

Tradstir Limited

Partridge House Nursing and Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Inadequate 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Partridge House Nursing and Residential Care Home is purpose built. The home provides nursing and residential care, across three units, for up to 38 older people with increasing physical frailty, many living with dementia or other mental health needs. Long term care and respite care was provided. There were 37 people living at the service at the time of the inspection. There were assisted bathrooms on each floor, with dining rooms and lounge areas on each floor.

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

People had not always received personalised care and support specific to their needs and preferences. People's dignity and independence was not always promoted. On the day of our Inspection there were sufficient staff to support people. However, the provider relied heavily on agency staff and this had impacted on people's experience of the care they received.

People were not always protected from the risks of harm, abuse or discrimination. The service relied heavily on agency staff to support people and it was clear the induction given to agency staff to familiarise themselves with the service and the people living there was not robust.

Improvements were required to the mealtime experience for people and the environment of the service. Many of the systems and processes put in place to improve the service had not been fully embedded and assessed and people did not receive care that met their needs.

People and relatives were not always happy with the care provided. A relative told us, "I do worry about [my relative] being here. I hope things improve." The culture of the service and support for staff required improvement. People's feedback was mixed in respect to feeling the service was well managed. They did not feel routinely involved in their care, or feel their feedback was acted upon.

People were not 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; the policies and systems in the service did not support this practice.

People received their medicines safely, when they needed them. Staff were recruited in line with safe recruitment practices. Complaints were managed and responded to appropriately and people had access to healthcare as required. People's wishes at the end of their life had been recorded.

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 Requires Improvement (published 22 July 2021). 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. This service had been rated requires improvement for the last two consecutive inspections. After this inspection, the rating for this service has changed to Inadequate.

At our last inspection we recommended the provider sought support and guidance locally and nationally to improve the environment of the service in order to make it more dementia friendly. At this inspection we found that improvements had not been made.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and care delivery. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. 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 Partridge House Nursing and Residential Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to person centred care, dignity and respect, premises and equipment 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 will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not caring.

Details are in our caring findings below.

Inadequate ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Partridge House Nursing and Residential 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

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 manager registered with the CQC. However, this manager was no longer in post and day to day management of the service was carried out by an acting manager and deputy manager, who were supported by a regional management team.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We spoke with the local authority and other relevant stakeholders. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included eight care plans. We spoke with three people living at the service and four visiting relatives/friends. We also spoke with eight members of staff, including a regional manager, the acting manager, the deputy manager, a registered nurse, care staff and ancillary staff.

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.

After the inspection

We contacted four relatives by telephone, spoke with the local authority, and requested further evidence from management at the service.



Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

- The deployment of staff did not always meet people's needs or keep them safe. Staffing levels were assessed daily, however, at the time of our inspection, the high use of agency staff had impacted on people's care delivery and their experience of care received. People gave us negative feedback in relation to continuity of staff and their experiences of care. A relative said, "They've lost a lot of staff. I worry sometimes when I leave depending on who is on duty, as some are much better than others."
- There had recently been a high turnover of permanent staff and the provider needed to regularly use agency staff to cover the vacant staff positions. The regional manager explained how they had lost some staff, but were in the process of recruiting. They stated they had to use an increased number of agency staff to keep people safe. Our own observations supported this, however, the service had not currently recruited an adequate number of permanent care staff. A member of staff told us, "It has been very difficult working here, we have so much agency at the moment, it makes things much harder for us, as we constantly have to support the agency staff." This is an area of practice that needs improvement and we have reported the impact of this in the Effective, Caring and Responsive key questions of this report.
- Staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People said they felt safe and they had no concerns around safety. A relative told us, "They meet [my relative's] needs. I'm pretty sure she's safe."
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if anyone witnessed or suspected abuse was displayed around the service.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Specific details and any follow up measures to prevent a re-occurrence were recorded. Any subsequent action was shared and analysed to look for any trends or patterns.

Using medicines safely

- Registered nurses were trained in the administration of medicines and had undertaken competency

checks. A member of staff described how they completed the medicine administration records (MAR). These were accurate. They also showed us how they ensured that stock levels of medicines were accurate.

- People told us they had no concerns about their medicines. One person said, "Yes I get my pills."
- Where people were prescribed 'as required' (PRN) medicines, there was clear guidance for staff on when to administer this.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- Medicines were stored appropriately and securely, in line with legal requirements. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had several risk assessments completed which were specific to their needs. For example, some people were at risk of falls or choking. Their care plans contained comprehensive and specific details for staff on how to manage these risks.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

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

The provider was facilitating visits for people living in the service in accordance with the current guidance.

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.

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

At the inspection on 1 November 2019 we found issues in relation to the environment of the service. There was some signage across the service to support people with dementia to maintain their independence. However, further work was required to ensure the service is fully accessible to meet the needs of people with dementia. We recommended that the provider sought support and guidance locally and nationally to improve this area. At this inspection we found the required improvements had not been made.

- The service is a specialist dementia service and the provider had not fully considered people's needs with regards to the layout of the service and providing accessible information.
- Notice boards around the service were either blank, or displaying incorrect information, such as the wrong date, or menus that did not reflect the meals served on the day. Activities displayed as being scheduled on the day of our inspection did not go ahead. Clocks displayed the wrong time and boards that were supposed to show photographs of who was working on the day were empty.
- There was a lack of equipment for people to occupy themselves with, such as memory boxes and objects of interest.
- The signage and décor of the service did not lend itself to assist people living with dementia. We saw people wandering around the service, however the signage and décor did not always assist them to locate any specific rooms they needed, such as toilets and bathrooms.
- The provider was aware of these issues and were developing plans to improve the environment of the service.

The provider had not ensured the premises were fit for purpose in line with statutory requirements and taking into account national best practice. People's needs had not been taken into account in respect the environment of the premises. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Handrails were fitted throughout. Slopes and a passenger lift allowed people to access other parts of the service, and there were adapted bathrooms and toilets.

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

- At the inspection on 1 September 2019 we found issues in relation to the lunchtime meal experience. It was not a sociable occasion and was task focused. At this inspection we found the required improvements had not been made. We have reported on this in the Responsive key question.

- Care plans contained information about people's likes and dislikes around food. They also recorded any allergies, or religious preferences people may have.
- People were assessed to ensure they were not at risk of weight loss and anyone who required it was weighed frequently. Weights were recorded in care plans.

Staff support: induction, training, skills and experience

- At the inspection on 1 September 2019 we found issues in relation to staff training. There were no specific systems in place to check the competency of staff, and we received mixed feedback in relation the skills of staff and the training received. We saw that improvements had been made.
- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity and the Mental Capacity Act 2005 (MCA). Staff were knowledgeable of relevant best practice and regulations, and people told us they felt staff were well trained. A relative told us, "Whenever I talk to the staff, they seem very knowledgeable." A member of staff added, "Our training is up to date."
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- The service was currently using a high number of agency staff. We were told the agency staff received an induction at the service. This was to introduce them to the systems and processes, and to gain an understanding of people's needs and preferences around their care. We saw this was the case. However, it was clear from observing some agency staff interactions with people, this induction was not adequate to give them the skills and knowledge required to provide effective care to people.
- This view was echoed by permanent staff who told us, "We have enough staff each day in terms of numbers, but we use a lot of agency staff, which sometimes takes longer to get things done, as they don't know the residents as well" and "Some of the agency staff are really good, but not knowing the residents does affect the care they receive."

The provider had not ensured there were sufficient numbers of suitably qualified, competent and skilled staff to meet people's needs. This was a breach of regulation 18(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff supported people to maintain their health. People and their relatives told us they were able to access healthcare professionals when they wished to. One relative told us, "They always call the doctor if [my relative] is not feeling well."
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- Staff liaised with other organisations and teams and people received support from specialised healthcare professionals when required, such as GPs, dieticians and social workers. Feedback from staff and documentation supported this.

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.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

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 Requires Improvement. The rating for this key question has changed to Inadequate. This meant people were not treated with compassion and there were breaches of dignity; staff caring attitudes had significant shortfalls.

At the inspection on 1 November 2019, the provider had failed to ensure people were 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. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- At this inspection we observed that people were not always treated with dignity and respect. For example, one person continually ask staff for a cup of tea. However, no member of staff listened to this person for more than 30 minutes. Another person was asking for tea and biscuits, this was refused, as the member of staff stated they 'must finish their milkshake first, before they can have tea and biscuits.'
- Some staff did all they could to engage and interact with people in a kind and sociable way. However, other members of staff did not make the time to talk with people, find out what they wanted, or assist them when required. For example, we saw one person wanted to leave their seat in the lounge. They had three tables in front of them, which made it impossible for them to get up. They tried repeatedly for more than 20 minutes to move the tables but could not. No member of staff was aware of this person's discomfort.
- We observed some staff supporting people in a kind, caring and respectful way. However, we saw other examples of staff sitting in silence on their phones in lounges for significant periods of time, rather than interacting and assisting people. In one lounge/dining area, inappropriate and explicit music was played for over 40 minutes, until a member of staff noticed and changed the music to reflect the kind of music people living at the service identified with.
- People and their relatives told us they liked the staff at the service, but the lack of continuity due to the high usage of agency staff had impacted on the care they received. One person told us, "It's the same every day, I don't see the regulars." A relative said, "There are some lovely staff here, including some of the agency staff, but a lot of them don't know the residents. My [relative] just gets left in his room, they don't get to know him or chat to him. It's lucky I can get in to see him regularly, but others don't have anybody."
- This feedback was echoed by staff we spoke with, who told us they wanted to provide person centred care, but the high use of agency staff meant they spent more time carrying out routine tasks, making it difficult to find the time to interact and engage with people. One member of staff told us, "We really can give good care to everyone, we really can, it's just so difficult at the moment, as we haven't got enough permanent staff."
- Staff did not routinely encourage people to remain as independent as possible. We saw examples where

staff told people to 'sit down' when they wanted to move around the service. A relative told us, "They are supposed to get my [relative] up and walking around, but this doesn't happen. I ask them to do it and they just tell me it's not safe, so I have to do it when I visit."

- We reviewed care plans and saw people and their relatives had been involved in making decisions about their care. However, these decisions and preferences had not always been followed. A relative told us how their loved one had always taken pride in their appearance, but this was not currently being supported by staff. They told us, "He was always such a smart man, but he's not at the moment. He's not had a haircut for three months. I've paid for the haircut, but it's not happened." We raised this with management of the service who confirmed that that a hairdresser had not visited the service for a significant amount of time.

The provider had failed to ensure people were treated with dignity and respect. This was a continued breach of Regulation 10(1) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Requires Improvement. At this inspection, the rating for this key question has changed to Inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

At the inspection on 1 November 2019, we found the activities provided to people was an area that required improvement. At this inspection, we found that improvements had not been made.

- The service employed one activities co-ordinator. During the inspection we saw some people enjoy one to one activities, such as nail painting, However, whilst some activities were available there were a significant number of people who were not occupied in a meaningful activity throughout the day. For example, we observed people sat in lounges for substantial periods of time with no entertainment, other than watching television or listening to music. On several occasions, staff did not notice the music had stopped, or that the television was not playing a show.
- People spent several hours sitting at tables, or in armchairs, with minimal interaction from staff. It was clear that people were not engaged or entertained throughout the day. We saw no specific provision of activities for people who chose to stay in their room. A relative told us, "They don't do anything with him [relative], they just bring his food in and that's it". This was echoed by another relative, who told us their loved one was often bored and did not have their interests catered for.
- We raised this with the regional manager, who told us they were in the process of recruiting further activities staff, so that a person centred activity schedule could be developed. However, at the time of our inspection, this was not in place.
- We observed the lunchtime meal in all areas of the service. The mealtime experience remained task focused and was not a sociable occasion. Dining tables were not set with cutlery, napkins or condiments, and people were not routinely supported to sit at a table. Many people ate their food in the armchairs they had been sitting in all day.
- The environment was not adapted to help people with dementia to recognise it was time for a meal. For example, menus displayed around the service did not reflect the meal that was being served. In two dining areas people sat in silence with no music playing and staff did not engage with them to inform them that it was time for a meal.
- Whilst supporting people with their meal, some staff were seen to be chatting and encouraging people to eat. However, others sat in silence and did not ask people what they thought of their meal, or whether they wished to have anything else.
- We saw that people's specialist diets were catered for. However, the choice of meal was limited, and we did not see people asked if they would like something different if they did not appear to be eating their food.

We also could not evidence that people were routinely asked for their input on their food choices.

- We raised this with the regional manager who told us that there were plans in place to utilise a chef from another service in the group to implement systems to engage people in food choices, increase the menu options and improve the mealtime experience. However, at the time of our inspection, these systems were not in place.
- At the inspection on 1 November 2019, people's care plans were not always consistently completed to ensure staff had access to information to enable them to deliver person centred care.
- Improvements had been made to care planning documentation. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Detailed person-centred care plans had been developed, including any individual religious beliefs and interests. These included people's choices about what they did during the day and ways of communicating.
- However, despite the care plans having relevant and up to date information to enable staff to support people in a personalised way, it was clear that the high use of agency staff and lack of continuity of care demonstrated that care plans were not being followed.
- For example, care plans contained specific information regarding people's preferences around self-grooming and what they wished to do during the day. Observations showed that whilst staff were doing all they could to keep people safe and care for them, people's specific needs and preferences were not met and people received task based care.
- A visitor told us, "Don't get me wrong, some of the staff are lovely, but if [my friend] needs anything, it is me who has to go and tell them. They don't seem to recognise what he wants." A member of staff added, "I know the residents really well and so do the other permanent staff, but it's difficult with so much agency staffing, as they don't know them as well as what we do."

The provider had failed to ensure that people received care that was appropriate, met their needs and reflected their choices and preferences. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- People were supported at the end of their lives. care plans contained comprehensive information around people's end of life wishes and any input from health professionals. Staff we spoke with were aware of how to care for people at the end of their life and what support they would need. The provider had an end of life care planning policy and procedure in place and had experience of supporting people at the end of their life.

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.

- People's communication needs were assessed and recorded in their care plans and other relevant records.

Improving care quality in response to complaints or concerns

- Staff had explained the complaints procedure to people and their relatives. Complaints had been responded to and actioned by management. Details of complaints and their outcomes were recorded, so that staff could look for any patterns or trends and learn from them.

Is the service well-led?

Our findings

Well-Led – this means 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 for this key question 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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection, we identified areas of practice that needed improvement in relation to the provider having robust and effective systems of quality monitoring to assess the quality of care and drive improvement. At this inspection, we identified that further improvement was required. The provider undertook a range of quality assurance audits which included medicines, infection control, care plans and health and safety. The results were analysed to determine trends and introduce preventative measures.
- However, despite these systems being in place, the provider had failed to identify areas of practice that needed improvement. For example, around activities, the mealtime experience, person centred care and treating people with dignity and respect. The systems of governance and audit had not recognised or prevented people receiving care that did not meet their needs.
- We identified concerns in respect to the culture of the service and the morale of staff. There had recently been a high turnover of permanent staff and the provider was needing to regularly use agency staff to cover the vacant staff positions. Staff told us this had affected morale and impacted on their ability to deliver care. One member of staff told us, "A lot of good staff left when the new owners came in. They just got fed up, as they were promised a lot, but it didn't happen. Hopefully things are going to improve now," and "It's very difficult at the moment, as there are so few of us who are permanent staff, it does affect our day to day work."
- We received negative feedback in relation to how the service was run and how management acted on feedback received. One person told us, "I shouldn't moan, but what else can you do." A relative added, "To be honest, we've had nothing but problems since [my relative] has come here. The management don't seem interested in us. We raise concerns, but it doesn't change things. It is a worry."
- There were systems and processes in place to consult with people. Meetings had been scheduled with relatives, staff and healthcare professionals. These meetings were to assist management with a mechanism for monitoring satisfaction with the service provided. However, at the time of our inspection, these meetings had only just been scheduled and not all had yet gone ahead, so the provider had not gathered feedback on the service and made changes. A relative told us, "They've just put meetings in place to give our feedback. I'll be attending."
- Up to date information was not always made available for staff including details of specific topics, such as COVID-19. Out of date information was displayed on notice boards and staff told us how they did not always feel informed around decisions made at the service and the management arrangements.

- We were shown an action plan for improvement that was detailed and achievable, and managers were committed to driving up the quality of care. However, these new systems and processes developed by the provider were not fully in place and needed time to embed and be effective. The service needed to demonstrate appropriate systems and processes and care delivery over a defined period of time, to ensure the sustainability of good care could be achieved for people.

The provider had not ensured they had effective systems and processes in place to assess and monitor the quality of their service, and to make sure this happened at all times and in response to the changing needs of people who use the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of other significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.

Working in partnership with others; 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 service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group, to share information and to assist each other in investigating any concerns. These meetings were to assist the provider to improve the service and staff were engaging with other stakeholders to do this.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not ensured there were sufficient numbers of suitably qualified, competent and skilled staff to meet people's needs. This was a breach of regulation 18(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	Regulation 18(1)(2)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure that people received care that was appropriate, met their needs and reflected their preferences. Regulation 9(1)

The enforcement action we took:

The provider had failed to ensure that people received care that was appropriate, met their needs and reflected their preferences.

We have issued a Warning Notice which details a specific time frame for the provider to improve in respect to Regulation 9(1) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider had failed to ensure people were treated with dignity and respect. Regulation 10(1)

The enforcement action we took:

The provider had failed to ensure people were treated with dignity and respect.

We have issued a Warning Notice which details a specific time frame for the provider to improve in respect to Regulation 10(1) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider had failed to ensure the premises were fit for purpose in line with statutory

requirements and taking into account national best practice.

Regulation 15(1)(c)

The enforcement action we took:

The provider had failed to ensure the premises were fit for purpose in line with statutory requirements and taking into account national best practice.

We have issued a Warning Notice which details a specific time frame for the provider to improve in respect to Regulation 15(1)(c) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	<p>The provider had failed to ensure they had effective systems and processes in place to assess and monitor the quality of their service, and to make sure this happens at all times and in response to the changing needs of people who use the service.</p> <p>Regulation 17(1)(2)(a)(b)(e)</p>

The enforcement action we took:

The provider had failed to ensure they had effective systems and processes in place to assess and monitor the quality of their service, and to make sure this happens at all times and in response to the changing needs of people who use the service.

We have issued a Warning Notice which details a specific time frame for the provider to improve in respect to Regulation 17(1)(2)(a)(b)(e) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.