspection visit, they had gaps in their understanding of quality assurance processes, care plan and risk assessment writing and safeguarding. We identified issues in all these areas.

● There was a failure to ensure systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. Risk assessments did not contain sufficient information to provide staff with guidance they required to support people safely, which put people at risk of harm.
● There was a failure to ensure systems were in place to ensure medicines were stored and administered safely and as prescribed. There was a risk people would not receive their medicines as prescribed.
● There was a failure to maintain accurate, complete and contemporaneous records of care and treatment provided to each service user. For example, the medicine management system was not accurate. Care records did not contain management plans and risk assessments relating to some people's specific needs such as catheter care, diabetes, specialist equipment, hydration and choking.

Continuous learning and improving care
● Quality assurance processes failed to effectively monitor the quality of care people received. Care plan audits were not effective as they had not identified the concerns we found during our visit, such as failure to assess the risks relating to people, including dehydration and choking. Medicine audits were not effective as they had not identified the concerns we found during our visit in relation to failure to provide safe storage and administration of medicines. There was a risk care did not meet people's needs.

The provider failed to have sufficient oversight and failed to ensure systems and processes were in place and operated effectively to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Most staff felt supported by the provider. Some staff told us they had not received regular one to one meetings with their manager to discuss their development, but felt they could obtain support if they needed it.
● Most relatives were satisfied with the service provided and spoke positively about the management.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's representatives told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The most recent survey had been sent out to peoples representatives in February 2022. We saw responses had been analysed and actions were taken to improve the service following suggestions made by people. There were records of virtual meetings with people's representatives. However, there was no evidence people who lived at the service had been asked for their opinions to help improve the service.

Working in partnership with others
● The registered manager liaised with the local authority and the local health authority, to make improvements to the service.
● The registered manager attended forums with the Local Authority to support them to improve people's experience of care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not ensured people were always treated with dignity and respect. Regulation 10 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure care was provided with the consent of the relevant person. Regulation 11 (1) (2) (3) (4) (5)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not adequately assess and protect people against risks by doing all that was practicable to identify and mitigate such risks. The provider did not ensure staff had adequate competence and skills to provide safe care. The provider did not ensure the safe management of medicines. Regulation 12 (1) (2) (a)(b)(c)(d)(g)

The enforcement action we took:

We served a Warning Notice on the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not ensure systems and processes were in place to prevent people from abuse or to investigate immediately on becoming aware of an allegation of abuse. Regulation 13 (1) (2) (3) (4)

The enforcement action we took:

We served a Warning Notice on the provider and the registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that systems or processes operated effectively to assess, monitor and improve the quality of the service and mitigate the risks relating to the health, safety and welfare of service users. The provider had not maintained accurate and complete records in

respect of each service user. The provider had not evaluated or improved their practice in respect of all the above.

Regulation 17 (1) (2) (a) (b) (c) (f)

The enforcement action we took:

We served a Warning Notice on the provider.