

Superior Care (Midlands) Limited

Portway House

Inspection report

Newbury Lane
Oldbury
West Midlands
B69 1HE

Tel: 01217400738

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Portway House is a residential care home providing personal and nursing care and accommodation for up to 48 people. This includes both younger and older people with physical and sensory impairments. The service was supporting 46 people at the time of the inspection. Portway House has three floors. The ground floor is used for people with an acquired brain injury and for people who move into the home for a period of rehabilitation.

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

During our inspection we observed staff members carrying out unsafe moving and transferring practices. This was immediately brought to the registered manager's attention, who addressed these concerns and took appropriate action to ensure people were supported safely.

The provider had systems in place to monitor the quality and safety within the service. However, these needed some improvement as they had not highlighted the issues we found, for example; concerns about people's care records and infection control practices.

We observed some infection control concerns such as; foot operated pedal bins not working, the registered manager advised us that this would have been identified during their daily checks which had not taken place due to the inspection; equipment had not been thoroughly cleaned, and two staff were observed not wearing face masks in accordance with national guidance. We also found some unlabelled and out of date food in communal areas. These issues were immediately addressed by the registered manager at the time of the inspection.

The management of medicines required improvement as guidance for staff to follow was not always clear and safe practices were not always followed.

People were supported to maintain links with loved ones via video and telephone calls. People had access to a variety of in-house activities to engage in. Although staff knew people well and how to meet their needs, this was not always supported by the daily records completed by staff members following the activity. The concerns we identified with the lack of information around people's interests in care plans, risk assessments and daily notes, during the inspection were immediately addressed by the registered manager.

People were supported by staff who were trained and knowledgeable about how to identify and minimise risks to their safety and wellbeing.

People and relatives knew how to raise concerns and most felt confident any issues would be addressed. Staff felt supported in their role and described the management team as approachable, kind and responsive.

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 information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

At our last inspection we found a breach of Regulation 17 Good governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, we found the provider remained in breach of regulation 17.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 will continue to monitor the service and will take further action if needed.

We have found a continued breach of regulation 17 good governance at this inspection.

Please see the action we have told the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Portway House

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

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 was carried out by 2 inspectors and an assistant inspector.

Service and service type

Portway House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also used information gathered as part of monitoring activity that took place on 19 July 2022 to help plan the inspection and inform our judgements.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 15 November 2022 and ended on 23 November 2022. We visited the service on 15 November 2022, which was unannounced and returned on 17 November 2022, as agreed in advance with the registered manager. 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 spoke with 6 people who used the service and 12 relatives about their experience of the care provided. We spoke with 12 staff members which included the registered manager, nominated individual, deputy manager, nurses, senior care assistants, care assistants, office manager, head cook, head of housekeeping and the activity co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also gained feedback from two health professionals who support people living in the service.

We reviewed a range of documents and records for 15 people, this included care plans, risk assessments, daily notes and medicine records. We looked at 8 staff recruitment files and training records. We also looked at records, systems and processes related to the management and quality assurance of 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk from abuse

- The provider had ensured staff members had received practical training in the safe processes to support people when transferring. Following the training staff were observed to ensure they followed the correct procedures. However, we observed 1 occasion when 2 staff members did not follow safe guidance and used unsafe practices to support a person to move. This placed the person and the staff members at risk from harm.
- This incident was immediately brought to the attention of the registered manager and nominated individual who took immediate action to ensure people were supported safely.
- We saw from records that the registered manager monitored safeguarding incidents which were analysed for trends and reported any safeguarding concerns to the local authority and CQC.
- Records confirmed and staff told us they had received training in relation to safeguarding people from abuse. Staff were able to tell us what action they would take should they have any safeguarding concerns.
- People and their relatives told us they felt safe. One relative told us, "They (staff) are lovely and put my mind at rest. They are caring and empathetic."

Using medicines safely

- Two people's MAR records, who were prescribed thickening agents for them to drink safely, did not detail the amount of thickener to use. Staff we spoke with knew how to access this information from people's Speech and Language Therapy (SaLT) assessments and told us the correct amount they used. The registered manager ensured this information was added to the MAR records during the inspection.
- When thickener was used by staff members when preparing drinks for people there was not a robust system in place for this to be signed for and evidenced as used. Staff members did not consistently record the use of thickener when entering daily fluids. This was discussed with the registered manager and a system for care staff to record thickener after each use, was implemented during the inspection. Such records are required to evidence the correct use of prescribed thickener is always used to reduce the risk of choking.
- Care staff members, who were applying people's prescribed creams, did not have access to the electronic medication system to sign for these once applied. This task was carried out by the nurse in charge. Nurses could not be assured these had been applied although they signed for this task. The registered manager implemented a system for care staff to sign during the inspection.
- We did not have any concerns that medicines or creams were not be administered as prescribed. People told us they received their medicines and had no concerns. All medicine balances we checked were correct.

Assessing risk, safety monitoring and management

- Most people had appropriate care plans in place to correspond with their known risks. However, for one person who smoked they did not have a care plan in place, although there was a risk assessment. We also found for another person who did not want their call bell by them and threw it out of reach, this was not included in their care plan.
- Another person's relatives chose to bring in hot meals each day, however, the registered manager had not identified the risk associated with this practice. This meant there was not a care plan or risk assessment in place. Both were implemented by the registered manager during the inspection.
- We found food stored in the fridge and cupboards in the first-floor dining room was not labelled when opened and some food items were a week out of date. The registered manager addressed these issues immediately.
- Staff members we spoke with were aware of people's individual risks, assessed needs and wishes. This meant people were not harmed and received appropriate care and support.

Preventing and controlling infection including the cleanliness of premises

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed 2 staff members not following the correct guidance for wearing masks and were observed to have the masks under their nose. This was brought to the registered manager's attention who addressed this immediately. We also found 2 foot pedal operated bins, for the disposal of used PPE, were not working. The registered manager addressed this immediately and on the second day of our inspection, these had been replaced.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found that some wheelchairs and other mobility equipment had been used and placed into the storage, some were found to be dirty. This was discussed with the registered manager who has included these on the monthly deep clean schedule to ensure these are thoroughly cleaned.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider had visiting arrangements in place for relatives to see their family members.

Staffing and recruitment

- We received mixed feedback on the level of staffing within the service. The majority of the 12 staff members we spoke with all felt that staffing levels were too low for them to support people in a person centred way. They felt due to staffing levels they had to rush the support they provided and did not have time to spend chatting with people. However, all staff said people received the support they needed but at times had to wait longer than they wished.
- We shared this information with the registered manager who told us they had regular discussions with the nominated individual to ensure staffing levels were adequate to meet people's needs.
- During our observations we found people were supported in a timely way and staff had the opportunity to spend time with people.
- Rotas we reviewed demonstrated the provider's assessed staffing levels were met unless they were unable to cover due to short notice sickness. In a 4-week period we saw levels dropped below the provider's own assessed levels on just 1 occasion.
- We looked at 8 staff files and found the provider was adhering to safe recruitment practices. New staff

received a Disclosure and Barring Service (DBS) check and suitable references were obtained prior to commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Systems were in place to record accidents and incidents and the registered manager had recently commenced an analysis of this to identify trends and themes, to mitigate future risks.
- We saw evidence that any incidents which occurred or where complaints were received, these were discussed in team meetings to help reduce the risks of similar incidents occurring.

Is the service effective?

Our findings

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

At our last inspection this key question was not rated.

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

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

- We observed that on the second floor the majority of people were living with dementia. Although staff knew people well the environment was not adapted to promote independence such as; doors were all the same colour and did not have any personalisation or directional signage to help someone living with dementia identify their room or communal areas.
- The registered manager told us they recognised the support and environment for those living with dementia required some additional development. We saw they were looking to develop memory boxes for each person to help them identify their rooms.
- The activity co-ordinator had worked with people and their relatives to build memory boards which included pictures and interests of the person to help support meaningful conversations.
- The home was a purpose built care home, with multiple seating areas including quieter areas for people to sit should they not wish to watch TV. There was also a designated activity room and hairdressing area for people to use.

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

- People's needs were assessed and overall, people received care to meet their assessed needs.
- Some relatives told us they had not been involved in care reviews. One relative told us, "I have been kept well informed and if I ask for any information, I have been provided with it." However, other relatives told us they were not kept up date with changes in their loved ones' needs and had not seen the care plan.
- The registered manager had identified this shortfall through a quality assurance questionnaire. They had recently implemented a system to meet more regularly with all people and their relatives, to discuss any changes to individual's care and support needs.
- Care plans and risk assessments were updated each month and reviewed, to ensure they reflected any changes to the support people required.

Staff support, training, skills and experience

- The registered manager was able to demonstrate all staff had received training to meet people's specialised support needs. Staff members told us they had received appropriate training and could tell us how they supported people with their known health conditions.
- We received feedback from people and relatives we spoke with, who were satisfied with the level of skill demonstrated by the staff. One relative told us, "I have seen evidence that staff know her [person] well. Whenever I ask questions of the care or nursing staff, they are well aware of her needs and I get the answers needed."

- Competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way or if there were any areas for development needed.
- Staff told us when they first started working at the service, they received an induction. This included shadowing other staff members, on-line training and face to face training. The training was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received supervision and attended meetings and told us they felt supported by the registered manager.

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

- The mealtime experience on the second floor for those living with dementia, required some improvement. We observed people were not engaged in mealtime conversations either before or during their meal to stimulate their appetites and prepare them to get ready to eat. The mealtime experience was task orientated rather than an enjoyable, social event. This was discussed with the registered manager who discussed this with the staff members to improve the mealtime experience for people.
- However, observations of the mealtime on the first floor saw staff supporting people in a more positive way, with good interactions and a very positive experience for people.
- People's dietary needs were considered and assessed, and information was shared with the catering team and care staff members. Staff we spoke with knew how to support people with specific nutritional needs.
- We observed the mealtime experience at lunchtime on the first floor and people were observed to be supported sensitively where needed and were not rushed.
- People were complimentary about the meals provided and told us there were always drinks and snacks available. The head chef also told us that in addition to the daily menu choice people were also able to choose other options. This included things such as jacket potatoes, soup, sandwiches and various foods served on toast.
- Care records indicated people were provided with adequate food and drink as required. Where people had been identified at risk of malnutrition, due to weight loss, additional measures had been implemented such as adding high calorie items like butter and cream to meals to help increase calories for people with small appetites.
- Where weight loss had continued we saw appropriate referrals to the GP or dietician had been made.

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

- The registered manager and staff were consistent in their approach in working in partnership with people, their relatives and health and social care professionals.
- We saw evidence that people were supported to access healthcare services and referrals to additional support services such as SaLT, dietician and physiotherapist had been made.
- Two health professionals we spoke with told us they were confident that staff members were supporting people as per their guidance such as exercise regimes.
- Staff told us the care plans were accessible on the computerised system. We found staff we spoke with understood people's support needs and how to provide their care.
- Staff told us they knew what to do if they had concerns about a person's health or if there was a medical emergency.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We were assured the provider was working within the principles of the MCA.
- The registered manager had a tracker in place to ensure people who required a DoLS authorisation, had a referral made. The tracker also detailed the renewal date and evidenced requests had been made by the registered manager.
- For people who were unable to make their own choices and decisions for themselves, the provider had explored or obtained evidence people making decisions on their behalf had the necessary authority to do so. This meant we were assured people were being supported in the least restrictive way and decisions were not being made on their behalf inappropriately.
- There was evidence that for 1 person who required their medicines to be administered covertly, their best interests had been discussed and appropriate actions taken to ensure this was the least restrictive option. Care plans and risk assessments reflected this practice.
- People and relatives consistently told us staff sought consent before providing care and support. One person told us, "I can make my own choice about everything." A relative told us, "They [carers] always ask her if she would like to go to the lounge. They will give her the choice."
- Staff we spoke with were able to explain how they gained consent before supporting people with their care. They also knew where to find information about people who had a DoLS authorisation in place and what this meant for that person. Staff acted in people's best interests when they could not make these decisions for themselves.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection this key question was not rated.

At this inspection, we have rated this key question 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; Respecting and promoting people's privacy, dignity and independence

- Risk assessments and care plans in place provided clear guidance for care staff to follow. This included information for people who required specific equipment to monitor their health conditions and to help promote independence.
- Relatives we spoke with told us they felt people were supported to promote their independence. One health professional told us, "Any issues and requests are always resolved straight away, such as; clients being 'dressed' rather than allowing clients to do this themselves, even though it may take longer. This is important for their rehabilitation."
- People and relatives told us that staff treated them well and were kind and caring. We saw kind and caring interactions between people and staff. One person told us, "The staff are very caring." A relative told us, "Mom loves them [care staff]."
- People were clearly comfortable and relaxed around staff members and were confident to make requests, which were responded to. Throughout the day we saw people engaging in communication, smiling and laughing.

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

- There was evidence to demonstrate people's views were considered. Quality assurance questionnaires had been sent to people and their relatives. The nominated individual had analysed the responses and acted in response to the feedback.
- The registered manager had identified they needed to implement more regular care reviews to involve people in their planned care and support. Some relatives confirmed they had been invited to participate in care reviews with their loved one, to help improve care planning and independence.
- People's care records demonstrated people were given a choice around what time they got up and went to bed and could choose what they wanted to eat and drink.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Not all people and relatives had been involved in a care review and had the opportunity to discuss their loved one's care. However, some of those people told us they had been waiting for the social worker to arrange the review, but this had taken a while.
- Other people told us they had been involved and they and their relatives were able to contribute to their care and support plans. A relative told us, "They [registered manager] did a review a few weeks ago, we talked about [Name's] capacity and I asked for the care plan and it was printed off for us." Another relative told us, "I have been provided with everything I have needed or asked for including a list of medicines and the DoLS. Everything is in order."
- The registered manager told us they wanted to continue to develop the care reviews and make improvements following the implementation of the updated review system.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people and relatives told us they felt activities could be improved as some felt they were not supported to join in with group activities nor receive support to participate in their hobbies and interests. This was discussed with the registered manager and nominated individual who met with the people raising these points and updated their care plans to fully reflect their preferences.
- There was a structured activity plan, which the activity co-ordinator led on. We saw people enjoyed the activities which were on offer during the inspection as they were engaged. This included a video link to an organisation called 'Kissing it Better' who are an organisation providing interactive sessions for older people. People using the service spoke positively about these weekly sessions.
- We saw a video for one person who enjoyed singing. They were invited to take part in a competition with the volunteer who lead the singing sessions within the home. The person made it to the final and their relative spoke positively about this experience.
- The activity programme and forthcoming events were detailed in the monthly newsletter. This is distributed to all people in the home and e-mailed to relatives, so they were aware of activities taking place. One relative told us, "I know they [staff] do activities as mum has participated. I read about them in the newsletter."
- Most relatives told us they felt there was enough activities to keep people occupied. A relative told us, "They (activity co-ordinator) takes things to mom's room. They sit with her and help her to do things." Another relative told us, "I see them (staff) do activities, they give her choice. She has a frame with pictures about her and her life." Another relative told us, "They [staff] take mom to the lounge to join in but they don't take her out."
- People's diverse and cultural needs were known, with clear guidance for staff to follow. Where possible people were supported to visit their preferred place of worship, which was important to them.

Supporting people to develop and maintain relationships to avoid social isolation;

- People were also supported to maintain communication and close links with loved ones and others who were important to them. We observed one person being supported to have a video call with their relative. It was clear this had a positive impact on the person as they were able to see and speak with their loved ones from their bed.
- We observed relatives visiting their loved ones during our inspection. This is encouraged by the provider and a booking system is used to ensure there is adequate space for people to have private time together.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- For one person who was unable to speak English, where possible a staff member who spoke the same language was allocated to support them.
- Although information was not readily available in different formats the registered manager was fully aware of the AIS and would provide information in people's preferred format such as; large print, other languages or audio.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint if needed and they would speak to the registered manager or staff members.
- One relative told us, "It is difficult to speak to anyone, as no one answers, I try all times of the day." However, other relatives we spoke with felt any concerns they raised were dealt with and responded to. They felt confident the registered manager would act on concerns.
- We saw complaints had been recorded in their complaints records and there was evidence that complaints had been responded to.
- We saw that people were made aware of how to raise and complain and who to via information shared in the newsletter.
- Complaints were shared with the staff members to help reduce the risk of similar complaints occurring.

End of life care and support

- At the time of the inspection there were people being supported with end of life care.
- The staff members had liaised with relatives to explore people's end of life wishes and needs and had developed care plans to support these. This meant when the time came and people did need end of life support, this information was already available to staff to provide guidance, ensuring people's wishes were followed.
- Two staff members spoke enthusiastically about their wishes to help the registered manager continue to improve other staff members' knowledge and skills for supporting people at end of their lives. This information was shared with the registered manager who said they would explore the potential for these staff members to become lead staff for end of life care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating remains requires improvement. We found the previous areas identified at the last inspection which required improvement, had been addressed. However, at this inspection we found new areas within the provider's governance systems and processes required improvement.

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.

At our last inspection we found the provider had failed to ensure their systems and processes were robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the inspection we found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective. Some records within the service lacked detailed guidance for staff to follow such as; care plans, risk assessments and medicine administration records (MAR).
- Actions had not been taken by the provider to ensure the systems and processes were robust and operated effectively. For example, not all staff had been involved in fire drills as detailed in the provider's own policy. We also found some infection control concerns such as foot operated pedal bins not working, equipment not being thoroughly cleaned, open, unlabelled and out of date food was accessible to people using the service and 2 staff were observed not wearing face masks in accordance with national guidance.
- The management of medicines required improvement as guidance for staff to follow was not always clear and safe practices were not always followed. The provider's audits had failed to identify concerns that the instructions for the use of the thickening agent was not always clear and not signed for when used.
- The provider's systems had failed to identify they did not have a safe process in place to ensure care staff members were able to sign for the creams they applied or the thickener they used for people. They also failed to identify the need for a risk assessment for the person who smoked or whose family brought in hot food each day.
- Equipment which was not included on the cleaning schedules had not been identified by the infection prevention and control audit. The audit failed to identify the concerns we found on the day of the inspection.
- Although staff knew people well and how to meet their needs, this was not always supported by the records. The provider's systems did not identify these shortfalls in staff members' daily records. For example, for one person who required support with exercises twice a day, records did not reflect this support had taken place. Staff members and the registered manager assured us these exercises had taken place.
- These issues had not been identified by the systems in place and audits still required some improvement.

The registered manager told us they wished to develop the systems and processes further and the issues identified were immediately addressed by the registered manager at the time of the inspection.

The provider did not demonstrate effective governance, including quality assurance and auditing systems or processes. This was a continued 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

- Regular monthly care plan reviews took place. Although these were not always completed alongside care review meetings with the person, their relative or advocate and keyworker, the registered manager told us; If people's needs changed key people would be involved to ensure people were empowered to make decisions and choices.
- People and relatives knew how to raise concerns and most felt confident any issues would be addressed. Staff felt supported in their role and described the management team as approachable, kind and responsive.
- All staff told us they had the opportunity to make suggestions and felt they would be listened to.
- We saw people were made aware of local advocacy services. An advocate is an independent person who is delegated to help them express their views and wishes, act in their best interests and stand up for their rights.
- People were supported to maintain links with loved ones via video and telephone calls. People had access to a variety of in-house activities to engage in.
- The concerns we identified with the lack of information around people's interests in care plans, risk assessments, daily notes and audits during the inspection were immediately addressed by the registered manager.

Continuous learning and improving care

- The nominated individual carried out a full audit of the registered manager's audits and the environment. Their audit identified any actions which were required and generated an action plan. This audit and action plan were reviewed during the next visit to ensure all actions had been completed. These audits did not identify the issues we found.
- There was a complaints and compliments system in place which was used to analyse trends and themes. This analysis had recently been introduced so it was not possible to assess the effectiveness of this during the inspection. However, we saw that compliments and complaints were shared with the staff team for improvement purposes.
- The nominated individual was actively involved with local and national networks to support them in keeping up to date with changing guidance.
- Staff were actively encouraged to continue with their personal and professional development via internal training and that provided by external training bodies.

Working in partnership with others;

- The registered manager and provider sought guidance and advice working with external agencies to provide good care. For example, the service had sought advice from healthcare professionals which promoted positive outcomes for people.
- Two health and social care professionals we spoke with told us the manager and care team worked with them and implemented change where needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a registered manager in post. The registered manager was aware of their responsibilities including those under the duty of candour. Statutory notifications [notices registered providers must send to notify CQC about certain changes, events and incidents that affect their service or the people who use it] had been submitted to the CQC promptly.
- The registered manager and nominated individual were open and transparent during the inspection. They recognised that further improvements were needed and demonstrated a willingness to listen and improve by making some changes and acting on areas of concern we identified.
- Staff understood their roles and were clear about when and how to raise concerns.
- We saw evidence that when things went wrong these were discussed with the staff team to allow reflection and lessons learnt to help reduce the risk of recurring themes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Governance systems were not robust to effectively assess, monitor and mitigate the risks of the health, safety and welfare people and staff who use the service. |