Jasmine Care Holdings Limited

Jasmine House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Jasmine House Nursing Home is a nursing home providing personal care, accommodation and nursing care to up to 79 people, some of whom are living with dementia. At the time of the inspection the service was supporting 75 people.

There are two main wings in the building. One for people who require nursing support and one for people living with dementia. Care is provided across three floors which can be accessed via stairs or lifts.

People's experience of using this service and what we found
Risks to people's safety were assessed and documented in their care plans. However, there were no personal fire evacuation plans for people and no overall evacuation plan for the home. This put people at risk of injury in the event of a fire.

There were systems in place for managing people's medicines. These were not always safe. We observed that although people's medicines were kept in locked cupboards, the door to the medicines storage room had been left unlocked for extended periods. The registered manager told us they completed audits of people's medicines administration records but these audits had not been recorded.

There were enough staff to support people. However, staff were not always deployed in the most effective way. We observed that several people were left without stimulation or engagement for extended periods. One person identified as being at risk of choking was left unsupervised in a communal lounge.

Staff completed the provider's mandatory training to gain the skills to meet people's needs. However, we did not see evidence of a supervision system for staff.

People's needs and choices were assessed using evidence based tools. Staff completed training to prepare them to meet people's needs. Staff liaised with professionals to support people's health and wellbeing needs. However, referrals to health professionals were not always made appropriately.

People used communal areas in the home which were decorated. There were signs on corridors and bathrooms to help people orientate themselves. However, the home was dimly lit in several areas. One of the lifts in the building could be accessed without the use of a code. This meant there was a risk people living with dementia who required support and supervision from staff, could access different parts of the building unsupervised.

People's care and support documents contained evidence of capacity assessments for care and treatments as well as evidence of people's consent to receive support. However, 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; the policies and systems in the service did not support this practice.

Some staff had caring interactions with people. However, some people we spoke with felt that staff were not caring. We observed staff did not interact with several people for extended periods of time. There was a lack of evidence to show people had been supported to express their views about care provided. Most people were treated with dignity and respect. However, some people were left alone for extended periods with little stimulation.

Some staff were responsive to people's needs. However, we observed several people who were in need of support were left alone for longer periods.

Staff had made considerations for the type of care and support people needed at the end of their lives and had completed end of life care training. However, professionals we spoke with indicated staff did not make the appropriate referrals when people needed end of life care and were not sufficiently skilled to provide appropriate person centred care.

There was a lack of evidence to show the registered manager effectively appraised quality and safety in the service delivery to review practice and drive improvements. The registered manager did not have established systems for assessing, monitoring and improving quality and safety in the service. There was no evidence of audits completed by the registered manager in areas such as medicines administration records or maintenance checks.

The registered manager did not always submit safeguarding notifications in a timely manner, in line with their regulatory responsibilities.

Informal surveys were used as a way of gaining people's feedback about the service. However, there was a lack of evidence of actions taken following feedback. There was a lack of evidence to demonstrate learning and continuous improvement in the service.

Staff worked with healthcare professionals and made referrals to them. However, these were not always appropriate or timely.

People were protected from the risk of being abused. Staff had completed safeguarding training and were aware of actions to take if they suspected someone was at risk. The provider used appropriate recruitment processes to employ suitable staff.

People were protected from the risk of acquiring an infection. The registered manager maintained a record of accidents and incidents.

People were supported to maintain sufficient nutrition and hydration. Staff referred to professionals when people required specialist support.

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 Good (published 3 November 2017).

Why we inspected
The inspection was prompted in part due to concerns received about people's care plans, mealtime experiences, person centred care, deployment of staff and care of people with pressure ulcers. 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 the safe, effective, caring, responsive 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.

The overall rating for the service is Requires Improvement. This is based on the findings at this inspection.

Enforcement
We have identified breaches in relation to person centred care, dignity and respect, safe care and treatment, and good governance.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Jasmine House Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by an inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is someone with specialist knowledge. The specialist advisor's area of expertise was nursing care.

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service.

We used all of this information to plan our inspection.

During the inspection-
We spoke with 12 people who used the service and six people's relatives. We spoke with 10 permanent members of staff including the registered manager, deputy manager, three registered nurses, three care staff, two activities staff, a chef and the maintenance manager. We also spoke with one member of agency staff and two visiting healthcare professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 13 care plans, eight people's medicines administration records, the provider's policies including safeguarding and covert medicines administration, legionella checks, records of maintenance checks, eight staff recruitment files, records of staff meetings and 'job chats', records of activities, menus and quality assurance surveys from people and staff.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed further records including medicines competency assessments for five staff members, evidence of registration for nurses, medicines audits completed by a local pharmacy, further examples of quality assurance surveys, copies of staff rotas, evidence of people's dependency levels and food and fluid charts for people.

We contacted a further seven members of care staff and received a response from two members of staff. We also spoke with a social worker regarding the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

●Some people's risk assessments lacked the necessary guidance for staff to know how to keep people safe. During the inspection we observed one person was coughing and appeared to be at risk of choking. There were no staff members in the area where the person was sitting. We called for staff to support the person and expressed our concerns about the person's safety. When we discussed this with the registered manager they stated the person was at risk of choking but had refused to have thickened fluids. The risk assessment contained some basic information about ways staff should promote the person's safety. However, there was no guidance for staff about actions to take if the person did have a choking episode.

● People's risk assessments had been reviewed monthly. However, none of the reviews we saw had resulted in any updates to people's needs. In several people's risk assessments staff had written 'no change'. One person's care plan had been written on 24 November 2017. Staff had signed to say they had reviewed this regularly but as there were no updates to the person's care plan we could not be assured these reviews were effective.

●People were at risk of not being supported safely during an emergency or when walking about the home. Fire safety risk assessments had been completed. These included checks of the building and fire safety equipment such as extinguishers.

● The registered manager told us fire drills were completed by staff. However, there were no personal evacuation plans in place for people and no overall evacuation plan for the home.

● There were two lifts in the building. One of these could be accessed from the dementia wing, without the use of a code. This meant that people living with dementia, who may be confused could access the lift unsupervised. During our inspection we found a person wandering unsupervised near the lift. This posed a risk that people who did not have capacity could be harmed as a result of wandering the building unsupervised.

Using medicines safely

● There were systems and processes in place for managing people's medicines. These were not always managed safely.

● People's medicines administration records (MARs) had been completed. We found one gap in one person's record . We discussed this with the registered manager and asked if they completed regular audits of people's MARs. They told us they did check people's MARs for errors and omissions but these checks were not recorded.

● A nurse told us if they saw a gap in a person's MAR, they would contact the staff member on shift at the time and ask them to sign the MAR afterwards. They stated this could happen several days after the gap was identified but they knew if a dose of medicine had been given as medicine stocks were regularly checked

and recorded on people's MARs.
● During our inspection we observed the door to the medicines storage room was left unlocked at several times during the day. Although people's medicines were stored in locked cabinets there were records and waste medicines which could be accessed by people or visitors to the home. This meant waste medicines and medicines records were not being stored safely or securely.

The provider had failed to assess risks effectively and medicines were not always safely managed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● People were supported by sufficient numbers of staff but they were not always deployed effectively to meet people's needs.
● The registered manager told us they made their own observations to determine how many staff were needed to support people. Suitable numbers of staff were deployed in communal areas of the home. However, at several points we saw people living with dementia wandering the building aimlessly with no interaction. This put people at risk of harm and showed staff were not being deployed effectively, to support people's needs.

We recommend the provider reviews deployment of staff to ensure people are adequately supported.

● People were not at risk of being supported by unsuitable staff because recruitment processes were robust. Staff recruitment records showed appropriate checks had been completed, in line with legislation.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at Jasmine House. One person said, "Oh yes, I am safe and they look after me here." Another person commented, "I am safe here, absolutely".
● Staff had completed safeguarding training and knew which actions to take if they were concerned someone was being abused.

Preventing and controlling infection
● People were protected from the spread of infection.
● Staff used personal protective equipment such as gloves and aprons when giving care to people.

Learning lessons when things go wrong
● The registered manager maintained a record of accidents to identify causes and actions to prevent reoccurrences.
● When people sustained a fall or accident resulting in injury, staff had completed records demonstrating actions were taken to treat minor injuries and promote people's safety.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs, choices and preferences were assessed using evidence-based tools when they moved into the home.
- Staff had signed people's care plans to say they had reviewed them each month. However, in several people's care plan reviews staff had simply written "no change". Some people who were living with dementia had been living in the home for over two years. We spoke with a member of care staff about this. They said, "There is generally no change often for many years with this group, we will change if needed". We were therefore not assured that reviews of people's care needs were always effective.
- We asked staff which tools they used to assess and treat people's pain. A nurse told us, "We ask as we do the drug round, we don't use a pain assessment tool at this point as [person] does not need regular analgesia, we only use one if one is unstable…I cannot remember the tool and cannot find one to show you". This meant that people were at risk of not having their pain managed effectively.

We recommend that the service seek advice and guidance on best practice regarding the assessment and monitoring of pain in older people.

- Adapting service, design, decoration to meet people's needs
- The provider had made some adaptations to the home to meet the needs of the people living there. There was clear signage in the building to help people orientate themselves. Some toilet seats, doors and handrails were different colours to help people living with dementia move about the building.
- However, lighting in several areas in the building was very dim which could have made it difficult for people to move about the home. We raised this with the registered manager who told us plans were in place to improve the lighting to make it brighter.
- The home was very hot. This was mentioned by four people, all of whom had fans in their rooms.
- We noted several areas of the building had patterned wallpaper and carpets which could be confusing for people living with dementia.
- We raised our concerns that one bathroom was too small for people who needed certain mobility equipment with the deputy manager. They told us some people living in the nursing wing were taken to the dementia wing to use the bathrooms there. This would have been very time consuming for staff and could have led to some people not being able to access bathrooms if they requested a bath or shower. This meant the bathrooms in the nursing wing were not suitable for the needs of the people living there.

We recommend the provider reviews the suitability of the premises to ensure they meet the needs of people

living in the home.

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

● People were supported by staff who had the necessary training in most areas. However, there was mixed feedback regarding the support they received. Health professionals told us that referrals to them were not always timely and lacked the necessary information.
● Staff told us they received regular supervision, however we received inconsistent information from staff about this. One staff member said, "We have supervision…usually once a month - I haven't had mine last month but normally I have my supervisions. Another staff member told us, "We do regular supervision every three months."
● We asked the registered manager for records of regular staff supervisions. They showed us records of 'job chats' which had been held with certain members of staff. We could not be assured there was a structured supervision system in place for staff.
● Staff had completed the provider's mandatory training as part of their induction. This included training in manual handling, infection control and safeguarding.
● Staff training records showed staff were up to date with their training and updates.
● Staff worked with professionals from health and social care to support people's health and wellbeing needs.
● However one health professional commented staff were often unprepared for weekly visits, which caused significant delays and meant health professionals had to stay longer at the home to review people. Staff gave them poor or incomplete handover information, had not made appropriate records of people's blood pressures and temperatures and medicines administration records were not available. The health professional stated they had repeatedly raised this with staff at the home but no changes had been made.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink enough to maintain a balanced diet. However, people's mealtime experiences could have been improved.
● We observed a mealtime experience in one of the communal lounges. There were only two dining tables in the middle of the room. People sitting at these tables were in armchairs, which meant they were not sitting at an appropriate or comfortable height when eating. Other people were seated in armchairs around the edges of the room and were eating from tray tables.
● There was dim lighting in the dining room and the atmosphere was quiet. People eating their meals in this room had been sitting in the same chairs all morning, so there was no sense of change or excitement around the mealtime.
● We raised our concerns with the registered manager who agreed to make changes and purchase suitable dining chairs.
● Menus were regularly changed and specialist diets were catered for. Fortified snacks and drinks were available for people at risk of malnutrition.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were deprived of their liberty the registered manager had submitted the appropriate applications to the local authority.
- People's care plans showed consent to different aspects of people's care and treatments had been sought.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People gave mixed views about how caring staff were. Some people said staff were not caring. One person said, "Some of them are inhuman, although one or two are really nice. You never know who you are going to get, some [staff] don't care." Another person said, "I need them to be kinder and loving to me really". Some people commented that staff were caring and had good relationships with them. One person said, "The people [staff] here are good, I get on with the staff and I don't argue with any of them". Another person told us, "Some don't care- they toss you on the bed, they toss your things on top of you and throw the bedding on you…they've all got to do it as fast as they can, not all are like that but a lot are".
- Some staff had caring interactions with people. However, we noted several people were left without conversation or stimulation for extended periods of time.
- We spent time in the large lounge area of the home. Armchairs were arranged around the edges of the room. We noted that some staff were laughing and joking with some people and engaging them in a reading activity. However, some people had been sitting in the same chairs for periods of over an hour with no interaction from staff.
- Some people displayed signs of agitation and were wandering about the home. Staff either took a long time to respond to people's agitation or did not respond at all until we prompted them.
- We spoke with one person and found they enjoyed singing. We asked a member of the activities staff if they delivered any singing sessions. They stated people with dementia did not join in with group singing.
- We raised our concerns about the care people received with the registered manager. They agreed to address them with staff.

The provider had failed to provide care which met people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) (person centred care) Regulations 2014.

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

- The registered manager told us they used different methods to seek people's views on care provided. This included using 'grumble sheets', quality assurance reviews and informal conversations.
- The registered manager told us grumble sheets had not been used by people. We saw some evidence of questionnaires completed by people. However, we saw no evidence that people's feedback had been acted upon.
- Staff had signed to say people's care plans had been reviewed. However, we saw no evidence that people had been included or involved in reviews of their care.
- We could not be assured that staff were consistently supporting people to express their views and be

involved in decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence
● People's told us their dignity and independence was not supported by staff. One person said, "You do get frustrated with the waiting, they often half dress me before rushing off to someone else and they could be gone for some time before returning." Another person said, "You tend to lose faith in everything here really."
● We did not see evidence of staff supporting people's independence. During the inspection we observed people had little to do for long periods of time. This was confirmed by people. One person said, "We sit here in silence most days. It is not really a friendly house". Another person said, "I've been trying to get up out of bed and walk a little but they [staff] won't encourage me. I know I am prone to bruising if I fall over but sometimes I would just like to sit on the edge of my bed".

The provider had failed to support people's autonomy and independence. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) (dignity and respect) Regulations 2014.

● People's confidential information was not always held securely. The registered manager told us some information had been removed from people's care plans by a member of staff. After the inspection we were informed that this issues had been addressed.
● In addition, people's care records were stored in unlocked cabinets in rooms that were left unlocked so they were accessible to anyone in the building.

The provider had failed to store people's confidential information securely. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) (good governance) Regulations 2014.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People's care and support documents contained information about their needs and preferences. There was some individualised information about people but details were basic. People's care plans contained details including "[Person] likes a cup of tea and biscuit in the afternoon." We did not see evidence people had been involved in planning their own care and support.

● Staff had completed 'life history' documents to record people's histories and interests. However, there was no evidence this information had been used to plan individualised activities for people.

● There were a lack of stimulating activities for people. We were given a copy of an activities schedule which detailed three activities per day. During our two inspection days we saw activities such as staff looking at books with people and playing bingo. There were copies of a reminiscence newspaper in the home but we did not see anyone reading it.

● We spoke with activities staff who told us they regularly delivered activities for people. However, people told us there was very little going on at the home. One person said, "I don't think anyone is really happy here, there are very few activities and most days are always the same". Another person said, "I'm concerned that there is not really anyone I can talk with here. The staff are quite friendly but they have no time to talk to you".

● We noted the television was left on for extended periods and that people were not engaging with it. A person told us "Oh, the tv, my goodness it goes on all day. It is awful, there is no respite. I'm not brave enough to ask if it can be turned off". A relative told us "I don't think there is any stimulation for [Relative]. [Relative] loves music, the Proms but all they seem to do is armchair exercises once a fortnight".

● We saw little evidence of people being encouraged and supported to remain active members of the community. The registered manager told us they received visits from a local school and church. Some people received visits from their friends at a local church. However, we could not see evidence that people were involved and engaged in community activities or that community groups attended the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● We requested evidence of how the provider met the Accessible Information Standard during our inspection visit days on 24 September 2019 and 26 September 2019. We made a further request for this information by email on 9 October 2019. This information was not provided.

● We could not see any information or guidance for staff on meeting people's communication needs. We could not be assured the provider was meeting the Accessible Information Standard.

The provider had failed to deliver personalised care which met people's needs, had not supported people to maintain relationships and had not met people's communication needs. These areas were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care.

End of life care and support

● The registered manager told us they did not have a way of assessing if people needed end of life care. They told us staff had completed end of life care training. We requested evidence of the content of the staff training programme. We did not receive this. The registered manager sent us a presentation after the inspection which had been delivered by the trainer. However, we had no evidence of how competencies for staff were checked in this area.

● Health and social care professionals expressed concerns about the ability of staff to recognise when people were at the end of their lives. A health professional commented staff were often confused about end of life care and inappropriately referred to the Rapid Response and Treatment Team, requesting active treatment for people when they needed end of life care.

● One health professional told us they received repeated referrals for people who were refusing food, water and medicines. The health professional expressed concerns that staff did not have the understanding to recognise when people needed end of life care. They told us they felt staff may need additional training in end of life care.

● Another health professional told us most referrals they received from staff were appropriate. However, they stated better understanding was needed around end of life care.

The provider had not ensured that people received person centred care and treatment that was appropriate. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 person centred care.

● People's care plans contained information about people's wishes for care at the end of their lives. Where people did not have the capacity to make decisions about this aspect of their care, best interest meetings had been held on their behalf with legally appointed representatives.

Improving care quality in response to complaints or concerns

● We requested evidence of complaints and concerns. The registered manager told us they had not received any since the last inspection.

● There was a complaints policy in place which detailed actions staff should take if anyone expressed concerns.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The registered manager did not promote a positive, person centred open and inclusive culture. People were at risk of receiving poor care as risks to their safety were not effectively monitored.
- Although the registered manager told us they were committed to delivering individualised care in a homely environment, we did not see evidence of this during our inspection. We saw that several people were left alone with little or no interaction from staff.

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 registered manager was aware of their regulatory responsibility to notify CQC of significant events. However, on one occasion they did not notify us of an incident where someone may have experienced abuse.
- The registered manager disclosed to us an incident where a person was found in their room with a bruise. The registered manager told us a member of staff had given the person support with personal care unsupervised. The person required support from two staff. After the staff member had delivered the care the person was found with a bruise. The registered manager said the incident had been investigated internally and reported to the local authority but not to CQC. We requested they submit a notification to us about this incident. The registered manager agreed to do this. However, we did not receive a notification until we prompted the registered manager a second time.

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

- The registered manager did not maintain a sufficiently detailed oversight of the service to maintain safety and drive improvements.
- The registered manager did not record audits on aspects of safety and service delivery. The registered manager and registered nurses told us checks of people's medicines administration records were completed regularly but not recorded.
- Because the registered manager did not complete audits of quality and safety, they had failed to identify the lack of personal fire evacuation plans for people and the lack of an overall evacuation plan for the home.

- The maintenance lead completed audits of equipment and regularly checked water temperatures in the building. They maintained their own log of necessary checks and improvements and told us these were

checked by the registered manager. However, there was no evidence of this.
● The registered manager told us they maintained a log of necessary service improvements. This log was basic and contained a brief list of jobs to be completed. There were no timescales for completion or any record of which staff members were accountable for completing these jobs.
● We saw two records of provider visits. These were brief, handwritten records, each written on one side of paper. One record stated, "Mini tour - lounge and dining room look great". From this evidence we could not be assured the provider was completing robust audits of the service.
● Due to the lack of evidence of a clear improvement plan for the service and established systems and audits to monitor quality and safety in the service, we did not see evidence of continuous learning to improve care and service delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We did not see evidence that staff had supported people to make links with the local community.
● The registered manager told us they did not hold any meetings for people and their relatives as previous uptake of meetings had been poor.
● There were some records of staff meetings, however, there was a lack of evidence to show staff meetings were held regularly. One meeting record showed staff had expressed concerns about a lack of activities. The registered manager responded by saying two additional activities staff had been employed.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others
● Staff worked with professionals from health and social care.
● A health professional expressed concerns that where improvements in people's care and treatment were needed, progress had been slow. They had also commented that some referrals were made inappropriately and some referrals to health professional for people who were unwell were not made in a timely way.
● Social care professionals also expressed concerns about the ability of staff to deliver individualised, safe care and support.

We recommend the provider reviews the way staff work with professionals to ensure people receive timely, appropriate support.

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 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met The registered person had failed to deliver personalised care which met service users' needs, had not supported service users to maintain relationships and had not met service users' communication needs. Regulation 9(1)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect How the regulation was not being met The registered person had failed to support the autonomy and independence of the service users. Regulation 10(1)(2)(b)

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 How the regulation was not being met Risks were not effectively assessed and medicines were not always effectively managed. The registered person failed to ensure staff had the qualifications, skills and competence to deliver safe care. Regulation 12(1)(2)(a)(c)(g)

The enforcement action we took:

We issued the provider with a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met The registered provider had failed to store service users' confidential information securely. Systems were either not in place or were not robust enough to demonstrate that there was adequate oversight of the home. Regulation 17(1)

The enforcement action we took:

We issued the provider with a warning notice.