The Dr French Memorial Home Limited

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Inspection report

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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 responsive?	Requires Improvement
Is the service well-led?	Inadequate

Summary of findings

Overall summary

About the service
The Doctor French Memorial Home Ltd is a residential care home providing accommodation and personal care for up to 27 people. At the time of the inspection there were 24 people living at the service, three of whom were on a respite placement.

The service supports a range of people, some of whom have dementia or mental health needs as well as physical health needs.

People's experience of using this service and what we found
People and their family members told us staff were kind. Staff worked hard and were motivated in their role.

However, we were concerned that the provider and registered manager did not provide effective leadership, to support the staff to provide good quality care to all the people living at the service. We remained concerned at the lack of care planning documentation including risk assessments. We also found continued issues with supervision, lack of effective audits and medicines management.

People were not supported to have maximum choice and control of their lives and staff did not 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. We found the provider and registered manager did not have a comprehensive understanding of their obligations under the Mental Capacity Act 2005.

For people who had lived at the service for some time, long standing staff worked hard to provide person-centred care. But lack of person-centred care planning, and the lack of care plans did not support person-centred care.

No staff had been recruited since the last inspection. Staff received training to carry out their role and there were enough staff to meet people's needs.

Staff understood how to safeguard people from abuse. The registered manager understood their obligations to notify relevant bodies of safeguarding concerns.

The home was clean and odour free. The service had successfully prevented a COVID-19 outbreak at the service through a range of measures. There were increased infection control prevention and control practices in place.

Rating at last inspection
At the last inspection we rated this service requires improvement (published on 15 February 2021).

At that inspection we identified three breaches of regulation around person centred care, safe care and

treatment, and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr French Memorial Home Limited on our website at www.cqc.org.uk

Why we inspected
We undertook this focused inspection on 10 August 2021 to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvements. This is based on the findings at this inspection.

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 coronavirus 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 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 have identified repeat breaches in relation to safe care and treatment, person centred care and governance of the service at this inspection. We have identified a new breach, need for consent, at this inspection. We have made a recommendation in relation to pre-admission assessments to the service.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always 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 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.

Dr French Memorial Home Limited

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.

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 coronavirus and other infection outbreaks effectively.

Inspection team
The inspection was carried out by an inspector, a specialist nurse advisor 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. The Experts by Experience visited the service to speak with people living there, and then spoke to people's relatives by phone to request feedback. These calls took place in the week after the inspection visit.

Service and service type
Dr French Memorial Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also sought feedback from the local authority and professionals who work with the service. In addition, we reviewed recent communications and statutory notifications received by CQC from the service. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, the assistant manager, three care staff, the chef and the activities co-ordinator. We also spoke with four people who lived at the service and one family member who was visiting.

We looked at seven care records. We looked at various documents relating to the management of the service which included medicine administration records, staff training, supervision records and quality assurance records. There were no new staff recruited since the last inspection, but we viewed documentation related to a volunteer.

After the inspection we spoke to four relatives and obtained more information from the registered manager and provider regarding staff meetings, audits, supervisions and policies.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

• At this inspection we found there were insufficient risk assessments in place to identify risks and provide staff with guidance on how to manage them. For example, a person on respite, who had a complex medical condition which required their fluid intake to be monitored, did not have a risk assessment in place. Significant hospital discharge information had not been transferred to the care plan. Staff were not aware that this person needed their fluid intake monitored.
• We found another person who had complex mental health needs, with behaviours that challenge, did not have a risk assessment in place to guide staff on how to manage this condition, or to understand if there were any triggers which exacerbated this condition.
• A person who used a wheelchair did not have a risk assessment in place to guide staff on how to use moving and handling equipment. Staff we spoke with gave different accounts of how they assisted the person. One staff member told us, "We hoist her when she is agitated, not cooperating, but if she cooperates, we do not use the hoist." This contradicted another member of staff who said, "We do not use the hoist with her as she can move with assistance."
• Staff told us they simply used the hospital discharge information for people on respite, and did not set out risk assessments for caring for the person at the service. We found evidence that staff did not fully understand people's risks, particularly for those people placed on short term respite placements.
• On the day of the inspection we saw that contractors were working to improve fire doors at the service. Although the registered manager could show us some documentation from the contractor regarding the works, there was no risk assessment in place to ensure that staff, people using the service and visitors were kept free from potential hazards. We saw electrical cables across the entrance area, and kitchen staff physically moved the contractors' equipment out of the way to get the kitchen trolley out of the kitchen at lunchtime. There was no advice for staff or the contractors to ensure that at key times of the day, the thoroughfare would be clear to enable staff to safely move food to the dining area.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

• We were concerned that the service was not following best practice guidance in the giving of medicines covertly. Covert administration is when medicines are administered in a disguised format. We were concerned as two people living at the service were being given medicines covertly without the appropriate documentation showing key health professionals had been involved in the process. When a person is deemed to lack mental capacity, but it is determined to be in their 'best interest' to have medicines given to them against their will, it is critical that the prescriber and pharmacist are involved in the decision making process. They ensure that the medicine is necessary and give advice on the safest method to give the medicine. At this inspection this information was not in place.
• The service had a policy on the giving of medicines covertly, but were not following their own guidance which stated, 'Any decisions and actions must be documented in the service user's care plan and reviewed regularly'

• We noted the community pharmacist had carried out an audit in June 2021 and found no issues with the medicines management at the service. We noted however, that when we discussed with two staff whether there were any people being given medicines covertly, they did not understand that giving medicines in a disguised format was called giving medicines covertly. They also did not understand a 'best interest' decision process meeting, involving other professionals was required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Issues with medicine management identified at the last inspection; the leaving of tablets on the table, rather than the witnessed giving of medicines, was no longer an issue at the service.
• The service had suitable arrangements for ordering, receiving, storing and disposing of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
• People received their medication when they should. Comments included, "Yes, I get my medication on time every day and I know what my mediation is for." Medicine Administration Records (MARs) were completed appropriately.
• Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
• We noted that staff had undergone training in medicines administration and dealing with medicine errors since the last inspection.

Preventing and controlling infection
• Most staff demonstrated good infection control practices. All staff were seen to wear Personal Protective Equipment (PPE) such as masks, gloves and aprons and the service was clean, although we saw some staff

did not always wear their mask entirely safely. PPE was readily available for staff at the service. We drew this to the attention of staff at the time, and made the registered manager aware.
• Whilst we saw that an infection control audit had been carried out by the registered manager in March 2021, we found one toilet used by people had no soap available for the whole day of the inspection. The registered manager told us that going forward they would check toilet facilities daily.

Learning lessons when things go wrong
• There had not been any incidents or accidents since the last inspection.
• Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

Staffing and recruitment
• Since the last inspection the service had not recruited any new staff.
• We noted that a volunteer had started working at the service. They did not have direct access to working with individuals. The service had ensured a Disclosure and Barring Service check had been completed, and we saw proof of identity had taken place. But the service had not asked for any references to ensure they were of good character.
• Following the inspection visit the registered manager told us they had requested references.
• Although staff were busy, we had no concerns regarding staffing levels.

Systems and processes to safeguard people from the risk of abuse
• The registered manager was aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns since the last inspection.
• Staff received training and were able to tell us the signs and types of abuse.
• Relatives told us, "Yes, I think he's safe" and "Yes, for sure he is safe."

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. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 so that they can 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the last inspection we identified that care plans did not always have mental capacity assessments in place, and there were no DoLS in place. We made a recommendation in relation to mental capacity assessments and DoLS applications.
- As we found at the last inspection, there were instances where mental capacity had been assessed on admission, but this assessment was several years old, so it was unclear if people's current mental capacity had been reviewed. This remained the case at this inspection.
- Lack of up to date people's mental capacity assessment meant we could not be confident that people's rights were protected.
- Of the care plans we saw, people and their relatives did not sign care plans on a regular basis to confirm they were happy with the current care plan.
- In relation to one person who was given medicines covertly, we saw family members had written to confirm medicines could be given covertly in 2017 but there was no mental capacity assessment on record. We also noted that where new medicines were prescribed or dosages changed the need was not reviewed again.
- We found one person had been given vaccinations for both flu and COVID-19 without a mental capacity assessment, or best interest decision meeting record in place. The service had asked the family to sign to agree to the vaccination without any evidence that they had tried to discuss the issue with the person. This is not in line with government best practice guidance as outlined in the MCA.

- On a day to day basis, staff knew to ask consent before providing care. However, we were not confident

people's capacity had been appropriately assessed and where required had consented for the use of bedrails. In addition, discussions with staff highlighted the lack of understanding of the covert medicines policy and guidance.

We found no evidence that people had been harmed however, systems were either not in place to ensure that care and treatment must only be provided with the consent of the relevant person. This placed people at risk of harm. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager had applied for DoLS applications since the last inspection, and told us they had a system to prompt renewal.

Supporting people to eat and drink enough to maintain a balanced diet
● During the inspection we identified some concerns regarding the way people were supported to eat and drink.
● People told us, "The food is not bad considering" and "The food is alright but not much fresh fruit." The registered manager told us fresh fruit was available for people. A relative said, "I think he eats a healthy diet." They added that their relative had gained weight since being at the service, which was positive.
● At the last inspection we noted that there were insufficient food choices for people and that their preferences were not recorded on care records. At this inspection, we found this to remain the same in the majority of care records.
● At the last inspection we noted there was no system to get feedback from people about the menus on offer. At this inspection we saw that two residents' meeting had taken place at which food was discussed, but it was more generic in nature. We were not shown evidence that detailed discussions took place in setting the menu.
● People did not have pressure areas, and this would indicate care, nutrition and fluid was given appropriately but the service lacked an overall system to evaluate risk in this area, despite people being weighed monthly.
● We found evidence of one person who had only two teeth but not dentures. When we asked if this person had seen a dentist, we were told by a staff member, "No, I was told she's too old." We asked for evidence of this, but there was nothing on care records, nor any information from speech or language therapy to explain why she was on a soft diet. Her care plan stated she was on a 'normal diet'.
● We were concerned that there was no list of people on soft diets in the kitchen. The chef was able, after some thought, to tell us who the five people were, but we were concerned this was not easily available to any staff who may be supporting people with eating.
● We asked the chef if there were any people on a 'fortified diet', this means they need additional calories added to their meals, due to risk of malnutrition. They were not aware of anyone. We saw from hospital discharge notes that one person, in a respite placement at the service, was recommended to have a fortified diet. These issues are discussed further in the well-led section of the report.

Staff support: induction, training, skills and experience
● Staff were trained to be able to carry out their role. Since the last inspection we saw that training in key areas such as moving and handling, risk assessment, first aid and fire safety training had taken place. Staff who gave medicines had also undergone additional training in medicines management and dealing with medicines errors.
● Staff were not always given all the information to carry out their role. We were aware from the poor quality of care records they did not always have adequate information regarding people's needs to support them. For example, one staff member told us they had not had any information regarding a person admitted for

respite. They told us, "There was no handover about him." Another staff member said, "We don't really get a proper handover here when people are admitted. We sometimes have to work out issues like diet and mobility by ourselves. Work is very much everyone does their own thing." When we asked this staff member to expand on this they told us, "Sometimes it feels like disjointed working." We raised the issues of inconsistent, often inaccurate, or absence of information on care records with the registered manager. We asked her for comment, but she told us she did not want to comment at that time.

● However, feedback from people and relatives was good. Feedback from people included, "I can call a member of staff if I need them" and "Yes, I am being really well looked after." One relative told us, "When he came out from hospital the staff really nursed him back to health, they were very good indeed." Another added, "It's early days but so far so good."

● Lack of supervision had been raised as a concern at the last inspection visit. At this inspection we found some staff received supervision, whilst others did not. The registered manager had carried out some supervision for staff; three assistant managers were delegated to supervise care and housekeeping staff. Only one of the delegated staff members had completed any supervision since the last inspection. We raised this with the registered manager who was not aware this was the case.

● Lack of management oversight of supervision is discussed further in the well-led section of the report.

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

● At the last inspection we noted we were concerned that there was not a clear system to evaluate and record people's needs at the point of admission which was then translated into a care plan with associated risk assessments.

● At this inspection we found this was still the case. We noted that people placed in respite did not have any service care documentation in place. Whilst for a person who was admitted on a permanent basis the day before the inspection, some initial notes had been started.

● However, staff appeared to understand most people's needs and were able to tell us about them. This minimised the risk of harm to people. The service had purchased a new care planning system, but we were not shown any completed appropriate care planning documentation on the new system. Care planning is discussed further in the Responsive and Well-Led sections of the report.

We recommend the service introduce a pre-admission assessment process to support people's safe transition into the service.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

● We had confidence that in the main, the staff were supporting people to live healthy lives. People did not have pressure sores, and one relative told us, "They are efficient at calling the doctor if he is unwell." We could see that one person who had significant behaviours that challenge had been reviewed by the mental health team and her medicines adjusted.

● However, we could not easily find evidence in the files that people were supported to live healthier lives and access healthcare services and support. One person in respite had health requirements overlooked until the inspection team drew information to the notice of the registered manager and care staff.

● Records did not always clearly show staff worked with other agencies to provide consistent, effective, timely care or were supported to attend health appointments including opticians and dental appointments. However, we were of the view this was because record keeping, and the file structure was chaotic and staff could not easily find information.

●These issues are discussed further in the well-led section of the report.

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 people's needs were not always met.

At our last inspection the provider had failed to evidence that care and treatment were provided in a way that met people's needs, be appropriate and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9

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

- At the last inspection we found a number of care plans which were not completed adequately to identify people's needs. At this inspection, this remained the case.
- For people who were placed at the service on a permanent basis, there was information regarding people's personal history, their employment and family members. We also found some information on their likes and dislikes.
- As with the last inspection, care plans lacked details regarding people's health conditions, needs in relation to personal care, mental health and skin care. We found that the staff, by knowing people's needs were by and large meeting them. We could tell this was the case as people were not showing signs of ill health related to poor care and support.
- For the three people in respite care there were no service care plans in place. We could see from hospital discharge information, one person in respite was extremely old, and had age related skin vulnerability. They also had poor eyesight and could get confused. They had been at the service since 29 July 2021 and there was no information or care documentation. On speaking with staff we were not confident they would fully understood their needs.
- In contrast, staff were able to tell us about one person who had been recently admitted to the service and this person's relative told us, "I am happy with the way my [relative's] transfer went, the manager seemed very efficient."
- We saw that a monthly review of people's care took place, however, in the absence of specific care plans, the information was generalised and shed little light on changes to people's care needs.
- The lack of person-centred care plans placed people at risk of harm, especially people placed in respite at the service.
- These concerns are addressed further in the well-Led section of the report.

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.

● At the last inspection we found care plans lacked detail regarding people's communication needs. We found this remained the case. One care record, for a person admitted in 2018 gave contradictory information regarding their communication needs. Documents varied from noting they spoke and understood a different language, and had no issues with cognition, to other records noting they had a type of dementia. We noted on records. 'She can get frustrated as staff are not able to understand her. She can express herself by sign language.' But there was no indication as to what this was.
● These concerns are addressed further in the Well-Led section of the report.

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 we found, due to COVID-19, there were some limited activities that took place at the service. These included art and craft and music, with use of the garden during the summer months.
● At this inspection we found the activities co-ordinator had started attending the home for up to six hours a week to support activities.
● Documentation related to people's activities was limited and did not show that it was personalised.
● These concerns are addressed further in the Well-Led section of the report.

End of life care and support
● At the last inspection we found at the point of admission, people and their families were asked for their end of life wishes. However, these discussions were not taking place formally as part of a regular review, so there was limited up to date information regarding people's end of life needs and wishes.
● Since the last inspection the registered manager told us they had supported one person with end of life care.

We found no evidence that people had been harmed however, the provider had failed to evidence that care and treatment were provided in a way that met people's needs, be appropriate and reflected their preferences. This placed people at risk of harm. This was a continued breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns
● We had no concerns regarding the registered manager's response to complaints. There was a system in place to record complaints and the outcome of these. One person told us, "I know who to complain to." A relative said, "If I needed to complain I would."

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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership.

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

At our last inspection the provider had failed to ensure good governance of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

• We remained concerned that the registered manager and the provider did not provide effective management of the service.
• At the last inspection we found serious concerns with care planning and risk assessments. We also found staff were not clear regarding the paperwork necessary for completion for new residents, to set out their needs and how risks should be mitigated. Despite the provider purchasing a new electronic system for care planning, we found the service had not put in place care documentation to set out people's needs and risk assessments to guide staff. This meant that people were at risk of harm. By the time of writing this report the registered manager told us they had completed eight digital care plans.
• At the last inspection we recommended that the service undertake mental capacity assessments to provide clarity for staff as to people's ability to make decisions. Whilst DoLS applications had been made for some people at the service, care planning documents did not routinely contain mental capacity assessments. We also found that there was a lack of understanding by the registered manager and the provider, of the requirements of the MCA regarding the giving of medicines covertly and seeking permission for medical treatment.
• At the last inspection we identified supervision was not taking place routinely, and in a way that supported staff to contribute to the process. At this inspection we found that supervision was not routinely taking place for some staff, and the registered manager was not aware of this. This showed the registered manager was not carrying out audits of supervision records.
• At the last inspection we noted in the report there was an ineffective system to monitor food and fluid for people at risk of dehydration and malnutrition. We found this was a continued concern at this inspection. • Few audits took place by either the registered manager or provider. This meant there was minimal scrutiny of necessary paperwork and processes. Anomalies or contradictory evidence on care records were not identified and rectified. Examples have been already cited in the report previous sections.

• Whilst the registered manager had addressed some issues raised at the last inspection, for example, had implemented training in key areas and had held some meetings with staff, we remained concerned at the lack of effective leadership at the service by both the registered manager and provider to implement improvements.
• Following the last inspection, the local authority and health professionals had offered additional support to the service. We found that the registered manager had accepted limited support and advice from the local authority.
• The service had developed an action plan but were not working to the planned implementation dates in areas such as care planning and risk assessments and improving staff handover information. An objective in the action plan to hold weekly meetings to review progress had not taken place. This was evidence of a fragmented approach to making improvements and auditing quality.
• These shortfalls were of concern as it meant the provider could not evidence that effective systems and processes were established to assess, monitor, mitigate risk and improve the quality of the service to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• At the last inspection we highlighted that staff gave mixed views on how they were involved in the running of the service and people living at the service were not actively involved in meetings.
• Since the last inspection, the registered manager had held two meetings for people who lived at the service. We also saw that two staff meetings and a meeting with managers had taken place since the last inspection. However, the registered manager could not show us how they were involving staff in the process of improvements. Comments from staff in the Effective section of the report evidence the lack of leadership for staff, to understand how they should carry out their role and how they could improve the service.
• At the last inspection we identified that there were aspects of the care provided which were of good quality as people did not have issues with skin integrity and we witnessed staff kindness in their caring role. • At this inspection we were of the view the care provided was likely of a better standard than evidenced by the care planning documents for the majority of people. Relatives told us they had no concerns regarding care provided. Comments included, "He is always well dressed, and his clothes are clean" and "Yes, I think the staff are very nice to my [relative]. I am quite happy with the place."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.
• Whilst we could not find person centred care planning records, we were of the view that that the staff tried to understood most people's needs and worked with them in a person-centred way. We were not confident that the needs of people in respite were always supported to achieve good outcomes as staff were less aware of their needs.
• We found very little information on people's choice of leisure or activities in care planning documentation.
• Health professionals worked effectively with the staff at the service to achieve good outcomes. However, we were not confident that all relevant health referrals took place as records were chaotic and staff sometimes gave us conflicting information as outlined previously in the report.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager understood their duty of candour, to be open and honest when things went wrong.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to evidence that care and treatment were provided in a way that met people's needs, be appropriate and reflected their preferences. Reg 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Effective systems were either not in place to ensure that care and treatment was only be provided with the consent of the relevant person. Reg 11 (1)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate risks and medicines management were safely managed. Reg 12 (1)

The enforcement action we took:

A Warning Notice was issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate that the services were of good quality and safety was effectively managed. Reg 17 (1)

The enforcement action we took:

A Warning Notice was issued.