

Careline Lifestyles (UK) Ltd

Deneside Court

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Deneside Court is a residential care home providing personal and nursing care to 40 people aged 18 plus at the time of the inspection. The service can support up to 40 people. The service provides care for people with complex needs including people with a learning disability. Care is provided over three floors.

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

People and relatives told us they were supported by staff who were very caring and who knew them very well. However, we found ongoing serious risks regarding medication. These issues had been identified at the last six inspections. In addition, further issues were identified regarding people's individual risk assessments in relation to their care needs.

Staff had not received the training they required to support people safely. This meant people were at risk of harm. Records reviewed of two safety incidents which had previously occurred in the home, confirmed the staff involved had not received the appropriate training. Staff had not received the required level of supervision in line with the timeframes shared with us by the registered manager.

The home was not clean. During inspection several areas of the home were found to be dirty including the kitchen, medication rooms and communal areas of the home. During inspection only one domestic was on duty from 09:00 to 15:15 and this person was expected to cover the whole building themselves. This was due to one member of the domestic team being on annual leave and the other member of staff being absent from the home for a period of six weeks. Monthly infection control checks had not identified issues highlighted during inspection.

Issues were identified with staff recruitment. The provider had failed to follow their own recruitment policy. Personal and environmental risk assessments were in place. However, some personal risk assessments lacked detail.

The provider had failed to carry out effective checks of the service. Those checks that had been carried out had failed to identify issues we found during inspection. The provider shared with us their plans to recruit an additional member of staff who would help them to make improvements in this area of work.

Some staff told us staff morale was low. The provider told us they had plans in place to recruit a member of staff whose job would be to improve and increase staff engagement and feedback.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had access to both external and on-site healthcare professionals. The majority of feedback from visiting professionals was complimentary regarding the impact of care people received and how staff supported people to achieve their personal goals. However, we also received mixed feedback from one professional.

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 requires improvement (published March 2019)

Previous breaches

At the last inspection the provider was in breach of Regulation 12 – safe care and treatment.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about unsafe medicines management, staffing levels, quality of food, overall cleanliness of the service, confidentiality issues, supervision of staff and one service user who was not receiving their dedicated time regarding one to one activities. 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 key question section of this full report.

Enforcement

We have identified breaches in relation to people's medication, staff training and supervision, cleanliness of the service, staff recruitment and the checks the provider carried out to make sure people are safe and the service is well run.

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

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.

The provider had failed to notify CQC of certain incidents and accidents which had happened in the home. It is a legal requirement of the provider's registration that they should notify CQC of such incidents. We are dealing with this issue outside of the inspection process.

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 six 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 of their 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.

Follow up:

We will re-inspect the service in line with our current inspection planning methodology. We may return sooner if we become aware of increased risk to people who use the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our well-led findings below.

Inadequate ●

Deneside Court

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 team consisted of one inspector and one pharmacy inspector.

Service and service type

Deneside Court 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

The first day of inspection was unannounced. The second and third day were announced. The fourth day was unannounced.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We spoke to the registered manager about this and they told us they had completed PIR. Unfortunately, although completed, they had not actually submitted the document to us. This meant we were unable to view this information prior to inspection.

We reviewed information we had received about the service since the last inspection. This information helps

support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people, three relatives, the registered manager, deputy manager, two team leaders, one senior support worker, one domestic, one support worker, the nominated individual, head of care outcomes and head of quality assurance and one visiting professional.

We reviewed, three care plans, 17 Medicine Administration Records (MARS), three staff files and a variety of records relating to the quality of the service.

Following the third day of inspection, the inspector received anonymous information raising concerns about the delivery of the regulated activity. These concerns were about specific individuals and we have shared them with the local safeguarding authority for action and investigation where appropriate.

After the inspection

We sent the provider a letter outlining serious concerns we had found during the inspection. We asked them to take urgent action to mitigate the concerns we found. Upon receipt of their response we carried out a further visit to check that these changes had been made.

We shared our concerns with the local safeguarding team and various commissioning authorities of those people where we identified as being the highest risk.

We spoke with three relatives and one visiting professional. We continued to seek clarification from the provider to validate evidence found. We also contacted and attempted to contact a further 12 visiting health and social care professionals by telephone/email to request feedback of their opinions of the care provided at the service. We were successful in gathering feedback from six professionals. Feedback from five of those professionals was verbal and for one professional we received written feedback.

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 now deteriorated to Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the administration of people's medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was in breach of Regulation 12.

- Medicines administration records (MARS) and corresponding stock figures showed that medicines had not always been given as prescribed.
- Treatment rooms, medicines trolleys and equipment used to support medicines administration were visibly dirty with the auditing process ineffective at identifying the issue. Clinical waste bins were overflowing and not safely managed as per infection control procedures.
- Staff did not have access to policies and procedures to help ensure they were meeting the homes expectations with regards to the safe use of medicines.
- MARS did not include photographs of people using the service. This increases the risk of medicines being administered to the wrong person.
- Insufficient information was recorded in respect of known allergies affecting individuals. This is not in line with good practice.
- Where people were prescribed medicines to take 'as and when required' there was insufficient detail to guide staff on when to administer them. As a result, we found multiple examples where medicines had not been given as intended or within prescribed instructions.
- A new electronic care record system had been introduced however staff were not confident in their use of it and were unable to demonstrate how they would use the system to monitor people's health.
- Medicine records for people's prescribed creams were not robust. Guidance was not always in place and it was not always clear where creams should be applied. Records of application were not clear or accurately completed. Some medicines were administered by a patch being applied to people's skin. Due to accurate body map records not being in place staff could not be assured that the patches were rotated in line with manufacturer's instructions.

Assessing risk, safety monitoring and management

- Some risk assessments lacked detail. For example, one person's choking risk assessment was not detailed enough to allow staff to support this person in the event of any choking episodes. We raised this issue with

the provider who took action to update all choking risk assessments.

- One person's choking risk assessment had been repeatedly calculated incorrectly. This meant the scoring on this person's risk assessment did not reflect the correct information.
- Staff had not received training in dysphagia. Dysphagia is a swallowing difficulty where there is a potential for people to choke. Dysphagia training is designed specifically to allow staff to understand what dysphagia is and how it affects people. Training supports staff to provide appropriate care safely whilst supporting people to eat and drink who are at risk of choking. This issue was raised with the provider to take immediate action to ensure all staff had received training. Assurance was received from the provider that only staff who had received appropriate training would support people. Despite this assurance on the fourth day of inspection, the inspector identified staff who had not received this training were continuing to support people who were at risk of choking. In addition, first aid refresher training was also out of date for some staff who had supported one person, despite recommendation from SALT that all staff supporting this person should have up-to-date first aid training.

Following the last day of inspection, the provider confirmed with the inspector all staff had undertaken dysphagia training.

Staffing and recruitment

- Concerns had been raised with the inspector prior to the inspection regarding insufficient numbers of staff on duty. Staffing levels were calculated via a dependency tool. The number of staff on duty, did not always match the number the dependency tool calculated were needed to keep people safe. Staff we spoke with told us they felt there were not enough staff on duty to allow them to spend one to one time with people. They told us although people's physical care needs were met, the emotional support people often required was at times compromised.

This was the sixth continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe Care and Treatment.

However, during inspection days, the inspector (when in various areas of the home), did not observe people's needs within those areas not being met.

- Staff recruitment was not safe. The provider had failed to follow their own recruitment policy regarding exploring any employment history gaps as part of their recruitment process. In addition, no reason for termination of previous employment had been investigated as part of the recruitment/interview process.

This was breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – fit and proper persons employed.

Preventing and controlling infection

- Areas of the home were not clean. Prior to inspection, concerns had been raised regarding the overall cleanliness of the service. During inspection issues were identified with the general cleanliness of the main kitchen, communal kitchens and other communal areas of the service.
- On the first day of inspection, a strong smell was evident in one of the communal kitchens. In the main kitchen, some fresh vegetables were not stored appropriately and had begun to decay. We spoke to the assistant chef who took immediate action to remove these vegetables. We spoke with the chef on the second day of inspection to highlight our concerns.
- At the time of our inspection there were three members of staff employed for domestic duties. However, during our visits only one domestic was available on duty from 09:00 to 15:15 covering the building. We

spoke to the registered manager and head of care outcomes regarding this issue and the cleanliness concerns raised with us. They told us this was due to one member of the domestic team being on annual leave and the other member of staff being absent from the home for a period of six weeks. They told us they would take steps to employ one additional member of staff to support in this area of the service.

This is breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – premises and equipment

- Staff had access to adequate personal protective equipment (PPE).

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place. Safeguarding issues were logged. However, although the provider had notified the local authority of safeguarding incidents, they had failed to notify CQC of two safeguarding incidents.

This is a breach of Regulation 18 Regulation Care Quality Commission (Registration) Regulations 2009 - notification of incidents. We are dealing with this issue outside of the inspection process.

- Staff we spoke with were confident in their ability to identify and escalate any safeguarding issues.
- People told us they felt safe living at the service.

Learning lessons when things go wrong

- A review of the provider incident log showed incidents and accidents were recorded. This system was used to highlight any actions following any incidents or accidents. However, two incidents involving one person highlighted a need for staff to be fully supported in their role and trained in the management of dysphagia.

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.

Staff support: induction, training, skills and experience

- Training relating to the safe delivery of the regulated activity was not up to date. For example, 95% of staff had not received training in dysphagia. Dysphagia training allows staff to support people who have been assessed as requiring a modified diet. In addition, and in line with the provider's own internal timescales some staff had not received refresher training for example, 35% had not received first aid refresher training, 46% of staff had not received refresher evac-chair training, and 23% of staff had not received refresher training in manual handling.
- Staff did not feel confident to use the electronic care system the provider had introduced earlier in the year to monitor people's health. During inspection, some staff were asked by inspectors to produce information stored on the electronic system. Some staff were not able to carry out this request and had to seek guidance from other staff members who were more confident in the use of the system. Staff meeting minutes from the Morris Unit dated May 2019 included reference to staff stating they were not confident to use the new electronic system. A review of these minutes did not include what actions the provider would take to address these issues. Following the inspection, the provider told us staff in other units within the service had said they had, "Taken to the system and enjoy how it operates."
- Staff had not always received supervision sessions in line with the timeframes identified for regular supervisions as shared with us by the registered manager. Supervision is a process, usually a meeting, by which an organisation provides, guidance and support to staff. During the period of January 2019 to June 2019, 14 staff had not received any supervision sessions and 22 staff had only received one supervision session.

The above is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - staffing.

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

- Concerns had been raised prior to the inspection regarding the quality and choice of food on offer. We received mixed feedback from people regarding the quality of food served. Some people told us they enjoyed their meals, one person told us they preferred to eat outside of the service for some of their meals and this was due to the choice of food on offer. The Inspector spoke to the registered manager regarding this feedback. The registered manager agreed the menus had been in place for a considerable length of time and required a review and this was an action they had planned to do in the future.
- People had a choice of what they would like to eat from a set daily menu and could if they wish, ask for

items outside of the menu.

- People told us they could request additional snacks and drinks as and when they wished.
- People's weights were monitored regularly to ensure a healthy weight was maintained. Where necessary people were referred to the relevant professionals to ensure people's needs could continue to be met.

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

- Some areas of the home had been decorated with personal drawings and paintings which had been done by people living in Deneside.
- People's own rooms contained personal items to support and create a more personalised and familiar environment. One relative told us "Oh yes [Person's] room is lovely. They were able to choose what colour they would like their room to be decorated.
- People had access to an outside area. The provider shared with the inspector their future plans to convert part of the outside area into an allotment style environment. Their hope was for people to eventually grow their own vegetables to be eaten in the home.

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 in accordance with best practice guidance. The assessment allowed the provider to determine whether the staff had the correct level of skills to care for people and to also ensure the environment was appropriate for people.
- People and relatives told us they had been involved in the assessment process and were able to provide information to be used in the creation of their care plan. Relatives we spoke with confirmed they had been involved.
- People's characteristics had been considered during their assessment. This included people's cultural requirements and religious requirements. Staff had also received training in equality and diversity.

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

- People had emergency healthcare documents in place. These documents supported external agencies to care for people in a consistent way. For example, if a person was admitted to hospital, hospital staff would know how to care for that person. One relative told us, "Oh yes, [Person's name] has access to their GP and dentist, in fact they are off to see the dentist today."
- The provider had a multi-disciplinary team of healthcare professionals on site. This team included physiotherapists and occupational therapists. This meant people living at Deneside had access to a range of professionals who could support and advise on certain areas of their individual health needs.

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).

- The provider had a system in place to monitor the status of people's DoLS authorisations. Applications for the renewal of people's DoLS were made to the appropriate authorities and this was done in a timely manner.
- The provider had completed appropriate mental capacity assessments. These included specific best interest decisions, including for example where people received their medication covertly (hidden in food), or where people had bedrails on their beds to keep them safe.

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.

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

- Whilst the provider demonstrated a kind and holistic care approach, when it came to clinical care, shortfalls were not addressed by the provider which resulted in a negative impact on people.
- Staff told us they felt at times, they did not spend enough one to one time with people and this was because staff were too busy supporting people with personal care. The impact of this meant at times, people did not receive the level of emotional support they needed. During inspection inspectors did not, in the areas they were present, witness people's emotional needs not being supported.
- The provider had failed to recognise the importance of ensuring all staff were provided with appropriate training and support. This meant some people did not receive treatment which was either safe or personal to their assessed needs.
 - People and relatives told us they received good care and staff were very kind and caring. Comments included; "Staff are outstanding. Yes, staff are caring, they are brilliant, in comparison to the care [person's name] received before – second to none!" and "It is a happy environment and people (staff) try their best."
 - One relative told us they either visited or rang the service every day to see how their loved one was. On one particular day the phone lines to the service were down. Staff had taken it upon themselves to use their own personal phone to contact them to provide reassurance their loved one was okay. They told us this had meant so much to them and showed how much staff cared not only for their loved one, but for them also.
 - Staff understood people's needs very well. They were able to share people's history with the inspector and provided a great level of detail regarding people's likes and dislikes including what type of things made people happy.
 - We observed staff caring for people with dignity and respect. Staff had plans in place for one person's forthcoming birthday and they showed the inspector the presents they had purchased along with lots of decorations they were intending to put up in the home

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

- Where possible people had been involved in making decisions about their care. When we asked people if they were involved in making decisions about their care, comments included, "Yes I try to be," and "Not that much." One visiting professional shared with us, "[Person's name] is very happy and [Person's name] has told me that. Staff have supported [Person's name] to become more and more independent to the point they are now managing their day-to-day activities on their own."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy, ensuring they sought permission before entering people's apartments or rooms.
- Staff were able to speak confidently and in detail of how they ensured people were treated with dignity at all times, especially during personal care.
- People were encouraged to be as independent as they could be both inside and outside of the service.

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

● Concerns had been received regarding structured and meaningful activities for people living at Deneside. A review of people's individual activity logs showed a lack of activities for some people. During the inspection inspectors seen people engaged in activities on the first floor of the home. However, on the ground floor, no activities were seen during the inspection, other than people sitting watching the TV. A review of one person's activity log showed over a time period of 48 days, staff had only attempted to provide 1:1 activity with this person six times. For another person who had been admitted to the service in late March, only three attempts had been recorded for any kind of activity engagement.

We recommend the provider reviews their programme of activities. This will ensure all people living at Deneside are supported to participate in a range of regular and meaningful activities appropriate to their needs.

- Some people who did get out and about in the community told us how much they enjoyed this and how important it was for them to be able to do this. One person shared with us how staff supported them to meet and maintain contact with their relative who lived outside of the county.
- Care plans had been reviewed on a monthly basis and updated where necessary. These reviews include involvement by onsite professionals, for example physiotherapists and occupational therapists.
- One visiting professional shared with us how much one person's well-being had stabilised since being transferred from hospital to Deneside. Staff had supported this person to become more independent with the aim of eventually moving to a more independent living environment.
- A member of staff told us they were very proud of one person who had recently attended a voluntary job interview. They told us how staff had worked with this person to increase their confidence and skills to the point where they felt able to apply to do this.
- Feedback from professionals was mostly positive. They told us "Staff have worked hard to form a relationship with [person's name] who was usually non-communicative. Staff have supported this person to the point where they are now able to express their choice regarding buying clothes, footwear and how they would like their hair cut," and, "There were issues in the spring/early summer but nothing since, by and large people are doing well," and, " The organisation have demonstrated a strong person centred approach to [person's name], trying their utmost to make this placement safe, sustainable and supportive." However, one professional told us although one person was doing well and was settled, they shared their concerns with us regarding known issues involving this person's missed medication. They told us this person's

behaviours could quickly deteriorate if their medication was missed and were concerned of the impact this would have on this person's well-being.

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.

- Information was available in a variety of formats to meet people's individual needs. The service was complying with the requirements identified in the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. A review of the complaints log identified two complaints had been received since the last inspection. Both had been investigated and an outcome provided in line with the provider's own policy.

- People told us they would be confident to raise complaints if they needed to.

- Relatives told us they had not had cause to raise any formal complaints but were confident in knowing who to raise concerns with if necessary.

End of life care and support

- At the time of inspection nobody was receiving end of life care (EoL). Care plans seen included details of people's preferences around their EoL care. Where people did not wish to discuss this very important topic, a note had been made within the care plan to show a conversation around this subject had been attempted.

- The majority of staff had completed training in EoL awareness.

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 requires improvement. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At previous inspections carried out in March 2016; July 2016; January 2017; April 2017; December 2017 and November 2018 we identified the provider was required to make improvements to the level of care they provided to people. Of these previous inspections, the provider had been rated as inadequate and placed in special measures following inspections carried out in July 2016 and January 2017.
- Over the past three years the provider and registered managers have repeatedly failed to introduce and successfully embed improvements within the home.
- At our last inspection in November 2018, we found the provider had made some improvements, but they had failed to reach an overall rating of good.
- The governance of the service was ineffective. Audits had been completed but they had not identified the concerns we found during our inspection.
- The process for checking medicines was not robust or detailed. The document used to make these checks was not tailored to all aspects of medicines management and administration. It therefore failed to identify the concerns we found during the inspection. We cross checked information we found on inspection against checks the provider had made covering this time period and found multiple discrepancies. This meant some people had not received medicine which they needed, and some people had received too much medicine placing them at risk of harm
- The provider had failed to ensure staff received the appropriate training they required to support them to carry out their role and meet people's needs safely. This was despite a system being in place to monitor staff training. When inspectors reviewed the training matrix, we identified substantial gaps, including some staff training being overdue, or in some cases, certain training had not been completed by staff.
- The provider had failed to ensure at times, the service was staffed according to the dependency tool.
- The provider had failed to ensure staff were both confident and competent regarding the use of a recently installed electronic care plan system. Staff had raised these concerns during a team meeting regarding their lack of confidence. The provider had failed to take action to rectify this situation.
- The provider had failed to provide adequate training and support to the registered manager with regards to their own understanding of the recently installed electronic care plan system, quality assurance system and training system. This meant the registered manager was unable to provide information and documents as requested by inspectors during the inspection. Instead they had to rely upon obtaining support from their

regional managers and other colleagues to provide this information on their behalf.

- Prior to inspection, concerns had been raised regarding confidentiality within the service. Staff told us they did not have the confidence to raise concerns due to the possibility of the information not being kept confidential. This meant they would be reluctant to raise any issues in the future.
- Concerns had been raised regarding an ongoing lack of support provided to the registered manager, and this was by the provider's senior leadership team (SLT).
- Concerns had also been raised regarding a culture of bullying across various staff roles within the service. Some staff also told us morale was low amongst staff, with little acknowledgement or praise offered.

Continuous learning and improving care

- The provider had recently begun to hold weekly registered manager governance meetings (these meetings had previously been held monthly). These meetings were used to identify themes and trends from across all of the provider's services and were used as a point of learning to drive and improve the quality of service and care provided. During inspection the inspector asked for copies of any documents which were reviewed at these meetings. The inspector was sent copies of meetings. The only ones shared covered four specific date ranges. A review of the analysis and actions from these meetings showed an inconsistency in the recording of some areas from week-to-week. It was therefore difficult to determine if improvements had been made from week-to-week.

This above are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. – good governance.

- We spoke to the registered manager about concerns raised regarding their own lack of support and staff morale. They told us they had recently met with a member of the SLT who assured them a greater level of support would be made available to them with immediate effect. They also told us the provider was in the process of meeting with staff to allow concerns to be shared on a one-to-one basis. The provider also told us they have initiated an employee engagement survey to obtain staff's views for example their role, their manager and job satisfaction. The registered manager has agreed to share the outcome of this survey with the inspector once completed.

- The provider had plans in place to recruit a member of staff to support with staff engagement and feedback.
- The provider had plans in place to recruit a governance manager to support them with all aspects of compliance and governance

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

- When things went wrong or there were incidents, the manager had been open and transparent about these and informed relatives, and commissioners.

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

- Relatives told us that the staff team communicated with them well and kept them involved in their loved ones care as much as possible.
- Questionnaires were sent out to people and their relatives to obtain their views regarding the service. In addition, residents and relatives also had the opportunity to attend their own meetings.
- A review of questionnaires, showed mixed responses. Comments included, "It's not my home but it's the next best thing," and "The pool table needs fixing!" Appropriate actions were recorded where feedback had

been negative. During the inspection, evidence was seen to support actions taken.

- Regular staff meetings were held. These meetings were used to share important information and to obtain feedback from staff regarding any issues.
- Staff told us the registered manager was approachable. We received mixed responses regarding the level of support staff felt they received.

Working in partnership with others

- The registered manager told us they worked in partnership with other professionals. For example, working with the SALT team to support people effectively including on site physiotherapists, occupational therapists and behaviour therapists.
- Staff confirmed people were referred to other health professionals when needed. Records supported this.
- One visiting professional told us how staff provided regular updates regarding one person's progress. They told us this was very important to them as they were reliant upon this information to comply with their own legal requirements.