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Earlfield Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Earlfield Lodge is a residential care home providing accommodation and personal care to older people, some of whom are living with dementia. The service can support up to 72 people. There were 54 people living at the service at the time of the inspection.

The service provides period accommodation in several adjoining premises. The service is over five floors. There are four areas to the service Bluebell, Lilly, Poppy and Buttercup. There is access to a garden and patio area.

At the time of the inspection the service had seven beds registered in the adjacent property. There was no one living in this building and no service was operating from this site.

People's experience of using this service and what we found
People received a poor quality of care as the service had not made or sustained improvements. Issues previously identified and highlighted had not been addressed. The provider lacked oversight of the service which put people at risk as improvements were not made in areas required.

Whilst people told us they were happy at Earlfield Lodge the failure to meet regulations and the organisational issues put people at risk of unsafe care and support. This was due to medicines not being managed safely, staff being recruited without completing safe recruitment processes and safeguarding procedures not always being followed. Staff continued to not receive regular training in key areas. This meant they may not be aware of systems and processes to follow, which put people at risk.

Audits were completed to monitor the quality of the service. However, these were not fully effective as they did not lead to improvements in all areas required. Staff roles and responsibilities were not defined and led to a lack of accountability. There was not an effective staff culture which supported the service to develop and improve.

People were supported by staff who were kind, caring and knew them well. Care plans gave information about people's backgrounds and histories. People were enjoying the activities now provided. People felt comfortable to raise concerns and complaints which were investigated.

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

Rating at last inspection and update
The last rating for this service was Requires Improvement (published 15 September 2018). There were two breaches of regulations and a recommendation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. One of these regulations and the recommendation had now been met. However, we found a continued breach in Regulation 18; Staffing and

identified breaches in other regulations at this inspection. This service had been rated requires improvement for the last four consecutive comprehensive inspections (published 12 August 2015, 17 November 2016, 12 January 2018, 15 September 2018).

Why we inspected
This was a planned inspection based on the previous rating.

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

Enforcement
We have identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, fit and proper persons employed, safeguarding people, good governance and a continued breach in staffing at this inspection. We also made a recommendation in end of life care planning.

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 the findings. We will work with the local authority to monitor progress.

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? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-Led findings below.	**Inadequate**

Earlfield Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by three inspectors, a member of the medicines team, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Two inspectors, an assistant inspector and an expert by experience were present on the first day. The second day was conducted by one inspector. The third day was completed by two inspectors and a member of the medicines team.

Service and service type:
Earlfield Lodge is a 'care home'. People in care homes receive accommodation and 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 they and the provider (personal representative) are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced on the first day and announced on the second and third day.

What we did before 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 (PIR). 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
During the inspection we spoke with nine people using the service and six relatives. We spoke with 15 staff members which included senior staff, deputy managers, the registered manager and provider. We also spoke with two visiting health and social care professionals. Some people we met were not able to fully tell us about their experiences. We therefore used our observations of care and feedback from relatives and staff to help form our judgements

We reviewed 19 people's care and support records, nine staff recruitment files and 11 staff supervision records. We reviewed 30 Medicine Administration records (MAR) and 20 Topical Medicine Administration records (TMAR). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection
We contacted four health and social care professionals, we did not receive any further feedback.

Inadequate

Is the service safe?

Our findings

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

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

Using medicines safely

- At the last inspection we highlighted to the provider areas in medicines management that required improvement. This included the, recording of topical medicines, monitoring storage temperatures and the length of time administering medicines took. At this inspection not all these areas had been addressed and medicines were not safely managed.
- Two medicines refrigerators were available. Although staff were monitoring the maximum and minimum temperatures of the fridges there were inconsistencies in recording of the actual temperatures. The recorded maximum temperature was often above the recommended maximum for storing refrigerated medicines. Staff could not assure themselves that these medicines had always been stored correctly and were safe to use as temperatures were not consistently monitored.
- Some oxygen cylinders were not secured, so there was a risk they could fall over and cause an injury. This was addressed following the inspection.
- Systems were in place for the ordering of medicines, but we saw five examples where people's medicines were unavailable. This could impact people as there was increased risk of constipation or lack of sleep.
- Staff checks on the medicine administration record (MAR) were recorded as being completed after each medicine time. On two occasions a person was given the wrong dose of medicine. These mistakes were not identified immediately after the medicine round. Errors were not always identified by these checks, so they could be addressed at the time.
- One medicine with a reduced shelf life once open had no date of opening recorded, so staff were not able to assure themselves it was safe to use.
- There were continued gaps in the administration records for some creams and ointments, so it was not clear whether people had these preparations applied as prescribed.
- Information was available for staff about the use of medicines prescribed to be given 'when required'. We saw two examples where these medicines were given regularly without evidence that this had been reviewed by the doctor.
- Staff were trained and had annual competency checks to make sure they were giving medicines safely. Although we identified one staff member who had not been trained or had their competency assessed.
- Additional checks of staff members competency were not completed when audits identified this may be required.
- Staff did a monthly medicines audit to check that medicines were looked after safely. Whilst areas were identified this did not lead to changes or improvements.
- Systems were in place to identify medicines errors. Staff told us these were discussed with the person making the mistake, but staff did not receive more training, or a competency check to make sure they were

able to give medicines safely.

The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Medicines were stored securely
● We saw staff took time and were respectful when giving people their medicines.
● Covert medicines were appropriately managed. This is when staff have permission to disguise a medicine to make sure the person will take it.

Assessing risk, safety monitoring and management
● An up to date contingency plan was in place, but this did not describe the arrangements to provide safe and effective care in the event of some emergency situations. For example, plans described what actions should be taken in the event of a fire, but did not consider other risks such as flood, IT failure, lift breakdown, exceptionally poor weather or sickness outbreak. This had been highlighted previously and the service had been affected by some of these issues over the last 12 months.
● A fire risk assessment was in place. However, one action advised in the risk assessment stated as required for legal compliance had not yet been completed. Details of checks made to fire safety systems and equipment was limited.
● Practice fire drills had not been carried out due to a number of false alarms. However, an evaluation of the evacuation was not noted. For example, how long it took and how people responded. This could mean people were not always safe or protected from avoidable harm from fire. Following our inspection, we referred our findings to the fire service for further investigation.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Systems were in place to check equipment and the environment.
● Individual risk assessments were in place for areas such as mobility and personal care. Risks associated with diabetes were detailed and gave clear guidance for staff on how to support people in managing these risks.

Systems and processes to safeguard people from the risk of abuse
● Staff had not always received training in safeguarding adults. Thirteen members of care staff had not received training in safeguarding adults. One staff member said, "Safeguarding training, no not here."
● Safeguarding systems and processes were not always operated effectively. Safeguarding concerns had been reported to the local authority. However, we found one concern of an alleged theft where no further action or reporting had followed.
● In addition, a safeguarding concern which had been reported to the local authority did not follow the service's safeguarding policy and procedure. Appropriate actions were not taken to safeguard the person.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● The provider had not always followed their recruitment processes to ensure staff were recruited safely. We identified two staff members where full processes had not been followed. This included not requesting up to date references for one staff member returning to work at the service.

● Job descriptions and specifications were not always provided or in existence for the post being recruited for as outlined in the providers policy. Interviews did not assess potential employees suitability or skills for the role nor check current qualifications and training.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There was a lack of assurance that staffing arrangements were always sufficient to meet people's needs.
● We continued to receive mixed feedback from people, relatives and staff about staffing levels.
● One person said, "They could do with more staff." Another person said, "Not enough of them [staff], sometimes have to wait for them to come." Another person said, "I use my bell at night, they come fairly quickly." A staff member said, "[Staffing levels] are usually pretty good, generally we have enough. At the moment we have a lot of staff off sick."
● Staff absence, which was raised at the previous inspection, and how staff rotas were planned and managed were impacting on staffing levels. This meant on some days there were enough or more staff than required whilst other days people and staff told us they were short of staffing numbers. This was confirmed by reviewing the planned rotas. One person said, "Staff? They are short staffed at the moment, a lot are on holiday, some are not well, just the last few weeks. Usually they come to visit but now they don't have time to chat but they can still care for us." One relative described how the staffing impacted on their relative as they kept their losing hearing aids and glasses.

Preventing and controlling infection
● At the previous inspection we found there were cross infection risks as people did not have their own individual hoist slings. People now had their own and this risk had been minimised.
● The service was clean.
● We observed staff adhering to infection control measures such as wearing gloves and aprons when appropriate. However, we did highlight where hand gel had been decanted into a bottle which was not properly labelled. This was addressed immediately. Also, in communal bathrooms where bins were not available or did not have a pedal lid to reduce cross infection.

Learning lessons when things go wrong
● Constructive team learning and reflection from when things had gone wrong to prevent reoccurrence and improve staff practice did not always occur. For example, medicine errors or injuries sustained
● Accidents and incidents were reported and recorded.
● Actions had been taken with individuals where this had contributed to the accident or incident.
● Falls were analysed to identify any patterns or trends.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same and is 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

At the previous two inspections in June 2018 and November 2017 the provider had not ensured staff had received the necessary training to be skilled and knowledgeable in their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 18.

- At this inspection whilst the oversight of staff training had improved, staff had not always received training to be safe and competent in their role in line with the provider's policy. The training matrix indicated some staff had not completed key areas such as first aid, safeguarding, fire safety and manual handling. One staff member said, "I have not had training in the Mental Capacity Act."
- Staff did not complete key areas of training as part of their induction or in the early stages of commencing working with people but as this training became available. This meant some staff had been in post several months before training was received and may not be aware of standards, processes or safe systems to follow.
- The service had changed their supervision policy and structure to be more manageable and effective. Whilst supervision occurred for most staff members in line with the policy for three staff we reviewed this had not occurred and supervision with their line manager had not taken place.
- Themes that were raised in staff supervisions such as training, lack of understanding of job roles and staff relationships did not result in positive actions being taken to resolve them.
- Where incidents had occurred, or concerns arisen around staff practice, conduct, competence or skills this did not result in any additional supervisions being undertaken to address known issues. For example, in medicine administration or staff absence.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An induction was completed by new staff which comprised orientation to the service and shadowing a more experienced member of staff.
- The service facilitated staff to completed further qualifications in health and social care.

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

● We observed people being offered cold and hot drinks throughout the day. People had jugs of drinks in their rooms. One person said, "Staff keep on at you to drink more."

● Bowls of fruit were on offer around the service. However, there was no where people could make their own drinks or snacks. This had been highlighted in a survey in June 2019.

● People's dining experience had improved and was consistent throughout the different areas of the service. Staff were attentive and responsive during mealtimes supporting people as they wished.

● Positive feedback was received about the food. One person said, "The food is very good. We get a choice, they come around and talk about it." Another person said, "Food is OK, different each day and they know what I like."

● People said lunch, served at 12:00-13:00, was too close to tea which was served at 16:30. One person said, "Sometimes I ask for something [to eat] at 20:00 as it is a long time from tea."

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

● At two previous inspections it had been highlighted about a lack of signage around the building to support people in orientating themselves, finding their rooms, or outdoor areas. Whilst the four different areas of the service now had a sign on the main lounge or entrance to visually show the areas of the service people were in, no other changes had been made.

● Outdoor space was available to people. However, we highlighted how this could be developed and made more accessible.

● Décor within the service did not always provide an uplifting environment for people to support their well-being.

● People's rooms were personalised with ornaments, photographs and furniture.

Staff working with other agencies to provide consistent, effective, timely care

● We received positive feedback from two health and social care professionals in regard to communication and staff knowledge of people. One health and social care professional said, "They call us straight away if any concerns or any equipment is needed. Anything we recommend gets done straight away."

Supporting people to live healthier lives, access healthcare services and support

● People were supported to access health care provision. One person said, "If I wanted the doctor they would get them."

● The service sought advice and support from other professionals when identified.

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.

● DoLS applications had been made where appropriate. A tracker monitored DoLS applications with the

local authority, when authorisations were due to expire and any conditions associated with the authorisation.

● People's capacity to make specific decisions had been considered where appropriate. For example, around the use of sensor beams. We discussed with a senior staff member where the involvement of family members or relevant others could be furthered when best interest decisions were made.

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

● Not all staff had completed training in the Mental Capacity Act (2005). However, staff were able to explain and demonstrate how they supported people to make their own decisions. For example, by showing or explaining choices available.

● People's consent was observed being obtained before any care and support was delivered.

● We received feedback that some people were got ready for bed early. One person said, "They get me ready for bed quite early but then ask what time I would like to go to bed." Another person said getting ready for bed at 18.00 was, "Too early."

● People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Requires Improvement

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 deteriorated and is now rated Requires Improvement.

Ensuring people are well treated and supported; respecting equality and diversity
- The provider had not ensured the systems, structures and processes within the organisation ran effectively to ensure people were well treated and promoted a caring culture.
- The provider had not ensured people's well-being and safety was paramount due to not employing staff safely, a lack of training for staff and deficits in the environment.
- People told us staff were kind and caring. One person described the staff as, "Caring, considerate, cheerful and superb," Another person said, "The staff are all wonderful."
- Staff spoke to people respectfully. One person said, "On my first day I saw staff talking with people with dementia, they treated them like human beings, so I knew it would be all right here. The staff are kind, very kind."
- The service had received a number of compliments. One compliment said, 'I am truly humbled by your care, love and respect towards [Name of person].'
- Feedback left on national review website was positive and the service received a high score. The care given by staff was praised. A health and social care professional said, "Staff are really good here."
- People and staff said the service felt homely.

Respecting and promoting people's privacy, dignity and independence
- People raised they did not always receive their own clothes back from being laundered. This can compromise people's dignity if they do not have their own clothes or are not aware they are wearing someone else's. One example of this was when a person was admitted to hospital not wearing their own underwear.
- One person said, "I get my laundry done, don't always get my own clothes." Additional staff were now employed in the laundry area and the service was addressing these concerns. A relative said, "I have had to return other peoples but no wrong clothes for a while."
- Visitors were welcomed at the service. One person said, "Visitors get a good welcome." A relative said, "I have got to know staff. They make me welcome. I can always approach one of them."
- Staff respected people's privacy. One person said, "Staff knock on the door."
- People were encouraged to remain independent. We observed staff offering support to people at mealtimes but enabling people to do things for themselves. A staff member said, "Independence, we try to support this and encourage as much as possible."
- Staff understood and knew how to keep information confidential.

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

● People had completed a questionnaire in June 2019. Whilst there were areas that were positively rated and commented upon. There were also areas identified for improvement such as activities and outings, communication, meals and snacks. These had not yet been acted on. We were sent an action plan after the inspection.

● We observed people being asked and involved in their care and support. For example, how they would like to spend their time and if they would like to join in an activity.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant services were not planned or delivered in ways that met people's needs.

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

At the last inspection in June 2018 we made a recommendation the activity provision was reviewed to be meaningful, meet best practice and people's needs. This was due to feedback received from people about the lack of activity provision and the lack of a designated leader. At this inspection we found activity provision had improved.

- An activity plan was displayed in different areas of the service.
- Two staff were designated with organising activity provision for people. A budget was now available to support and facilitate activities.
- One person said, "I go down to the lounge for bingo and we get entertainment. We do trips from the home, we go to different places on the coach." Another person said, "We have entertainment. I enjoy the singing, a man comes with a wonderful voice."

End of life care and support

- There was limited information about end of life care in people's care plans. This focused on practical information for staff about how people wished to be supported at the end of their lives, for example funeral directors contact details.
- Information such as people's preferences regarding personal care, food and communication were not included. This had been raised at the previous inspection.
- Staff told us that some families were not happy to discuss these issues with Earlfield Lodge staff but noted that this could be recorded in the person's care record.
- Staff knew people well and gave us good examples of how they would be able to meet people's individual needs, however these were not documented.

We recommend the provider sources best practice guidance in end of life care planning.

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.

- Staff had a limited understanding of the details of the Accessible Information Standard, but they had

taken steps to give people information in ways which met their communication needs. For example, staff had supported one person to receive large print bank statements which enabled them to retain financial independence. Posters used large print and one gave clear information about the complaint procedure.
● Care records contained some information about people's communication needs, for example detailing when a person used hearing aids. One care plan said, 'I can communicate verbally with ease.'
● However, some information displayed around the service for example, in the lifts would benefit from considering people's communication support needs needs further.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Pre-assessments were completed before people joined the service to evaluate if the service could meet people's needs.
● Care plans were reviewed regularly by staff. People were not able to tell us if they had been involved in this process. A relative said, "Not sure about a care plan or review, [Name of person] does not have capacity to make decisions, we are consulted about decisions." Another relative said, "[Name of person] had a care plan when they came, don't remember a review. They have been here about 1.5 years."
● Care plans contained information about people's preferences and routines. For example, one care plan said, 'I'm an early riser and I don't like to go to bed too early." Staff knew this information well. One relative said, "Staff have been here a long time and they know [Name of person and us."
● Care plans gave information about people's personal history and interests. Such as previous employment, where people had lived and hobbies. However, two people who had joined the service two weeks prior to the inspection had yet to have this section of the care plan completed.
● People's religious and cultural needs were identified. For example, one care plan read, 'I enjoy going to church most mornings.'
● People told us they enjoyed living at the service. One person said, ""I like it here it is very nice." A relative said, "He seems extremely happy."

Improving care quality in response to complaints or concerns
● Systems were in place to investigate and respond to complaints. The complaints process was displayed around the service. One person said, "I would talk to a senior carer if I had worries, I get on with most of the staff."
● People who lived at Earlfield Lodge had made complaints both verbally and in writing. The service had received 13 complaints made since January 2019.
● All complaints were recorded, a log kept and monitored by the management team.
● There was evidence that complaints were investigated, and people were responded to and apologies given if needed.
● Actions were taken to improve the service and learn from the concerns people raised. For example, changing the colour of plates used to serve vegetarian meals and improving the labelling of people's clothing.

Inadequate

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. The service has been rated as Requires Improvement overall in comprehensive inspections; 8 June 2015, 22 November 2016, 21 November 2017 and 19 June 2018.

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

At our last inspection of the service the provider had failed to display their assessment rating. This was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 20A.

● The provider had displayed their assessment rating in different areas of the service. The provider did not have a website.

● At our last inspection whilst some changes had been made to the organisational structure we highlighted how the lack of provider oversight and clarity of senior roles and responsibilities was impacting on the service. At this inspection we found improvements had not been made.
● The provider did not complete any quality monitoring to ensure regulations were met and improvements made. This placed people at risk of receiving unsafe and poor quality care.
● Systems to monitor and review the quality of care did not ensure that all areas were identified that were not meeting regulations.
● Whilst some quality systems were effective in identifying areas for action and improvement not all were. For example, audits were completed in medicines which consistently identified areas such a topical cream charts not being signed, fridge temperatures not being monitored and errors made over a sustained period of time. However, this did not result in any changes to systems, practice or additional staff training.
● An action plan was in place around areas identified at the last inspection which required improvement. However, the action plan had not been effective in driving and sustaining improvement because repeated concerns were still found.
● Whilst improvements had been made in the provision of activities other areas continued to present the same concerns or had not sustained the improvements made at the previous inspection. For example, in medicines management, staff training and recruitment processes.
● Areas highlighted at previous inspections had not been fully actioned or addressed such as signage within

the building, management structure, roles and communication and end of life care planning.
● Senior staff roles and responsibilities were unclear. This had been raised at the previous two inspections. Senior positions did not have job descriptions in place which detailed staff's roles and responsibilities.
● New roles had been implemented without defining or communicating to other staff their role and responsibility and who they were accountable to.
● Staff and people were not clear on the management structure of the service.
● An organisational chart was in place. However, it did not clarify the structure of the organisation. As staff roles and responsibilities were unclarified or had changed, additional staff roles were in place which were not included in this chart and the lines of accountability were still unclear for different aspects of the service.

● Staff absence and staff training was not being managed in line with the providers policy.
● Staff development and performance was not being managed effectively.
● Staff meetings occurred with different departments and staff could contribute. However, as raised at previous inspections actions made were not recorded nor made clear who was responsible for them. Therefore, meetings did not result in changes being made, or the effectiveness of any actions being monitored.
● Meetings minutes did not demonstrate a professional approach, best practices or an effective staff culture.

● Feedback received from staff and people through surveys and meetings was not acted on to make positive changes in staff culture or the service delivery. Surveys showed that past themes and issues continued to be present.
● People who were required repositioning due to risks to their skin integrity did not have clear care management plans in place or information about how often repositioning was needed to support them safely. Records of repositioning were not consistently completed. This meant people were at potential risk of harm from developing pressure ulcers. This was highlighted at the previous inspection.
● People who required their fluid intake to be monitored had clear information about their target intake. We reviewed three people's record where this had not been achieved during the previous week and no escalation or actions taken to address low fluid intake.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Notifications were submitted as required to the Care Quality Commission. One safeguarding notification was not sent in 'without delay.' This had been identified by the service and submitted.
● Quality assurance processes were in place including areas such as falls, emergency and healthcare issues, weight monitoring, care plans and call bell response times.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff mainly said they worked well together and enjoyed working at the service. One staff member said, "Team is amazing. We all help each other out."
● However, there was not a consistently positive staff culture, which was evidenced from speaking with staff, staff meetings and documents reviewed. Lack of clarity of staff roles, responsibilities and accountability had contributed to staff frustrations and a low morale. A staff member said, "Staffs roles are not clear."
● This meant there was poor communication, a lack of senior teamwork and issues not being constructively addressed.
● Staff said they felt supported. A staff member said, "They [management] are 100% supportive."

Continuous learning and improving care

● Systems were in place to communicate information throughout the staff team. For example, through handover, daily notes, a diary and emails.

● However, the systems in place did not support reflective learning and a drive to improve quality standards. For example, whilst staff were informed where errors or concerns had been identified this did not result in a change of practice or improvements being made.

● Staff told us that equipment was being invested in such as the lift and mobility aids to ensure people were supported safely and as they preferred.

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 understood their responsibilities on the duty of candour. Relatives and relevant others were informed of incidents or events.

Working in partnership with others

● The service had links with local religious organisations.

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

● A survey had been conducted with people and relatives in June 2019. Overall the results were positive with people saying they felt involved in their care, enjoyed the food and activities. Communication was raised as an area of improvement. At the time of the inspection no actions had been taken with the findings of this survey. These were sent after the inspection.