

Mauricare (Rearsby) Ltd

# Ashford House Care Home

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

Rearsby Home Limited is a residential care home providing accommodation and personal care. The service is registered to support up to 27 older people with a physical disability, dementia and mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. On the first day of inspection 15 people were in receipt of personal care, this had reduced to 14 on our second day.

Accommodation was split across two floors accessed by a lift and two stairwells.

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

Following the last inspection, quality assurance systems and processes to monitor the quality and safety of the service had been implemented. These were ineffective as they had not identified or addressed all the concerns we found during this inspection, or the previous two inspections.

Risks to people had not always been assessed or reviewed when people's needs changed, which meant opportunities to reduce people's risks had been missed placing them at increased risk of harm. Environmental risks and hazards had not been identified or addressed. Medicines systems and processes were ineffective and unsafe.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Whilst we observed staff to offer people choices and respect these, the provider had failed to address the concerns we identified at the last inspection to comply with the requirements of the Mental Capacity Act. Mental Capacity assessments and best interest decisions had not been reviewed since the last inspection.

Not all staff had received Safeguarding adults training, this is the third inspection we have found this concern. Since the last inspection a new training programme had been implemented. However, whilst some training had been undertaken by staff, the provider's training matrix evidenced poor compliance with the training programme. New staff had not received training from the service prior to commencing their role. This meant we could not be assured staff had the skills or knowledge to support people safely and in line with best practice.

Improvements had been made to infection prevention and control systems and processes. However, Improvements were still needed to the environment to address the remaining issues such as replacing stained carpets, worn furniture, vanity units and window frames. The home required redecoration and refurbishment in some areas.

People told us they were bored as there was nothing to do. Whilst we observed kind and caring interactions, we did not observe any activities taking place. People gave positive feedback about the food, and staff at the service. Relatives told us they were happy with the visiting arrangements at the service. There were enough staff available to meet people's needs.

A new manager had been employed in January 2022. Staff and people spoke about the positive impact they had made in a short space of time. As they were newly recruited, improvements they had implemented were not embedded in practice. We were unable to assess the effectiveness and sustainability of these improvements at this inspection.

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

#### Rating at last inspection and update

The last rating for this service was Inadequate (published 26 November 2021) and there were six breaches of regulation. 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 not enough improvement had been made and the provider remained in breach of regulations. The service remains rated inadequate.

#### Why we inspected

This inspection was prompted in part due to concerns received about infection prevention and control, the environment and the governance at the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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.

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

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to consent, safe care, safeguarding, staff training and development and the leadership and management of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is

added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service therefore remains 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 effective.

Details are in our effective findings below.

**Inadequate** ●

### **Is the service well-led?**

The service was not well-led.

Details are in our well-led findings below

**Inadequate** ●

# Ashford House 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 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 undertaken by two inspectors 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. The Expert by Experience made calls to relatives on 08 March 2022.

#### Service and service type

Rearsby Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

#### 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.

The registered manager had applied to cancel their registration with CQC prior to this inspection. The registered manager had not acted in the capacity of a manager at the service since our last inspection. Their registration with CQC was cancelled during the inspection. A new manager had been employed in January 2022 and had applied to become registered with CQC.

Upon conclusion of this inspection, there was no registered manager at the service. This meant the provider is legally responsible for how the service is run and the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on both site visits.

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

#### During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the home manager, the interim consultancy and quality compliance manager, two care staff, two domestic staff and the cook. We observed staff providing care to people.

We reviewed a range of records. This included ten people's care records and nine medicines administration records. We looked at six staff files in relation to recruitment and training.

A variety of records relating to the management of the service, were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the service's policies, training data, medicines systems and process, audits and a fire risk assessment.

# 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 inadequate. At this inspection the rating has remained Inadequate. This meant people were not safe and were at risk of avoidable harm.

At our last inspection there was a lack of robust systems and processes to demonstrate safety was effectively monitored and managed. This placed people at significant risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

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

- At the last inspection we found there were no COVID-19 risk assessments in place for people. This meant their individual risks had not been considered and action had not been taken to reduce these. At this inspection, we found COVID-19 risk assessments for people had still not been undertaken.
- Environmental risks had not always been identified or promptly addressed. We found hazards in the garden such as an open greenhouse, broken glass panels, a broken pond cover, trailing hose and uneven slabs. At the last inspection we identified unsecured areas in the service. On the first day of inspection we identified three rooms used to store equipment, and a bathroom with a large freestanding wooden baton inside were unlocked. People were able to access these areas without staff knowledge which put them at risk of harm and injury.
- Actions in the services fire risk assessment had not always been completed within the timeframe specified. For example, we found an immediate action from the risk assessment in October 2021 to declutter rooms, was not undertaken until our inspection .
- There were no risk assessments in place for people prescribed emollient creams. These creams are paraffin based and highly flammable, therefore measures such as changing bedding and clothing regularly and ensuring people do not go near naked flames are required to reduce risks to people.
- People's risk assessments and care plans were not always reviewed after they had fallen, or their needs changed. One person fell in December 2021 and again in March 2022. Their health needs had changed between falls, increasing the likelihood of them falling. The service failed to review the person's risk assessments and care plans until after the second fall. Another person's care plan had not been updated for two months after their health need had changed. This meant staff did not have the guidance they needed to reduce these risks to people.
- Records showed staff documented accidents and incidents when they occurred, and audits were undertaken. However, these examined actions taken as a result of the accident or incident. They did not identify lessons learned.

Using medicines safely

- At the last inspection we found staff medicines training was overdue and concerns with medicines

administration practices, systems and processes and a lack of medicines audits. At this inspection, medicines training had been provided. However, we found continued failings with medicines systems and processes.

- We identified multiple gaps in the medicines administration records (MARS). This meant we could not be assured people received their medicines as prescribed. For example, one person's antibiotics had only been signed as administered by staff on 10 occasions out of 15. There was a risk people would not receive their medicines as prescribed, their health conditions would deteriorate, or infections may not improve.
- One person was prescribed transdermal patches for pain relief. These are medicated patches delivering a specific dose of medicine through the skin and into the bloodstream. We found there were no checks to ensure the patches were still in place, or that the old patches were removed before applying the new ones. There was a risk of harm if patches were applied to the same area, not removed and not rotated.
- There was contradictory information in one person's MAR and their care plan for giving pain relief. Their MAR advised the medicine needed to be given regularly every day. However, their care plan advised this was only to be given to manage symptoms as needed. There was a risk the person would not receive their pain medicine as prescribed as guidance for staff was contradictory.
- Some MARS had been handwritten. They had not been written in line with national best practice guidance. There was a risk, therefore people's MARS would not reflect their prescription and people may receive their medicines incorrectly.

There was a lack of robust systems and processes to demonstrate safety was effectively monitored and managed. This placed people at significant risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the manager sent evidence a transdermal patch chart had been implemented, and told us weekly medicines audits had been introduced in addition to the monthly audits. They told us that following the inspection medicines spot checks, competencies and supervisions had been undertaken for staff responsible for administering medicines. We will assess the effectiveness of these new systems at our next inspection.

- The new manager had started to review risk assessments and care plans for people, prioritising those with specific health needs. The newly implemented care plans for specific healthcare needs such as epilepsy and diabetes were of a good quality and reflected people's current needs.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not operated effective safeguarding systems and processes to protect people from abuse and improper treatment. This was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- Not all staff had received safeguarding adults training. Whilst some staff had received this training since the last inspection, we found 10 staff and two managers still needed to undertake this training. There was a risk these staff would not recognise improper treatment and abuse and know how to report this to protect people from harm. This is the third inspection we have identified concerns with the services safeguarding systems and processes.
- One person's conditions detailed in their DoLS authorisation had not been fully met within the timescale

specified. Their authorisation was granted in May 2021. There was a requirement to undertake a Mental Capacity Assessment and Best Interest Decision if applicable for personal care and medication within six weeks. This had not been undertaken. There was a risk their care and treatment may not have been provided in line with their preferences and wishes, and in their best interest.

We found no evidence that people had been harmed. However, there was a risk people would not be protected from abuse and improper treatment and their freedom may be unlawfully restricted. This was a breach of regulation 13 (1) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with told us they felt safe living at Rearsby Home Limited. One person said, "I feel safe here. I can't leave unless there's someone with me. The staff look after me and make sure I have everything I need."
- A Safeguarding policy was now in place, and the new manager had implemented a system and process for monitoring and reporting safeguarding incidents. Records indicated there had been no reportable safeguarding incidents since the last inspection.
- At the last inspection, some staff told us they did not have confidence in the service's whistleblowing procedure. This was no longer a concern. A staff member said, "If I had concerns, I would report to [manager]. If it is not dealt with, I would go to the provider. The new manager deals with things confidentially."

### Preventing and controlling infection

At our last inspection the provider had failed to ensure staff followed safe procedures to control the risk and spread of COVID-19 and other viruses. 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 with regard to infection prevention and control and the provider was no longer in breach of regulation 12 for infection prevention and control.

- Some improvements were still needed to the layout and hygiene practices of the premises. There had been a delay in replacing the carpet in the lounge which was heavily stained. This was due to be fitted the week after the inspection. It had not been possible for the carpets to be deep cleaned as no carpet cleaner was available, it had therefore been spot cleaned. The service planned to replace all carpets at the service. Vanity units in bedrooms were damaged presenting an infection prevention risk as they could not be cleaned properly.
- Some improvements were needed to the cleaning schedules. Whilst we observed the service to be clean and the frequently touched surfaces being cleaned. The clinic room was only scheduled to be cleaned once a week, there was an absence of cleaning schedule for frequently touched areas and there were gaps in the cleaning schedule completion at the weekend. This had been addressed when we returned on the second day.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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

People's visiting plans had not been updated since the last inspection and did not evidence the appointment of an essential caregiver had been considered. An essential caregiver is a nominated person who can visit a care home resident regularly under all circumstances, even when the care home is in lockdown or during periods of isolation. However, we found people were supported to receive visits in line with the current government guidance for the COVID-19 pandemic.

All relatives we spoke with were happy with the visiting arrangements. One relative told us, "I visited this morning and remained in reception and had a Lateral flow test, waited for the results and then went into my relative's room to visit them". Another relative told us, "I am not able to come in without wearing PPE." We observed visitors being welcomed during our inspection.

### Staffing and recruitment

At our last inspection there was a lack of robust systems and processes to demonstrate safe recruitment was effectively managed. This was a breach of regulation 19 (Fit and proper persons employed) 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 this regulation.

- Whilst improvements had been made to staff recruitment files, a full audit of these files had not been undertaken to ensure all the necessary checks were in place. We found one member of staff was working over the hours permitted within their residence permit and there was an absence of references for another member of staff. We discussed this with the manager who told us an audit was planned to identify any further gaps and that action would be taken to address these, including undertaking risk assessments and acquiring any missing documentation.
- New recruitment processes had been implemented and we found safe recruitment checks had been undertaken for two staff recruited in February 2022. Disclosure and Barring Service (DBS) criminal record checks had been undertaken since the last inspection for existing staff to enable the provider to check whether staff were suitable to work with people living at Rearsby Home Limited.
- A dependency tool had been introduced to enable the service to plan staffing based on people's needs. The service was overstaffed, and we found there were enough staff employed to meet people's needs. One relative said, "As far as I am concerned there are always enough staff around to care for my relative." A staff member said, "We are busy, but we have enough staff to get around to everybody and make sure they have what they need."

# 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. At this inspection the rating has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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.

At our last inspection we found the requirements of the Mental Capacity Act (2005) had not been met. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11

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

- No action had been taken to address the concerns we found at the last inspection regarding mental capacity assessments and best interest decisions (BID's). Records we reviewed evidenced there had been no review of people's existing mental capacity assessments or BID's and no new mental capacity assessments or BID's had been implemented. The new manager had identified the need to undertake an audit in this area to make improvements, but this had not been undertaken at the time of the inspection.
- BID's remained in place for some people, in the absence of a mental capacity assessment for specific decisions such as the use of bed rails. Where documentation was in place, it had not always been completed in full and did not always evidence the person, their relative or Lasting Power of Attorney (LPA) had been

consulted. LPA gives representatives the legal authority to make decisions on a person's behalf when they no longer have capacity to do so.

We found no evidence that people had been harmed however, there was a risk people's rights would not be upheld as there was no system or process in place to ensure the Mental Capacity Act was complied with. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records evidenced DoLS authorisations had been appropriately applied for.

Staff support: induction, training, skills and experience

At our last inspection we found the provider did not have systems in place to ensure staff received appropriate support, supervision and training, necessary for them to carry out their role and responsibilities. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18

- This is the third inspection we have identified concerns with induction, training, skills and experience. Staff had been asked to complete all required training by the end of February 2022. However, this had not happened. We identified multiple gaps in the services training matrix, evidencing poor compliance with the provider's training programme.
- None of the staff had undertaken 15 of the provider's training programmes including diabetes, bedrail use and safety, continence awareness, epilepsy awareness, falls safety awareness, pressure sore prevention and sepsis. These were all relevant to the needs of people receiving care at Rearsby Home Limited.
- Some staff still needed to undertake training in other areas. For example, 10 staff needed to undertake safeguarding adults training, eight care staff MCA and DoLS training, seven care staff dementia training, 14 staff dignity and respect training, eight care staff equality and diversity training and eight care staff challenging behaviour training.
- There was no record of any staff undertaking the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. However, one member of staff told us they had undertaken this during their employment at the service.
- Whilst staff received an induction including familiarisation with the services policies and procedures and shadowing existing staff to get to know people. Records evidenced staff did not access training provided by the service during their induction and prior to caring for people.

Systems to ensure people were supported by competent and skilled staff were ineffective. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection compliance with training had improved for moving and handling, basic first aid, safe handling of medicines and fire safety training. Most staff had accessed this training.
- The new manager showed us confirmation of training booked for June 2022 for epilepsy, diabetes and challenging behaviour. Senior care staff had received training to administer medicines and insulin for people with diabetes.

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

- The service required refurbishment in some areas. A relative told us, "I do feel the home is in need of some physical tender loving care. The carpets are worn, dirty and shabby and need replacing. The furniture needs updating, it's all very old and the decoration needs renewing." The carpet and furniture had been ordered, but there had been a delay in this being actioned since the last inspection.
- Some changes had been made to the dining area to make it more welcoming and supportive to people with dementia. However, no further changes had been made to create a safe and supportive environment for people living with dementia throughout the service.
- There was a lack of responsive maintenance support to respond promptly to environmental repairs. The manager told us the maintenance team utilised by the service would attend within a week. However, we found maintenance tasks reported on 16 February 2022 were not responded to until the 08 March 2022, after the first day of our inspection. On the second day of the inspection the manager told us they had appointed a maintenance staff member for 15 hours per week to work solely at Rearsby Home Limited.

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

- People's likes, dislikes, dietary and preferences were detailed in their care plans. Staff knew people's needs well and encouraged them to eat a balanced and varied diet.
- We received positive feedback about the food available at Rearsby Home Limited and observed people eating well. One person said, "The food's nice, we get a choice." A relative said, "[Name] has actually gained weight. I have seen food and fluid monitoring charts in their room, so they are keeping a close eye on them."
- Newly implemented care plans for people on modified diets, included detailed information relating to the type of diet they required in line with best practice guidance for people with swallowing difficulties.

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

- Records showed health professionals had been contacted when a person's health needs had changed. A relative told us, "The home is good with providing a variety of health care services such as, optician, chiropody and Occupational Therapist for [Name], it is all very good."
- The manager had identified the need for speech and language therapy advice and guidance to inform people's care plans and risk assessments. They had requested referrals via the GP surgery.

# 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 Inadequate. At this inspection the rating has remained 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 there was an absence of systems and processes in place to demonstrate safety was effectively monitored and managed. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- There had been multiple changes in the operational management of Rearsby Home Limited since the inspection concluding in March 2021. These changes contributed to the failings in the provider's governance systems and processes. After the last inspection in October 2021, a consultancy team was appointed on an interim basis by the provider. The consultancy team have managed the delivery of the regulated activity on a day to day basis in the absence of the registered manager and assisted in monitoring the quality and safety of the service on behalf of the provider.
- This is the third inspection where breaches of regulation have been identified. Whilst quality assurance systems and processes had been introduced since the last inspection, these were ineffective, as they had failed to identify and/or address all the concerns found during this inspection. Not enough action had been taken by the provider to address the concerns found during the last two inspections to comply with the regulatory requirements.
- The provider failed to ensure people's risks were appropriately assessed and mitigated against; medicines systems and processes were safe; the MCA was complied with and that staff had undertaken training, learning and development to enable them to fulfil the requirements of their role.
- The provider failed to ensure systems and processes were in place to ensure environmental hazards and repairs were actioned promptly. There was a significant delay in some actions being undertaken following an independent fire risk assessment.

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

- People had limited opportunities to engage in activities of interest. Two people told us they were bored. One person said, "I would like more to do, I get bored and frustrated, there's nothing to do here." A relative said, "There is a massive big TV, loudly blaring out. It is always on in the lounge area. It is a lovely lounge area, but people just sit in it all day long staring at this TV." We did not observe any meaningful activities

taking place during our inspection. This increased the risk of people's health and mental wellbeing deteriorating.

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

- People had not had the opportunity to provide feedback about the care delivery. Relatives told us they had not always been consulted when people's care plans had been reviewed. They told us they completed an annual survey. However, we found no evidence of these on inspection or improvements that had been made as a result. One relative told us they had not had any feedback from the new management team and advised they had needed to ask for updates.
- There had been no meetings with people to seek their feedback on their experience of receiving care and to drive improvements at the service.

Systems and processes in place to demonstrate safety was effectively monitored and managed were ineffective. This placed people at significant risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, the new manager and quality compliance manager told us about the new quality assurance systems and processes they had planned to implement during March 2022. These needed to be implemented, sustained and embedded in practice. On the second day of inspection the new manager showed us a timetable of activities they had developed between the inspection days, which would be implemented. This included making 'mocktails' for nutrition and hydration week. They told us they planned to set up a 'residents council' to collate people's feedback about the service.

- Whilst there was no registered manager at this location upon conclusion of the inspection, a new manager had been appointed at the end of January 2022 and had applied to register with CQC. Staff spoke positively about this manager and in the short period of time they had been employed at the service, they had identified improvements needed and began to action these. These needed to be embedded in practice and sustained.
- Staff spoke positively about the people they cared for and we observed kind and caring interactions. We saw staff respond promptly to people in distress and support them in a way that reduced this. Staff knew people well, we observed staff demonstrating their knowledge of people's likes, dislikes and how they wished for their care to be delivered.
- Team meetings had been recently re-introduced to keep staff updated about changes within the service, planned improvements and to seek their feedback.

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 provider's policy set out the services responsibilities in relation to duty of candour. The new manager understood the requirements of duty of candour.

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 11 HSCA RA Regulations 2014 Need for consent  There was a risk people's rights would not be upheld as there was no system or process in place to ensure the Mental Capacity Act was complied with.
<b>The enforcement action we took:</b> Cancellation of registration.	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a lack of robust systems and processes to demonstrate safety was effectively monitored and managed.
<b>The enforcement action we took:</b> Cancellation of registration.	
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  There was a risk people would not be protected from abuse and improper treatment as not all staff had received safeguarding training.
<b>The enforcement action we took:</b> Cancellation of registration.	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes in place to demonstrate safety was effectively monitored and managed were ineffective.
<b>The enforcement action we took:</b>	

Cancellation of registration.

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 18 HSCA RA Regulations 2014 Staffing

Systems to ensure people were supported by competent and skilled staff were ineffective.

**The enforcement action we took:**

Cancellation of registration.