

Valorum Care Limited

# John Masefield House - Care Home with Nursing Physical Disabilities

## Inspection report

Burcot Brook  
Lodge Burco  
Abingdon  
OX14 3DP

Tel: 01865340324

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

John Masefield House is a residential care home providing personal and nursing care for up to 22 physically disabled adults. There were 19 people living at the service at the time of the inspection.

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

The provider had not evidenced their understanding of ensuring quality performance, risks and regulatory requirements were in place. The provider had not evidenced continuous learning from previous inspections to improve and sustain care delivery. Systems were not always in place or effective to ensure all documentation was accurate and up to date. Quality assurance arrangements were not in place to monitor and improve the service. People's records contained conflicting information leading to uncertainty about the accuracy and relevance of the information.

There was no registered manager in post at the time of the inspection. At the last comprehensive inspection in October 2020 we reported that there had been several managers since the provider registered in August 2019, which had resulted in poor and conflicting management. There was a new manager in place who intended to apply to register with the Care Quality Commission.

The provider had not ensured that all risk had been assessed, monitored or managed effectively to ensure people were safe. We found long standing actions in respect of potential fire risks. Staff were not fully up to date in aspects of safety training in respect of moving and handling and fire training. People's records did not accurately reflect professional guidance in areas such as thickened fluids and use of equipment for their condition. We found systems to keep an overview of incidents and accidents were incomplete and not reviewed to see if there were any patterns and what had been put in place to minimise these happening again. The provider had not ensured the safety of all equipment such as medical equipment and vehicle maintenance.

Staff said they did not feel engaged with, or supported by the provider. Inconsistent leadership was impacting on the culture at the service. There were concerns that staffing levels were being affected by staff resigning which meant there was a risk of people being impacted by a lack of consistent, experienced and knowledgeable staff.

People were not always supported to access all healthcare services they had been assessed as requiring. For example, there had been a long period of absence of physiotherapy support in the home.

The provider had not always enabled and supported people to discuss the risks and benefits of particular decisions. Information on how to fully communicate with people who were non-verbal was limited.

People had not been supported to follow interests and take part in activities that were important to them. Staff reported feeling overwhelmed with the amount of tasks and there were no specific staff to support

people in meaningful activities.

Complaints were not always responded to in line with the provider's policy and procedures. We found no outcomes recorded in response to complaints received or any evaluation to evidence any actions required as a result.

We observed warm and respectful interactions with staff and people throughout the inspection. Staff, relatives and residents all gave positive feedback about the new manager but expressed concern about the long-term position due to high turnover of previous managers.

Medicines were managed safely and we noted the home had a good standard of cleanliness with staff adhering to infection prevention and control policies and procedures.

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.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 4 March 2021). The service remains rated requires improvement.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing and consistency of management. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 have identified breaches in relation to safe care and treatment, providing person centred care, receiving and acting upon complaints and governance of the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

#### 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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 always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# John Masefield House - Care Home with Nursing Physical Disabilities

## **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

This inspection was undertaken by three inspectors and an Expert by Experience who made phone calls to relatives of those living in the home. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

John Masefield House 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. Registered managers 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 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. 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 used all of this information to plan our inspection.

## During the inspection

We spoke with four people who lived at the home. We spoke with 13 members of staff including the manager, the regional operations manager, care staff, nurses, chef and maintenance person and two visiting professionals. The Expert by Experience spoke with five relatives by telephone.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 remained the same. 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; Learning lessons when things go wrong

- We reviewed the provider's fire risk assessment carried out in November 2020. We asked for records to see whether the actions had been completed satisfactorily. This was not available on the day of the inspection. We were therefore not assured that people were robustly protected from risk of harm if a fire were to occur. Following the inspection, we received an updated fire risk assessment completed on 22 November 2021 with suggested improvements. The provider had produced an action plan in respect of this.
- Staff had not always had training necessary to manage risks safely. We noted that only 55% of staff had completed practical fire training and 68% of staff had completed practical moving and handling. A member of staff said, "I'm not confident in the trainers that deliver moving and handling training and we need face to face fire training." This meant there was an increased risk that people could come to harm from staff not having adequate training in these areas.
- Records were not always updated to reflect professional guidance given. One person had been prescribed a thickening agent for their drinks. We found conflicting information in three different records, the care plan, room folder and the medicine administration folder, regarding the level of consistency required. Immediate action was taken to rectify this information. A member of staff said, "There is poor communication at handover. We used to have a handover book which we had to sign to say we'd read it, but now there is nothing. One of previous managers got rid of handover book."
- Another person's care plan and information in their room file had not been updated following a recommendation from the [specialist]. A senior care assistant confirmed this advice was being followed, but the care plan and room information file had not been changed to reflect this. There was not always consistent staff, and a high use of agency staff. This increased the risk that not all staff had access to, and knowledge of, the most up to date guidance in respect of each person to ensure they were able to meet their needs safely.
- Records for repositioning did not always specifically state the frequency of any positional changes. One repositioning record for a person showed no positional change during checks. We asked for assurance about this finding and were told that equipment reduced the need for people to be repositioned. We did not find any concerns in relation to pressure areas and staff checked skin integrity during recorded continence checks, however, records had not been amended to reflect actual care needed.
- Not all incidents had been recorded to enable an effective system to monitor accidents, incidents and near misses to provide an overview of trends and patterns. We saw incidents reported to external bodies had not been actioned as stated in the reports or recorded in the accident and incidents records. The provider audit process did not include a system to review accidents and incidents.
- Not all equipment was maintained as needed. We saw a 'cleaning schedule for a feeding pump' which stated was needed every Sunday. Records showed the last 'clean' was dated 11/10/2021. This was brought

to the attention of the manager to immediately rectify. We also noted safety certification showed vehicles needed maintenance and were not in use which impacted on people accessing the community effectively.

We found no evidence that people had been harmed, however, the registered provider had not done all that was reasonably practicable to mitigate risks to service users to ensure they were safe at all times. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans contained risk assessments relating to moving and handling, falls, malnutrition and dehydration, skin integrity, and choking and aspiration.
- Equipment and interventions as required were in place to negate risk. These included, lifting slings and equipment, an adjustable height bed with bedrails and protectors, suction equipment and an alternating pressure air mattress.
- Records of food and fluid intake were in place along with records of hourly welfare checks, continence checks and oral care.

#### Staffing and recruitment

- Staff expressed concern about staffing numbers and a number of recent resignations. We also had concerns from people living in the home and their relatives about the number of staff reported to be leaving and with the number of agency staff, particularly on night duty. A person commented, "There are agency staff at nights. I don't like it; they can't communicate with me." When asked if the home used the same agency staff for continuity they replied "No, they are mainly different ones."
- We spoke to the home manager about the lack of permanent staff. They told us they were actively recruiting. The home manager told us they worked closely with the staffing agency to ensure continuity of staff where possible.
- We observed sufficient numbers of staff on the day of the inspection with call bells being answered in a timely manner. We also noted people were being assisted appropriately with their eating and drinking needs. The manager informed us staffing was determined by use of a dependency tool.
- The provider had effective recruitment processes in place which supported safe recruitment decisions. This included pre-employment checks to ensure staff were suitable to work with people living at the service.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe living at John Masefield. Comments included, "Yeah I think so. [Person] is much calmer with people they know. They are better with regular carers and they do a good job of taking care of [person] and their room. Though I am concerned by the increasing turnover of carers."
- Policies and processes in place explained clearly the different types of abuse, the signs to look for and the actions to take to report concerns.
- Staff received regular training on safeguarding, understood their responsibilities and explained the actions they would take to report any concerns.
- The manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

#### Using medicines safely

- Medication procedures were in place to ensure people received medicines as prescribed. We observed staff administer medicines safely, following protocols.
- Registered nurses were responsible for the administration of medicines and were competency assessed to ensure safe practice.
- People received their medicines safely, on time and as prescribed. Records were complete and there were

no gaps or omissions in recording.

- Medicines were stored and disposed of securely in line with the provider's policy. This included controlled drugs.
- Where people received medicines 'as required' (PRN), protocols and guidance was in place on how and when to administer these medicines. PRN medicines can be administered to help with pain relief or anxiety.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At 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.

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

- People's health, care and support needs were monitored but it was noted there had been a long delay of accessing physiotherapy input as required which could impact on people's health outcomes.
- Relatives commented, "There was an in-house physio till 14 months ago and that was absolutely gold. At the moment no one is going out at all. The physio has started again but only with an external person not an internal one. The guy comes in at least one day a week, maybe a bit more but not much. With 18 or so residents it is not much. We feel that the owners are treating the young adults like it is an old people's home."
- A health professional stated more input was needed to ensure people's physical strength was maintained. They stated staff were very busy and not always able to support people to undertake the exercises they needed to maintain strength between visits. However, they also stated the new manager was approachable, proactive and had put in place some good interactive equipment for people to use.

We found no evidence that people had been harmed, however, the registered provider had not designed treatment to ensure people's needs were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans evidenced that people had been supported to access health care professionals such as their GP, dietitians, SALT, tissue viability nurse specialist and hospital-based services and clinics. Comments from relatives included, "There is a carer who goes with [person] to appointments. We had to remind them at the start of Covid to open letters/bills to make sure [person's] appointments were kept," and "The pickup and drop off to appointments is a bit haphazard with drivers but [person] does eventually get to the appointments."

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.

- One care plan contained a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation). This showed no record of discussion with the person or relevant others to evidence a clear decision in line with their wishes.

We found no evidence that people had been harmed, however, the registered provider had not enabled and supported people to discuss the risks and benefits of a particular course of treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw documents that had not been signed to show consent. These included, consent to care, use of photographs and other information. We found no evidence of any impact from this. The issue regarding signatures was raised this with the manager on the day of the inspection who confirmed this would be rectified immediately.
- Staff had completed training in MCA and understood how to support people in line with the principles of the act.
- DoLS applications had been made appropriately to ensure any deprivations were legally authorised.

Staff support: induction, training, skills and experience

- Staff supervision and support was not consistent. Staff said they did not always feel they had the support they needed doing the stressful job they had. Comments included, "I'm burnt out, I feel like we [care staff] are carrying the load."
- Staff had completed a range of training that gave them the skills and knowledge to meet people's needs. A nurse confirmed that they had undertaken specialised training on catheter care and medicine management along with mandatory training. However, we reported in the Safe domain that training in areas of safety was not up to date.
- The manager said that agency staff completed appropriate training and induction before working in the service.

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

- There had been issues with reliable delivery and supply of certain foods. The manager was aware of the issues and was looking at solutions including sourcing more local produce.
- Records of food and fluid intake were in place along with records of oral care. We asked one person who required support with their nutrition who said that they felt they were getting enough to eat and drink. A relative said, "[Person] has to be fed but eats well and is fully involved in what they eat and drink."
- On the day of the inspection people appeared to enjoy their meals and the dining experience we observed did not highlight any concerns.

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

- In our inspection in October 2020, we reported that some areas of the service required decoration and refurbishment. At this inspection, the home manager said this was commencing and that people would be consulted regarding colour schemes.

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

- People's needs were assessed and regularly reviewed. These were used to develop individualised care plans. A relative commented, "They did ask about [person's] history including their childhood."
- Care plans reflected current guidance. For example, care plans detailed people's oral health needs and how those needs should be met.

# 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 now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Observations during the inspection reflected positive and caring interactions between people and their care staff.
- People felt staff were caring. One said, "The carers are brilliant, especially at night. They try to spend time with me and come in and check I'm okay. I'm kept comfortable and they always move me carefully."
- Relatives commented, "[Care staff] always seem happy to see [person] laughing and it is similar when we are there, when they are interacting with [person]" and "[Person] becomes anxious and frustrated and I think [care staff] do extremely well actually."
- Staff knew people well and were clearly passionate about ensuring people felt valued and cared for.
- The new manager and staff demonstrated a commitment to people and displayed strong person-centred values.

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

- Staff supported people to make decisions about their care and daily lives. We observed this in interactions through the day, such as staff asking people's permission before entering rooms, offering support and choices at mealtime.
- Relatives told us they were involved in decisions and that care reviews were carried out regularly.
- People had the opportunity to meet with the manager to express their views. A person commented, "I am involved with resident monthly meetings. Had one recently with new manager who really does listen to our views."

Respecting and promoting people's privacy, dignity and independence

- People were freely moving about the home and encouraged to be independent if able.
- Relatives felt people were treated with dignity and respect. Comments included, "They speak to [person] as a fellow adult" and "They always ask me to leave the room if [person] needs personal care."

# 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.

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 did not have access to a range of activities delivered in line with guidance contained within people's activity care plans. There was no key member of staff to arrange and carry out activities that people enjoyed. We heard care staff tried their best, but this was difficult alongside their caring tasks leaving little time to carry out activities.
- We had comments from people, relatives and staff. These included, "The big problem is the staff keep changing. The managers keep changing, the carers keep changing and this is a problem for continuous care and the remembering the residents likes and dislikes"; "There is a real lack of things to do for people as there are no staff to do activities at the moment"; "There is a lack of socialising in the place" and "This is their home. Activities used to be good but lots of changes with managers and things have changed, not for the better".
- Staff had the right skills to make sure that people received compassionate support but reported feeling stretched. They felt the focus was on completing tasks rather than on person centred care and support. The lack of housekeeping and activities staff and care staff resigning reduced the time care staff could spend meaningful time with people as there were constant tasks to undertake.
- Vehicles had not been maintained and this impacted upon trips out, which were missed by people.

Care and support was not always planned and delivered in a way to reflect people's individual needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was following government guidance around ensuring people received visits from people that were important to them. People were allowed visits in their rooms which could be accessed externally which reduced risk of infection.
- People's individual religious, social and cultural diversity or values and beliefs had been recorded.

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

- Care plans did not always contain the detail required. For example, one person's care plan stated, 'Reposition regularly', 'Regular checks and changes of pads' and 'Set at mattress pressure to [person's] weight ratio.' We discussed with the manager that 'regular' was not specific enough for staff to reliably interpret when these tasks were required. Records showed that repositioning had not been carried out in line with this guidance. We discussed with the manager who said new mattresses were in place. However, care plans did not reflect this.

Records were not always accurate, complete and contemporaneous in respect of each person. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records reviewed contained assessments and care plans relating to mobility, communication, diet, personal care, oral care, continence, activities, mental capacity and cognition, and emotional support. They appeared person centred and contained information such as 'Things people admire about me' and 'Things you need to support me' along with details of hobbies and interests.

Improving care quality in response to complaints or concerns

- The complaints system was managed inconsistently and there was little evidence of the learning applied to practice within the service.
- We reported at an inspection in October 2020 that although complaints were recorded, there was not always a record of the outcome of the complaint and what action had been taken to resolve issues raised. We found this was still the case at this inspection. This meant the provider did not have an overview of progress and outcomes of all complaints.

Records of complaints did not evidence that necessary and proportionate action had been taken in response. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives felt they knew how to raise concerns. Comments included, "My relative knows how to complain" and "If needed to I would go straight to the manager" and "Via the CQC yes. There is literature in the front of the home that provides more details."

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.

- The Accessible Information Standard to record, share and meet the information and communication needs of people with a disability or sensory loss were not fully evidenced. One person's records had limited information on how they communicated in a non-verbal way. This meant staff would not necessarily be able to understand people's preferences if they did not know the person well.

Care and support was not always designed to achieve people's preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- People's care plans contained guidance on how people wanted to be supported at the end of their lives.
- Staff worked closely with people, their relatives, and external healthcare professionals to ensure people's needs and wishes were met.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance was not always reliable and effective. The systems in place were not effective in ensuring all documentation was accurate and up to date. We reported in the Safe domain that a number of documents had conflicting information. Information had not been regularly reviewed to identify and manage these risks. Quality assurance arrangements were not effective.
- The provider was still not fully ensuring there were effective systems in place to monitor and improve the service. We asked for audits for the service but were only provided with one for medicines. We asked after the inspection and were informed there were not any audits for accidents and incidents, complaints, care plans and health and safety.
- There was no effective system in place to ensure all records were accurate, complete, consistent and contemporaneous in respect of each person.
- There was no registered manager in post at the time of the inspection. A new manager had started at the service four weeks before the inspection. At the last inspection in October 2020 we reported that there had been several managers since the provider registered in August 2019, which had resulted in poor and conflicting management.

Areas of the service provided had not been assessed, monitored or improved to improve the quality of the experience of people receiving services. Feedback had not been acted upon. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Lack of support for staff from the provider had led to them feeling affected by inconsistent leadership which impacted on the culture at the service. Staff felt unvalued and not appreciated. They did not feel engaged with to obtain and listen to their views and concerns. Comments included, "I feel demoralised and not valued by the [provider]. I love this place, but staff are not listened to"; "The company has not thought about the impact on staff and residents. We are overworked, have no quality time with residents, and all task focused now."

- A number of staff had put in their resignation prior to the inspection. They commented, "This is not just a job you do with your hands; there is a lot you have to give emotionally as well. We need the key leader role again, more time to spend with residents. Asked and asked for it but nothing ever happens" and "The horse has bolted; we have now been offered some overtime to help with activities, but it is too late."
- Staff, relatives and residents all gave positive feedback about the new manager but expressed concern about the long-term position due to high turnover of previous managers. People commented, "The new manager is a breath of fresh air, but think he'll be set up to fail by the provider as they won't support him to do what needs to be done" and "[Manager] is good". A relative said, "[Manager] seems to get on with things; it's improved." A member of staff said, "He [manager] is good, and he listens to people. Previously we would bring up things and nothing was done, but he listens, and it is done. Things are looking very positive with him; we were worried because previous managers have put things in place the way they like it and then have left, so we hope he will stay here."

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

- We did not find any incidents that needed to be actioned in line with the Duty of Candour regulation. This requires providers be open and honest with people when something goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.
- The manager understood their responsibilities to report in line with the Duty of Candour regulation.

Working in partnership with others

- The manager and staff worked in partnership with other professionals and agencies, such as the GP, social workers, other health care professionals and the local authority to ensure that people received joined-up care.

This section is primarily information for the provider

## Enforcement actions

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

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

### The enforcement action we took:

We imposed a condition on the provider's registration to regularly inform the CQC how they were progressing with improving the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured adequate risk management to ensure people were protected from the risk of harm

### The enforcement action we took:

We imposed a condition on the provider's registration to regularly inform the CQC how they were progressing with improving the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider had not ensured that all complaints had been investigated and necessary action taken in response.

### The enforcement action we took:

We imposed a condition on the provider's registration to regularly inform the CQC how they were progressing with improving the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service.</p>

**The enforcement action we took:**

We imposed a condition on the provider's registration to regularly inform the CQC how they were progressing with improving the service.