Rosemary Limited

Rosemary Retirement Home

Inspection report

65 Vicarage Road
Wollaston
Stourbridge
West Midlands
DY8 4NP

Tel: 01384397298

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05 August 2021
12 August 2021

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13 December 2021

Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Rosemary Retirement Home is a residential care home providing personal care for up to 23 people over the age of 65, including those living with dementia. At the time of the inspection, 19 people were living at the home.

The accommodation comprised a communal ground floor lounge and dining area. Some bedrooms were located on the ground floor with additional bedrooms on the first floor. There was a smaller lounge area on the lower ground floor along with additional bedrooms.

People's experience of using this service and what we found
Relatives and people we spoke with gave positive feedback about the staff and the home. However, we found significant shortfalls throughout the inspection which impacted on the safety and quality of care for people.

We were not assured the provider had taken effective action to make sure government guidance was being followed after a recent COVID-19 outbreak. Due to the issues identified at the inspection, the local authority provided additional care staff to support the service to ensure people received the right levels of care and support.
Infection prevention control measures that were in place, were not safe and put people and staff at risk of contracting the virus.

The quality assurance checks in place to drive improvement were not robust. They had not ensured the safety of care was sufficiently monitored. The poor management of the COVID-19 outbreak did not protect people and staff from the ongoing risk of harm.

Risks associated with people's health had been identified however there was no guidance for staff to follow if a person with diabetes were to become unwell.
Some medicines were administered safely, although staff did not have the required protocols in place to administer 'as required' medicines.

People were not always treated with dignity and respect. Staff did not always treat people with compassion. We observed some kind and caring interactions, however we also observed people were left for long time periods with little stimulation or staff engagement.

At our last two inspections we have had concerns the governance systems were not effective to ensure the quality of the service. This has continued to be a concern at this inspection and the provider had not taken enough action to make improvements.

Care plans had not been consistently reviewed to ensure all the information reflected people's needs. However, the new home manager had started to review all care plans and make referrals to health care agencies for some people to have their needs reassessed.

The overall dining experience for people required improvement. People's dietary needs were appropriately assessed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were processes in place to safeguard people from abuse. Appropriate recruitment procedures ensured new staff were assessed as suitable to work in the home.

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

Rating at last inspection
The last rating for this service was requires improvement (published 14 May 2021) and there were multiple breaches of regulation. The provider has submitted monthly action plans following the last inspection to show what they have done to improve the service. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns about infection control. A decision was made for us to inspect safe and well-led and examine those risks.

Following the first day of the inspection on the 05 August 2021 and our concerns, urgent action was taken by the CQC. We imposed urgent additional conditions on the provider's registration to address the issues identified around the provider's management of the COVID-19 outbreak. The provider met those urgent conditions and submitted the requested, additional action plans of all the actions needed to mitigate future risk of harm.

We continued the inspection on the 12 August 2021 and due to the continued concerns identified at the 05 August 2021 inspection, it was agreed to inspect against the remaining key questions, effective, caring and responsive.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring and Well-led sections of this full report.

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

Enforcement
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 to keep people safe and to hold the provider to account where it is necessary for us to do so.

We have identified continued breaches in relation to the safe management of COVID-19, treating people with dignity and respect, staffing and governance of the service 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 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 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.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not 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?

Inadequate

The service was not 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.

Rosemary Retirement 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.

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 comprised an inspector and assistant inspector on the first day and one inspector for the second day of the inspection site visit.

Service and service type
Rosemary Retirement 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.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection.

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 and professionals who work with the service. 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 checked for feedback on the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and a healthcare professional on the 12 August 2021. We spoke with three members of staff, the home manager and a representative for the nominated individual. 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 three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with three relatives and four staff members. We looked at information for two staff files in relation to recruitment. We looked at training data. We continued to seek clarification from the provider to validate evidence found.

Inadequate

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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had not supported or encouraged people positive with COVID-19 to isolate in their bedrooms. We found one occasion where a COVID-19 negative tested person was sharing bedroom facilities with a COVID-19 positive tested person. There was no plan or consideration for how to manage an outbreak of COVID-19. Furthermore, there was no clear guidance for isolation if someone tested positive for COVID-19 and how infection control risks relating to COVID-19 would be managed.
- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. We found one staff member was not wearing a mask. Another staff member was wearing a mask under their chin and all staff were not wearing the recommended PPE when supporting COVID-19 positive people. People and staff need to follow the same national restrictions as other members of the public, including following each step in the government's roadmap around social contact.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The management of laundry to make sure there was an effective system in place to separate clean from 'dirty' laundry was inadequate.
- We were not assured that the provider was meeting shielding and social distancing rules. There was no social distancing in place. There was no cohorting or zoning to mitigate the potential risk of cross infection.

People living at the home, whose bedrooms were on the first floor and they had tested negative for COVID-19, were supported by staff members to walk through the dining and lounge areas occupied by people who had tested positive for COVID-19. At the time of the site visit, there were no risk assessments in place for the negative tested people to sit in the lower ground lounge, without risk of exposure to the COVID-19 virus. This meant the negative tested people were put at unnecessarily high risk of contracting COVID-19.

People and staff were not protected from the risk of being exposed to infectious diseases such as the COVID-19 outbreak. This was a breach of regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities). Preventing, detecting and controlling the spread of infections.
Following the first day of inspection visit, we were not assured the provider had taken appropriate and effective action to mitigate the risk of cross infection and spread of COVID-19. We took immediate, urgent action to make sure the provider put in place, effective measures to keep people safe. To facilitate this, additional resources were put into the home by the local authority to support the provider.

- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider's policy had been updated but it was not always being acted upon effectively.

● We were somewhat assured that the provider was preventing visitors from catching and spreading infections. There was appropriate signage around the home informing visitors there was a COVID-19 outbreak. Lateral Flow Tests (LFT) were completed and PPE provided. However, one professional who had visited the home during the outbreak had not been informed people testing positive had not been isolated and were all congregated in an area of the home the professional had to walk through when conducting their visits.
● We were somewhat assured that the provider was admitting people safely to the service. The provider had appropriate admittance processes in place however we could not be assured people would be consistently supported to self isolate for the first 14 days.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
● We were assured that the provider was accessing testing for people using the service and staff.

Assessing risk, safety monitoring and management
At the last inspection we were not assured that all reasonable steps had been taken to reduce risks associated with people's care, which placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

At this inspection there had been some improvement and the provider was no longer in breach for assessing the risks to health and safety of people.

● At the last inspection where people had demonstrated 'distressed behaviour', care plans and risk assessments were not always in place. At this inspection, this had improved and care plans and risk assessments were in place. Staff we spoke with were aware of potential 'triggers' for behaviour, and we were told records had been kept for evaluation purposes to further support people.
● At the last inspection people were not always protected from the risks associated with malnutrition. At this inspection this had improved. Kitchen staff were aware of who was at risk of weight loss and records we looked at showed people's weights were stable and where there were people at risk of weight loss, appropriate referrals had been made to health care agencies.
● Monitoring records to support people at risk of skin damage had improved. A care professional told us they were satisfied with the measures put in place for one person to protect their skin from damage. A relative told us, "[Person] skin is very thin, they (staff) must be doing something right, they have to turn (reposition) [person] every two hours for what I can see [person] is getting the best care they can be."

Using medicines safely
At the last inspection we were not assured all reasonable steps had been taken to ensure the safe storage of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been an improvement and the service was no longer in breach of regulation 12 for the safe management of medicines.
● The last inspection identified the storage for controlled drugs needed to improve. Controlled drugs (CDs) are medicines which required certain management and additional control measures. At this inspection we found appropriate and safe storage of CDs was in place.
● The home manager had started to introduce competency assessments for care staff administering medicines to people
● Body charts were completed for the use of topical creams detailing for staff where the creams should be applied.
● We reviewed a number of medicine administration records (MARs) that showed people had been receiving their medicines in line with their prescriptions. On the second day of our inspection, we were told there had

been a medicine error on that day. The home manager explained the staff member would receive supervision and their competencies reassessed before being permitted to administer medicines in the future.

Staffing and recruitment

● Staff we spoke with told us they felt the home was understaffed, especially during the night. One staff member said, "It should be three (staff members) but sometimes there are only two if agency (staff) don't turn up." Another staff member said, "Staffing bad with agency at the moment." A relative told us, "Staff don't have much time (for people), always seem understaffed." The home manager acknowledged this was an area to improve and told us they had recruited additional care staff and were waiting for the recruitment checks to be completed before they could start.

● At the time of our inspection, staffing numbers were adequate. Following the issues identified at the inspection, the local authority offered the service additional support to make sure people's needs could be met. Two additional staff worked at the home for one week.

● Appropriate recruitment processes and checks were in place to make sure new staff were safe to work in the home.

Systems and processes to safeguard people from the risk of abuse

● Staff spoken with knew how to report any allegations of abuse.

● There were processes in place to safeguard people from risk of abuse.

● People and relatives spoken with felt the home was a safe environment. One relative told us, "Without that place (Rosemary Retirement Home), I wouldn't know where [person] would be, they're in company and they're safe."

● We acknowledge staff knew how to keep people safe from abusive practice, however a lack of effective infection prevention and control measures, did put people at risk of potential neglectful care.

Learning lessons when things go wrong

● The home manager had introduced a new process to record events, incidents and accidents. These were to be reviewed each month to identify any trends and implement changes to mitigate future reoccurrences.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to make sure staff had the right skills and competency. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had continued to fail to ensure staff had the right skills and competency and remained in breach of regulation 18.

Staff support: induction, training, skills and experience

- All the staff we spoke with told us they had not received any training at the home for over 12 months. We requested a training record which showed there had been minimal training completed by most staff since 2019. Training refreshers for most of the care staff were needed for safeguarding, mental capacity, dementia awareness, dignity and respect and fire safety.
- Staff's awareness of supporting people living with dementia did not always follow good practice principles. For example, we saw one person walking with purpose around the home. One of the ways the staff member responded to this was by taking their arm, on more than occasion, to lead them away from the direction the person wanted to go. This action caused the person upset and to shout out to the staff member, "Stop turning me".
- The provider did not have regular competency assessments in place to ensure staff had the skills and knowledge to support people. The home manager told us since they had started working at the home, which was just four weeks at the time of the inspection, they had started to carry out observations.
- The home manager told us they had recognised the gap in staff training and had engaged the services of a new training company and had started to introduce on-line training for staff.

The provider's continued failure to ensure the care staff had the required skills and knowledge to recognise where care delivery fell below required standards was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- . Staff lacked a consistent approach to support people, who needed it, with their meals. We saw one person had their meal left in front of them for 12 minutes before the home manager asked a staff member to support the person. The staff member sat with the person and proceeded to support them to eat what would have been a cold meal.
- There was a choice of meal for people, however, staff did not explain what the meal was before they gave it to people. One person asked, "What is it?" the staff member replied, "Hash meat." The staff member did not offer a detailed description of the dinner for the person.

● One person was upset and calling out throughout the mealtime experience. The person told staff they did not like or want their meal. Staff members constantly encouraged the person to eat the meal and judging from their facial expressions and calling out, they were not enjoying it. The person was not offered an alternative hot meal but was offered a pudding which the person nodded their head. The pudding was not provided, instead staff persevered with the meal, which the person did finally eat.
● There was no pictorial menu for people. This is helpful to people with a cognitive impairment . We discussed this with the home manager and they told us they would review the menus with the catering staff.
● We saw people with specific dietary needs had been referred to the appropriate healthcare agencies.

Adapting service, design, decoration to meet people's needs
● At the last inspection, we recommended the provider considered best practice guidance in relation to adapting the environment to meet the needs of people living with dementia. We found at this inspection improvements were still required.
● There were a number of clocks around the home depicting the incorrect time. One staff member said, "We keep changing the battery in that one (clock) but it keeps stopping." This could be confusing for a person living with dementia.
● The corridors on the first floor were dark and for people living with dementia, this would prove difficult for them to see their way clearly and pose a potential risk of falling.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People received support from other health care professionals . The home had a good relationship with their local health hub nursing team who conducted regular visits.
● Staff enabled the visits and care records were kept updated to reflect any changes to people's care needs. A health care professional told us, "The staff are always very quick to notify us of any changes in people's health conditions."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to admission to the service. However, due to the COVID-19 restrictions in place, face to face assessments were not always possible.
● The home manager told us they were in the process of requesting healthcare agencies re-assess some of the people living at the home because their care and support needs had changed.
● We saw following an assessment, care plans were written based on the information obtained during the assessment process. Care plans had not been consistently reviewed and updated but the provider had recently introduced a new electronic system and the home manager was in the process of reviewing everyone's care plan.

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.

● Care plans documented people's assessed capacity, however there was some improvement to be made to make sure the mental capacity assessments were more decision specific.
● Most people living in the home required a DoLS authorisation which had been appropriately applied for.

Inadequate

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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not always treated with compassion and there were breaches of dignity; some of the staff caring attitudes had significant shortfalls

At the last inspection the provider was in breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider has remained in breach.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives we spoke with were complimentary about the staff. Some of the comments included, "They're (staff) always very nice to [person] when I've been there," "Staff are quite friendly whenever I've gone to visit [person] is always happy and content." However, the observations from our inspection showed some of the care staff did not always speak with or treat people in a respectful and dignified manner.
- One person, sitting relaxed in the lounge was asked if they wanted to eat lunch in the dining area. The person said it was, "Too early" and they wanted to remain in the lounge. The staff member persevered, and the person eventually moved into the dining area. However, this upset them throughout the entire lunchtime session. We asked why they had been moved. A senior staff member told us "I don't know why they (staff) moved [person], they were quite happy in the lounge, that's why I asked if they wanted to go back (in the lounge)." The staff member had not respected the person's choice to remain in the lounge area.
- Another staff member was seen to be laughing at one person after they told staff the meal tasted 'like slugs'. The person themselves was not laughing and was upset. The person did eat the meal, through staff perseverance and when asked if they enjoyed it, having already said they had not, they replied, "No." A staff member took away the person's plate and was heard to say, "You said you didn't like it but you still ate it though".
- A staff member from the local authority was heard to speak to a person in a derogatory manner. This was not challenged by any of the care home staff and was accepted as a reasonable way to speak to people. A care home staff member with the same person was heard to tell them to, "Eat and just be nice and quiet shhhhh".
- We saw one person was walking with purpose around the home. A staff member was heard to say to the person, "You can't go down there gorgeous, come on my love." "You can't go down there darling, come on gorgeous." The staff member failed to recognize that the language they had used was inappropriate and disrespectful to the person. In addition, they made no attempt to find out what the person had wanted from the area they had focused on, inhibiting their free movement around the home.

We found staff spoke with people in a manner that was belittling and inappropriate. The culture of staff members speaking with and treating people with disrespect had been identified at the last three

inspections. The provider had not ensured staff members treated and spoke with people with respect and in a dignified manner and this was a continued breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were told people could access advocacy services to support them to make decisions about their care. The role of an advocate is to offer independent support to ensure people's rights are respected and a person has the tools to make an informed decision. There was contact information available for people on the information board.
- We did also see some positive interactions between care staff and people. People looked relaxed in the company of staff.
- Care plans, where possible, had detailed people's cultural background and whether they required any support to practice a religion.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People and relatives' involvement in their plans of care were not always sought. Two relatives we spoke with told us, "I've not being involved in any discussions about [person] care plan," and "I've not had any updates, not involved in reviews."
- Care plans detailed how people's needs would be met. There had been some improvement to these documents, since the last inspection, to be more person centred. For example, people's personal history, individual preferences and end of life care.
- Care plans had not been consistently reviewed, however the home manager was in the process of reviewing and updating all the care plans onto the new electronic system. The home manager had made a number of referrals to health care agencies to review some people's health needs to ensure plans were reflective of people's changing needs. .

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.

- Care records did not show how the provider ensured people were communicated with in a way they could understand and contribute to the planning of their care and support.
- The home manager explained how they would provide information in an alternative format for people with, for example, sight loss (Braille or large print).
- Further improvement was required, for example using pictorial menus for some people living with dementia to help them to make more informed choices at mealtimes.

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

- We found during the inspection, people were left to sleep in chairs in the lounge areas for long periods of time during the day.
- We were told activities did take place; however they were not happening consistently. Staff told us they did not always have the time to sit and talk to people. One staff member said, "I prefer working the nights because you do get a chance to sit and talk to people which is great, you get to know so much about their life history, some of them have led such interesting lives."

Improving care quality in response to complaints or concerns

● Relatives we spoke with had not raised any complaints but all said they had no concerns about raising any issues with the service.
● The home manager had a system to monitor complaints for any trends, so they could use information gathered to improve the service people received.

End of life care and support
● We saw people's choices were being respected when it came to plan their end of life care.

Inadequate

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Inadequate

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 inadequate. At this inspection this key question has remained the same. 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 two inspections there were concerns the provider had not sustained improvement to the service to ensure people received safe and effective care. 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

- At the last inspection there were concerns the provider did not have sufficient oversight to ensure the quality and safety of the service was maintained. The provider had submitted monthly action plans but had failed to make the improvements those action plans referred to. For example, the June 2021 action plan referred to all staff being instructed on COVID-19 legislation and the correct use of PPE. However, this was not what we saw at our inspection visit on the 05 August 2021. The provider failed to ensure the home environment and COVID-19 infection control practices were safe for people to live and for staff work in, during the COVID-19 outbreak. The provider's representative did not appear to understand the seriousness of those concerns and as a result, people and staff were placed at significant risk of harm.
- The provider's systems and processes remained ineffective and failed to evidence and show that learning and service improvement had improved people's care outcomes. For example, the provider failed to develop effective training systems to provide adequate training and development for staff. The June 2021 action plan referred to management discussions concerning dignity and respect. However, processes had failed to identify staff continued to lack the skills and competency when speaking respectfully and supporting people with dignity.
- At the last inspection we identified improvements were needed to the mealtime experiences for people living with dementia. In the June 2021 action plan we were told 'spot checks had started to ensure the quality of the service was being kept at the highest level at all times'. The spot checks had failed to identify there were no pictorial menus, staff did not explain what food they were giving people and staff had not always respected people's choices. This was not supportive of people living with dementia.
- In the June 2021 action plan we were told management meetings had been held to discuss concerns, identified at all previous inspections, around staff treating people with dignity and respect and training would be arranged. At this inspection we found staff still spoke with people in a manner that was belittling and inappropriate. The processes in place to monitor the behaviours and culture of staff members had not been robust and had not identified the concerns we found on this inspection.

● At the last inspection we identified risk assessments were not completed for all identified risks. At this inspection, although there had been some improvement, we identified one risk assessment had not contained guidance for staff to follow where a person had diabetes. This meant the person was at increased risk of receiving unsafe care.
● The provider's June 2021 action plan had stated all residents who take 'as and when' (PRN) medicine had a PRN protocol in their medications folder. However, medicines management systems had not been improved to drive and sustain change. We found two records had no PRN protocols in place. A staff member told us, "We know [person] very well and they can tell us if we ask them if they are in pain." The home manager told us they had introduced the Abbey Pain Scale for care staff to follow. The Abbey Pain Scale is a tool designed to assist in the assessment of pain in people who are unable to clearly express their needs due to their dementia, cognition or communication issues. However, at the time of the inspection, there was a high use of agency staff and it could not be guaranteed the same staff would attend the service. This meant agency staff may not know people well enough to know when they could be in pain and need their pain relief medicine.
● Medication audits had failed to identify PRN protocols were missing for two medicine records.
● Medication audits had failed to identify MAR sheets were not in place for some medication that was no longer being used but remained in stock.
● Processes had not ensured when controlled drugs (CD) were checked in, two signatures were recorded in the CD book.
● There had been a third change of home manager since the last inspection in January 2021. This had meant a lack of consistent management oversight and leadership. There has been no oversight of the service by the provider.
● The provider had not made sufficient improvements since our last two inspections to drive improvement of the service. The monthly action plans had been completed by the provider, as per the conditions imposed on their registration following the January 2021 inspection. However, they had not been effective in making the changes needed to ensure people always received safe, effective and good quality care.

There were inadequate systems in place to monitor and improve the quality of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

● There was no registered manager in post at the time of the inspection. The current home manager joined approximately four weeks prior to the inspection. We asked the home manager for evidence to support they had submitted their application to become the registered manager. At the time of writing this report, this has not been received.
● During and after the site visits, requests for information and additional documents were made to the home manager, who co-operated and provided all information requested. The home manager also provided additional action plans, in response to this inspection, which set out how they proposed to make improvements at the service.
● The home manager evidenced they were working with the local authority and health protection agency to develop an improvement plan and to support staff training opportunities.
● The home manager and provider's representative also confirmed they accepted the inspection highlighted areas where they needed to improve. The home manager had started to implement changes to the service to make the improvements required. The home manager has told us they will be submitting additional action plans to demonstrate what they have done to address the issues we identified at this inspection.

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

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

● People's and relatives views on the quality of service had not been sought. The home manager told us since they had arrived, they had sent out a questionnaire to relatives asking for feedback on how they felt the service had responded to the COVID-19 outbreak. Two of the relatives we spoke with confirmed they had received this questionnaire. The home manager told us they were also in the process of putting in place questionnaires for people and staff to complete to gather their views about the quality of the service.

● Relatives we spoke with spoke highly of the service and all felt able to approach the manager to raise any concerns. One relative told us, "[Manager] has just taken over, I've spoken to them a few times they seem to be getting to grips with things and knows what's going on and trying to sort the home's issues out."

● All the staff we spoke with were positive about the home manager. One staff member said, "The last few months have impacted on us a lot, we've had no support and it's been hard for staff, hopefully with [manager] this will make a difference, I could go to them if I had any problems."

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

● On the second day of our inspection, a visiting health professional identified a medication error and they had raised a safeguarding with the local authority. The home manager explained what action they had taken and how they would follow the error up with the care staff.

● Relatives we spoke with had all been informed of the COVID-19 outbreak. One relative told us, "I know about the outbreak and they (staff) did say [person] was not isolating in their room."

● All other notifications had been submitted to the CQC as legally required to do so.

● The last inspection rating was displayed within the home.

● After the inspection site visits, the home manager and provider's representative submitted evidence and updates. They were addressing the concerns identified during the inspection. They reiterated their commitment to making positive changes to improve systems and processes at the service and overall care people received.

Working in partnership with others

● The service worked in partnership with health and social care professionals and agencies, such as district nurses, social workers and chiropodists to ensure people received the additional care and support they needed.

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 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people were treated with dignity and respect.

The enforcement action we took:

We have issued a Notice of Decision to cancel the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to properly assess the risk of and preventing and controlling the spread of infections such as COVID-19.

The enforcement action we took:

We have issued a Notice of Decision to cancel the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had inadequate processes in place to ensure the safe delivery of the service and maintain improvements.

The enforcement action we took:

We have issued a Notice of Decision to cancel the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received the appropriate skills and competency to support people safely and effectively.

The enforcement action we took:

We have issued a Notice of Decision to cancel the provider's registration.