

Compton Manor Limited

Compton Manor Residential Care Home

Inspection report

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Coventry
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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:

Compton Manor Residential Care Home provides accommodation and personal care for up to 38 older people, including people who live with dementia. At the time of our visits 31 people lived at the home. This included two people in short term discharge to assessment beds which are used to support timely discharges from hospital. Accommodation is provided in an adapted building across two floors, with communal areas on the ground floor.

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

Ineffective governance and lack of provider oversight meant previously demonstrated standards and regulatory compliance had not been maintained. The provider's systems and processes designed to identify shortfalls, and to drive improvement were not effective and had not identified the concerns we found. This demonstrated lessons had not been learnt. The provider's policies and procedures were not fit for purpose. The provider had not ensured the manager had the guidance they needed to fulfil their role. Despite this the manager felt supported through telephone contact with the provider.

The prevention and control of infection was not managed safely and in line with government guidance. Risk associated with people's care, the environment and fire safety were not consistently identified and well-managed. The provider was not able to demonstrate all staff were recruited safely and some staff did not understand their responsibilities to keep people safe. Whilst records showed medicines were safely managed, staff medicines refresher training was out of date. Action was taken to address this. Despite our findings people told us they felt safe.

Records indicated some staff had not completed an induction and staff training was not up to date. Action to address this was planned. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People and relatives described staff as caring and friendly. Staff demonstrated a caring attitude. However, staff were task focused and did not always promote people's rights. Despite our findings people felt respected by staff who promoted their independence.

Care was not always provided in line with people's assessed needs. Care plans contained limited information about what was important to people and some contained out of date and conflicting information. Daily records were disorganised and had not been completed to demonstrate planned care had been provided. Action was planned to address this. People and relatives felt able to raise complaints and concerns. People could choose to take part in some individual and group activities.

Staff were supported by a manager who was approachable and supportive. Some staff did not feel valued or supported by the provider. The manager had identified some areas for improvement and acknowledged

they needed additional support to achieve this. Despite our findings people and relatives were satisfied with the service they received and felt recent management changes had resulted in improvements being made. Staff shared this view.

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

Rating at last inspection

The last rating for this service was good (published 7 March 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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.

The inspection was prompted in part due to concerns received about governance, provider oversight of the service and poor infection control practices. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches in relation to provider oversight, the identification and management of risks associated with the prevention and control of infection, and the environment including fire safety.

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

Follow up

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

Special measures

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Compton Manor Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Day one of the inspection was conducted by one inspector and an inspection manager. On the second day two inspectors visited the home.

Service and service type

Compton Manor Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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. At the time of our inspection management support was being provided by an acting manager. The acting manager is referred to as the manager in this report.

Notice of inspection

Day one of this inspection was announced. We gave very short notice from the car park when we arrived to

check the homes COVID-19 status before we entered the building. Day two was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority 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 five people and two relatives about their experience of the care provided. We spoke with 13 members of staff including the nominated individual, the manager, team leaders, care staff, the cook and housekeeping staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and medication records. We looked at three staff files in relation to recruitment and support and a range of records relating to the management of the service, including audits and checks and policies and procedures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training data, and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- Information we received prior to our inspection indicated government guidance to prevent and control infection was not consistently followed. We found this was correct.
- We were not assured the provider facilitated visits for people living in the home in accordance with current guidance. On day one of our inspection visit staff permitted visitors to enter the home before waiting the required 30 minutes to determine the results of their lateral flow tests in line with government guidance. This was unsafe practice and placed people at risk. This risk remained during our second inspection visit because staff permitted three visitors to enter the home prior to the completion of lateral flow tests.
- We were not assured the provider was preventing visitors from catching and spreading infections. Temperature check records for visitors to the home between 8 January 2021 and 28 June 2021 had not been completed. This was unsafe and placed people at risk. Between our inspection visits records showed 19 visitors had entered the home. However, temperature checks had only been recorded for two visitors.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules were not in place to ensure frequently touched points were regularly cleaned for example, door handles and handrails.
- We were not assured the provider's infection prevention and control policy was up to date in line with current guidance to support staff in the management of safe infection control practice. The nominated individual assured us they would address this shortfall to improve safety. At the time of our second visit this had not happened.
- We were not assured the provider was using PPE effectively and safely. We saw staff failed to dispose of used gloves and face masks correctly in line with current guidelines. Also, the nominated individual was observed wearing an unsuitable cloth face mask. When we raised this, they confirmed they were not aware their mask was unsuitable.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. The manager told us individual risk assessments had not been completed, in line with national guidance, for staff including staff from Black, Asian and Ethnic Minority groups (BAME) to ensure staff were kept as safe as possible at work during the COVID-19 pandemic. The provider was not able to demonstrate how they ensured agency staff working in the home had not worked in other social care locations to reduce the risk of infection transmission.

We found no evidence that people had been harmed however government guidance was not followed to ensure risk associated with the prevention and control of infection was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were somewhat assured 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 the provider was accessing testing for people using the service and staff.

Assessing risk, safety monitoring and management; Lessons learnt

- Risks to people's safety, health and wellbeing were not assessed or well-managed.
- One person was prescribed oxygen to manage a health condition. The manager confirmed oxygen was stored at the home, but the risks associated with this had not been assessed. Furthermore, staff had not received training in safe oxygen storage and use in line with best practice and fire safety guidance. This placed people and staff at risk.
- Information on the wall in another person's bedroom clearly instructed staff to ensure the person could access their call bell. This was of significant importance as the person was cared for in bed, was fully dependant on staff for all their care and support and had no other means of communicating. We saw a call bell was not available in the person's room to summon assistance which placed the person at risk. We alerted the manager to this shortfall. However, when we returned to the person's bedroom one hour later a call bell remained unavailable. In response to this the manager told us they had asked staff to find the call bell, but staff had failed to follow their instruction.
- During day two of our inspection visits the homes call bell system was not working correctly. For example, when one call bell was activated the bedroom number was displayed incorrectly on the call bell panel. At other times when people pressed their call bells there was no sound because the sound on the main panel had been silenced. This placed people at risk because staff did not know people needed assistance. We brought this to the immediate attention of the manager and following our inspection they confirmed the system faults had been rectified.
- Environmental risks were not always identified and well managed. During our first visit a room which was accessible to people was unlocked. Products which are known to cause irritation or harm if they come into contact with skin or are ingested were located in the room, including opened tins of wall paint and Artic Spray (used by plumbers to freeze pipes). This posed a significant risk, specifically to people living with dementia who walked around their home. The manager assured us this would be addressed and during our second visit we saw the room was locked. However, the cupboard containing products hazardous to health was not secure. The manager had purchased a new lock but told us no one had been available to fit it.
- The garden area was not safe for people to use. Open cans of paint and tools, including a garden rake had been left on the garden floor. The garden table was broken, and a low hanging washing line created a significant entrapment risk, particularly for people living with dementia. The manager arranged for all the items to be removed in response to our feedback.
- Fire safety risks were not well managed. An emergency contingency plan was not in place. This lack of emergency planning was identified as a concern at our last inspection and demonstrated lessons had not been learnt and an opportunity to improve safety had been missed. On our second visit the manager told us they were finalising the emergency contingency plan.
- The homes 'grab bag' containing important equipment and information had been removed from the designated storage area in the home's reception. This meant staff and the emergency services would not have access to the information they needed to keep people safe in the event of an emergency. During our second visit staff responsible for the safety of people during the night-time told us they did not know where the grab bag was kept. This lack of knowledge placed people at risk.
- Important information needed by staff and the emergency services to keep people safe was not up to date. Personal emergency evacuation plans had not been completed for some people who lived at the home. A 'Residents List' in the homes grab bag, included people who no longer lived at Compton Manor and the provider's emergency contact details for use by staff were incorrect. When we alerted the manager to this, they assured us the information would be immediately updated. When we returned to the home this

had happened.

- High priority actions identified in an external fire safety risk assessment in March 2021 had not been completed or had been incorrectly recorded as completed. For example, records showed combustible materials had been removed from an electricity cupboard. This conflicted with our observations. The manager told us, "Everything was removed but the consultants told us to put it all back."

We found no evidence that people had been harmed however systems and processes were not sufficient to demonstrate risk associated with people's care and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following our inspection, the manager informed us they had taken action to address some of the concerns we identified.

- Despite our findings people and relatives were confident staff understood how to provide safe care. One relative felt reassured their family member was safe because staff checked on them every 30 minutes.
- Records showed accidents and incidents had been recorded. However, no analysis had been completed to assist in reducing the risk of re-occurrence and to learn lessons. The manager told us they already identified this had and added the shortfall to their improvement plan.

Using medicines safely

- People received their medicines as prescribed. One person said, "Yes, I get this (medicine) on time and there are no problems."
- Some people were prescribed medicines to be administered as required. Guidance was not available to staff to ensure people received those medicines when they needed them. Action was taken to address this.
- Refresher training for staff responsible for medicine administration was not up to date. This meant the provider could not assure themselves staff were competent to administer people's medicines. The manager was addressing this.
- Processes were in place for the timely ordering, supply and safe disposal of medicines.

Staffing and recruitment

- People and relatives felt there were enough staff. One person commented, "They (staff) come quite quickly."
- In contrast, staff felt more of them were needed and they provided examples of how current staffing levels negatively impacted on people. This included people having to wait for assistance to use the toilet. Staff told us the manager was actively trying to recruit new staff in an attempt to make improvements in this area.
- The manager had identified staffing levels needed to be reviewed and planned to implement a staffing tool to assist in determining the number of staff required to meet people's care and support needs. They told us, "Staffing currently is inadequate."
- The provider could not demonstrate all staff had been recruited safely which placed people at risk. For example, one staff members file contained gaps in their employment history and did not include important information about their previous employment.
- Checks to ensure agency staff working at the home were suitable were not completed. Information was not available to demonstrate agency staff were of good character and were suitably trained to work with people. The manager had identified this and was in the process of changing to an alternative staffing agency.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel safe, yes definitely, that is the main thing for me." Relatives supported this viewpoint.
- Staff had completed safeguarding training and demonstrated some understanding of the types of abuse a person may experience and their responsibilities to report any concerns to keep people safe.
- The manager had referred safeguarding concerns to the local authority and CQC as required to ensure the concerns were investigated. Records confirmed this.

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

- Staff training was not up to date. The manager had identified this, prior to our inspection, and some training had been scheduled.
- Records for newly appointed staff did not show they had completed an induction. Also, the provider's induction for other staff did not reflect nationally recognised induction standards. The manager told us, "I can't find any information about the Care Certificate [nationally recognised induction standards]. I am looking into this."
- Staff had not received the support and guidance they needed to effectively fulfil their roles. The manager confirmed individual meetings [supervision] with staff had not been held and they were planning to address this.
- Despite our findings people and relatives had confidence in the skills and knowledge of staff. One person told us, "They [staff] are good at what they do."

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

- Some communal areas of the home had been redecorated and provided a pleasant environment for people to live. One person told us they enjoyed spending time in the dining room because it was 'nice and bright'.
- Other areas of the home required refurbishment. The nominated individual told us work to improve the environment had been agreed, including the redecoration of all bedrooms. However, when we reviewed the provider's 'General Building Action Plan' only five bedrooms were included. Following our inspection, the provider informed us their General Building Action Plan had been amended.

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

- The manager understood the requirements of, and their responsibilities under the Act.
- Staff had received MCA training and demonstrated an understanding of the need to seek people's consent and respect people's decisions to decline care where they had the capacity to do so.
- People's care plans identified if they had capacity to make specific decisions and included details of representatives who had the legal authority to make decisions on their behalf.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before they moved into the home.
- People gave positive feedback about the food. One person commented, "We always get a choice." A relative told us, "For 95 years my mum has never really eaten. She has more food now than ever and loves it."
- People's food preferences and any risks associated with eating and drinking were documented. However, care records were not always accurate and up to date. Despite recording omissions staff demonstrated they understood people's likes, dislikes and needs.
- During the lunchtime meal service staff were available to support people where needed and people's dietary preferences were catered for.

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

- People had access to a range of health and social professionals. However, staff had not always sought specialist advice in a timely way. For example, a referral had not been made to a dietician for a person known to be at risk of losing weight. When we raised this the manager, they assured us a referral would be made.
- Whilst the manager and staff consulted with healthcare professionals the advice they provided was not always clearly recorded and followed.
- The manager was developing working relationships with health and social care professionals to support people's well-being.

Is the service caring?

Our findings

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

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

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

- People and relatives spoke positively about the staff. One person described staff as 'very friendly'. A relative told us, "They [staff] are second to none. I have got nothing bad to say about them. They are really caring." A staff member told us, "We are a big family."
- Staff demonstrated a caring attitude but were not always able to provide timely personalised care because they were busy and task focused. One staff member told us, "We spend so much time filling in records we don't have time to spend with the residents."
- Care records contained limited information about people's life histories, personal preferences and beliefs. This meant the provider could not demonstrate people received individualised care based on what was important to them. Action was planned to address this.
- Staff had not completed equality and diversity training. The manager told us, "Moving forward I need to raise awareness [about equality and diversity] and will be arranging training." They added, "The new support plans will help us find out about a person."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's rights were not consistently promoted and upheld. We saw staff entered people's bedrooms without seeking their permission and personal information about people's needs was displayed on their bedroom doors. The manager addressed this during our visit.
- At other times staff ensured they closed doors and curtains before assisting people with personal care to maintain their dignity and staff were discreet when asking people if they required assistance.
- Despite our observations people told us, "I am treated with respect by them [staff]" and, "The girls help me do things. I like to keep going myself."
- Some people provided examples of how they made day to day decisions. One person said, "I choose when I want to get up." We saw other people chose where they ate their meals.
- Staff understood the importance of respecting people's choices and wishes. One staff member told us, "Their [people's] choices are important. The challenge is having the time if they want to do different things."

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

- People did not always receive personalised and responsive care.
- Staff failed to follow instructions to ensure people always received the care and support they required. One person needed staff to help them change their body position every two hours. However, between 03 and 05 July 2021 information was not documented to confirm this had happened. Whilst staff told us this was a recording omission the provider was unable to demonstrate the person had received the care they needed.
- We heard a loud banging coming from a person's bedroom. No staff were nearby to hear the noise. The person told us they were banging their bedside table to alert staff because their call bell was not working and they needed staff assistance. When we alerted staff, they did respond to the person's request.
- Daily care records had not been accurately completed. One person's records documented they had been assisted by staff to clean their teeth on the morning of the first inspection visit. This conflicted with our observations because we saw the person did not possess a toothbrush or toothpaste. When we asked a staff member about this, they were unable to provide an explanation.
- At our previous inspection, people's care records were personalised, detailed and up to date. This standard had not been maintained. Care plans lacked detail, were not up to date and contained conflicting information. The manager had identified this, they told us, "I am in the process of changing the care plans... They do not have enough instruction or guidance or information."

Improving care quality in response to complaints or concerns; Meeting people's communication needs

- People and their relatives knew how to make a complaint and felt able to do so. One person told us, "I'd tell the manager."
- Records showed complaints had been managed in line with the provider's procedure.
- The provider's complaints procedure displayed in the home's reception contained inaccurate information which could be confusing for people. We alerted the manager to this and when we returned to the home the information had been updated.

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 manager had some understanding of AIS and acknowledged the need to further develop their knowledge.

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; End of life care and support

- People were supported to maintain important relationships. One person told us they had regularly spoken with their relative on the telephone during the Covid-19 pandemic and a relative described feeling reassured because they had video calls with their family member.
- People had some opportunities to engage in meaningful activities. One person was reading their book. They told us, "Books have always been important to me." Other people were seen enjoying a game of bingo. A relative described how staff spent time with their family member chatting in their bedroom because the person was cared for in bed.
- Some people living at the home were in the end stage of their lives. End of life care plans contained some information about people's wishes.
- Staff told us they worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death. One staff member said, "We always call the doctor to get medication or advice."

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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Lessons had not been learnt by the provider. At our inspection in March 2018 the provider's statement of purpose (SOP) did not reflect the homes management arrangements. This was addressed by the registered manager following that inspection. A SOP is a legally required document that includes information about the service. During this inspection we found the same concerns. Furthermore, the provider had failed to share an updated version of the document with us as required by the regulations. The nominated individual assured us they would address this. At the time of our second inspection visit this action remained outstanding.

We found no evidence that people had been harmed however the providers lack of understanding of their registration conditions was a breach of the Care Quality Commission (Registration) Regulations 2009 12: Statement of purpose.

Following our inspection, the provider submitted an updated SOP.

- Information we received prior to our inspection visit indicated the service was not consistently well-led. Our inspection findings confirmed this was correct.
- The provider had failed to maintain sufficient or accurate oversight of the service which placed people at risk. Some previously evidenced standards and areas of regulatory compliance had not been maintained. For example, the accuracy of care records and management of risk.
- The provider's systems and processes to monitor the quality and safety of the service were ineffective. Audits completed by the nominated individual did not check all aspects of the service provided and no audits had been completed by the home's management team during 2021. This meant concerns we found at this inspection had not been identified and shortfalls from our last inspection had not been addressed.
- Maintenance checks had not been completed to ensure the environment and equipment was safe for use, including the homes call bell system. This lack of monitoring placed people at risk.
- The provider had failed to ensure COVID-19 national guidance was followed to keep people and staff as safe as possible during the Coronavirus pandemic.
- The providers had not developed a policy to help the management team assess and mitigate risks associated with COVID-19.
- The provider had not addressed the fire safety concerns identified in March 2021. This lack of action

placed people and staff at significant risk.

- The provider had not ensured the manager received the support and guidance they needed to fulfil their role effectively.
- The provider's policies and procedures were not fit for purpose. Some policies and procedures did not reflect current best practice guidance. Others contained out of date information.
- The manager confirmed people, relatives and staff had not been invited to provide feedback about the service to drive improvement. However, we were informed staff had opportunities to feedback at team meetings and 14 people had been invited to complete a basic questionnaire in relation to food. The questionnaire was not dated, signed and had not been analysed.

We found no evidence that people had been harmed. However, governance and service oversight was ineffective. Systems and processes were not established and operated correctly. There was a failure to make and sustain improvements to benefit people. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings people and relatives were satisfied with how the service was managed. One relative commented, "[Manager] is very helpful and friendly."
- The home had a registered manager as required by the regulations. However, they were not at work at the time of our inspection. Therefore, management support was provided by the deputy manager who had been promoted to the manager role. They told us, "I started working here in April this year. I know there is lots to do." An interim deputy manager had been appointed to provide additional management support.
- The manager had devised a service improvement plan. However, they recognised the need for additional management and administrative support to implement this. The nominated individual assured us this support would be provided.

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; Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager understood their responsibility to be open and honest when things had gone wrong.
- Staff spoke positively about the manager and felt supported. Comments included, "Since [manager] has been on board, it is brilliant. Before everyone was all over the place." and, "[Manager] is doing a fantastic job. There is a lot to deal with for one person but we are supporting her."
- Some staff did not feel cared for or valued by the provider. One told us, "Me personally, since I have been here, I have seen [Provider] once." Another commented, "I have only seen the provider twice...there have been so many changes, but they never involve us or explain. They don't care." The manager told us the provider was always available via the telephone to provide support.
- Throughout our inspection visits the manager was open and honest. They welcomed our inspection and feedback. They told us, "Going forward I need to put a vision together as a team. I need to develop the staff and lead by example." They added, "I can use the inspection as a benchmark and I can put improvements in place with support."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose</p> <p>The provider had failed to submit an updated statement of purpose within 28 days of change to the management of the service.</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (2) (b) (d) (h) HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured risk associated with the environment was identified, assessed and mitigated.</p> <p>The provider had not ensured fire safety risk was identified, assessed and mitigated.</p> <p>The provider had not ensured risk associated with the prevention and control of infection was assessed and mitigated.</p>

The enforcement action we took:

NOP to impose conditions on the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014. Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured regular audits of the service were completed to monitor, access and improve the quality and safety of the service provided.</p> <p>The provider had not ensured, they had systems and processes in place to identify and assess risk to the health, safety and welfare of people who</p>

use the service.

The enforcement action we took:

NOP to impose condition on provider's registration.