

Warrenheath Residential Home Limited

Warren Heath Residential Home Limited

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 well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Warren Heath Residential Home Limited is a residential care home providing accommodation and personal care to up to 18 people. The service provides support to older people. At the time of our inspection there were 14 people using the service, some people were living with dementia. The service is two neighbouring buildings which have been adapted into one care home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

At this inspection we found there had been some improvements made in the service in areas such as infection control, replacing equipment, decoration, and staff training. However, shortfalls remained, and we were concerned that the provider and registered manager had not implemented enough improvements at this inspection.

The provider had employed the support of a consultant and was receiving support and guidance from health and social care professionals to make improvements in the service. We were concerned that whilst the provider was making attempts to improve following guidance, their governance systems were not robust enough to support them to independently identify shortfalls and take action to address them.

Right Support:

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.

Records relating to people's capacity to make decisions were poor and did not demonstrate people's choice and consent was sought in all areas of their care. Contradictions were in care records relating to people's independence and how this was being promoted.

Right Care:

Some attempts had been made to improve people's care records, including care plans and risk assessments. However, we found the records were poor, they were contradictory and not person centred. This could lead to people receiving inappropriate and unsafe care, and at times care which could cause people distress. There were outdated terms used in people's care plans and sometimes the language used did not demonstrate an understanding of respectful and dignified ways of referring to people.

Right Culture:

We had received feedback that the provider and registered manager were caring in their approach, which we observed. We were concerned the systems in place did not demonstrate a caring service was always provided, which went over and above caring interactions.

There was not a proactive approach in place to assess and mitigate risks in the service. Where shortfalls were identified by other professionals, the provider was responding in part. However, we were concerned the registered manager and provider, had not independently identified risks.

People told us there were enough staff to support them. However, the staffing tool used to assist the provider to calculate the numbers of staff required to meet people's needs, did not take account of the additional duties staff undertook including cooking. Staff were recruited safely.

The registered manager told us they were making improvements in the menu, due to the current menu not demonstrating people always received nutritional and well-balanced meals. People's weight was monitored, and referrals made to health professionals where required. However, the outcomes and guidance provided was not always recorded in records to ensure people's needs were consistently met.

Since our last inspection improvements had been made in the training provided to staff, this included training in learning disabilities and updated safeguarding training. Staff were made aware of how to report concerns of safeguarding and people's wellbeing.

The home was clean and actions had been undertaken to improve the cleaning of the service and equipment and broken items had been replaced. There was a programme of refurbishment and redecoration ongoing.

People were supported to have visitors in the service, in line with current government guidance.

People received their medicines when they were needed. Staff had received training and had their competency checked when they were responsible for assisting people with their medicines.

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 inadequate (published 5 January 2023) and there were breaches of regulation relating to safe care and treatment, staff training and governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also served a warning notice relating to safe care and treatment and governance. We gave the provider a date for when we expected improvements to be made.

At this inspection, improvements had been made relating to staff training and support and the provider was no longer in breach of this regulation. We found the provider remained in breach of regulations relating to safe care and treatment and governance. In addition, a further breach relating to consent was identified.

The last rating for this service was inadequate (published 5 January 2023). The service remains rated inadequate. This service has been rated inadequate for the last two consecutive inspections. This service has been in Special Measures since 30 November 2022. During this inspection improvements have not been fully implemented. The service is still rated as inadequate. Therefore, this service remains in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service on 26 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to staffing. We had recommended the provider maintains up to date records of people's best interest decisions and consent for their care and treatment.

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12: Safe care and treatment and 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This inspection was carried out to follow up on action we told the provider to take at the last inspection. We also checked 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, and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has not changed following this focused inspection and remains inadequate. 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 COVID-19 and other infection outbreaks effectively.

We have found the provider had not fully met the requirements of the Warning Notice and found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive and focused inspection, by selecting the 'all reports' link for Warren Heath Residential Home Limited on our website at www.cqc.org.uk.

Enforcement

We have identified repeated breaches in relation to safe care and treatment and governance and a breach of regulation in relation to consent at this inspection.

Please see the action we have told the provider to take at the end of this report. We have imposed conditions to the provider's registration, which requires them to send us information which demonstrates improvement.

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

Special Measures:

The overall rating for this service is 'Inadequate' and the service remains 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 well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Warren Heath Residential 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was undertaken by an inspector.

Inspection activity started 8 March 2022 and ended on 24 March 2023. We visited the service on 8 March 2023.

Service and service type

Warren Heath Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Warren Heath Residential Home Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, who was also a director and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was unannounced.

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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our visit we spoke with 5 people who used the service. We spoke with the registered manager and a director; we spoke briefly to 2 care staff members.

We undertook a tour of the service and observed the interactions between staff and people using the service to help us understand the experience of people who could not talk with us. We reviewed four staff personnel files, and records relating to governance and health and safety, including fire safety checks and audits.

We also reviewed records remotely, away from the service, including 4 people's care plans, risk assessments and medicine administration records, training records and records relating to the governance of the service. We spoke with 3 care staff members and the relatives of 6 people who used the service on the telephone.

We fed back our findings of the inspection electronically on 24 March 2023 to the registered manager, a director and 2 of their family members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

During this inspection we checked if the provider had met the requirements of the warning notice we previously served. The provider had failed to fully meet the requirements of the warning notice and remained in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

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 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.

- The systems to assess and mitigate risks were not robust enough to keep people safe. People's risk assessments were contradictory, not always fully completed and not personalised to mitigate the risks, putting people at risk of harm. For example, one person's records guided staff to reduce risks by, "Ensuring there is no obstacles that can cause me to trip and fall over in key areas that I'm around...." This person did not independently mobilise, therefore, did not relate to the person's individual needs and risks.
- People's personal evacuation plans (PEEP) were not fully completed and did not always reflect people's current needs. For example, a person's PEEP had not been updated to show their recent change in bedroom. Should people require support with evacuating the service, professionals, such as emergency services would not have accurate information, increasing the risk of harm to people.
- The systems to assess and mitigate the risk of falls were not robust to keep people safe. A person fell in December 2022, a falls care plan and risk assessment were dated as completed in March 2023. There were contradictions in 2 people's care records about the numbers of falls they had. Two people's records stated they were unable to use their call bell, the records did not detail how often they should be checked to ensure they were safe when in their bedrooms.
- There was still no detailed analysis which demonstrated an oversight of incidents and falls. We were not assured they were accurately recorded for the provider to have full oversight. For example, a person's fall was not flagged on the electronic system as an incident until over a month after the fall. A quarterly falls audit identified actions taken for individual people. However, the date given was only the month and year, therefore the monitoring of, for example times of falls and patterns could not be and was not fully explored and measures in place to mitigate them.
- Toiletries in shared bathrooms had been removed to reduce the risk of harm to people. However, there were 2 ant bait stations in a ground floor shared bathroom. These could cause irritation to the skin or eyes, should people access them. The provider had failed to identify the risk this posed to people. The registered manager removed these and put them in the bin in the bathroom, and so were still accessible to people.

The use of the items had not been assessed as a risk prior to our visit.

- There were exposed pipes, which when hot posed a risk to people using the service. The provider was in the process of gaining quotes to ensure this was assessed and made safe to reduce risks. At the time of the inspection this had not been addressed to ensure people's safety and the pipes were still exposed putting people at risk of being burnt.
- Records showed lessons learned were disseminated to staff in meetings from concerns raised by other professionals and our last inspection report. However, these were not robust enough to demonstrate enough improvement had been made since our last inspection. In addition, some improvements had only been recently made, despite the shortfalls being highlighted since our last inspection.
- There had not been a fire risk assessment undertaken since 2016, good practice is to review the fire risk assessment annually. Social care professionals told us they had advised the provider of the potential risks and the risk assessment was required in February 2023. A fire risk assessment was undertaken on 15 March 2023, which identified improvements were needed. The provider assured us actions were being taken. The provider's fire safety checks failed to identify some of the shortfalls identified in the fire risk assessment.

Systems had not been established to assess, monitor, and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a repeated breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was now a risk assessment in place relating to the stairs. The provider had installed a sensor which alerted staff when people were near to the stairs. We continued to be concerned the staircases were accessible to people, and staff may not be able to get to people immediately to reduce risks.
- Records showed moving and handling equipment, portable electrical appliances, gas and electrical safety was checked in line with requirements. Chicken wire in the garden had been replaced and made safe.

Preventing and controlling infection

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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 relating to preventing and controlling infection.

- A risk assessment relating to the care of the chickens kept in the garden was in place dated 4 March 2023. This stated staff were responsible for cleaning and feeding the chickens. There was information about, for example bird flu, but there was no detailed information about where staff washed their hands and personal protective equipment used to reduce the risk of cross contamination.
- The service was visibly clean throughout, including taps and sealants in bathrooms. The provider had purchased covered toilet roll holders and personal protective equipment (PPE) stations. Items of concern identified at our last inspection had been replaced including a cracked vanity unit, pressure relief cushions and commodes, which were clean and hygienic.
- The refrigerator in the kitchen had been replaced, as had the tea, sugar, and coffee containers. Since our last inspection, a local authority food hygiene inspection had been undertaken and the service was awarded the highest rating.
- We received positive feedback from relatives regarding the improvements made in the cleanliness of the service. One person who used the service told us, "It is very clean, they keep my room clean."

Visiting in care homes

- The registered manager told us how people's family and friends could visit where required.

- Relatives confirmed they could visit their family members in the shared spaces or in their bedrooms, and they were made welcome.

Systems and processes to safeguard people from the risk of abuse

- Staff confirmed they understood their roles and responsibilities relating to safeguarding and that they had received training in this area.
- The minutes from a staff meeting in November 2022, the registered manager explained safeguarding signs and indicators and how to report to appropriate professionals. In a meeting in December 2022 staff were guided to complete the safeguarding eLearning.

Staffing and recruitment

- The dependency tool had been updated, used to assist the provider to calculate staffing numbers required to meet people's needs. However, this failed to identify care staff were, as well as providing care to people, worked in the kitchen, cleaned and fed chickens, and completed audits. Therefore, we were not assured the system in place was robust to ensure the staffing levels were assessed accurately.
- The registered manager told us they were waiting for recruitment checks for a care staff member and activities staff member. There continued to be 2 care staff working overnight, the provider assured us they had assessed this was safe for people using the service.
- People told us they felt there were enough staff, which was confirmed by people, relatives, and staff we spoke with. One relative said, "There seems to be a lot [of staff] around." During our visit we saw staff were attentive to people's needs and responded to requests for assistance promptly.
- Recruitment records showed checks were undertaken such as Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were protocols in place for medicines to be administered 'as required' (PRN). These may benefit from more detail to reduce the risks of inappropriate use.
- One person's care plan stated, "I am able to voice out when I am in pain or nauseous. Please provide me with appropriate pain relief, escalate to necessary care providers like the GP and others." However, it was not made clear in the care plan what the appropriate pain relief was and if this was prescribed to ensure staff received the guidance they needed to support the person with their pain management.
- Guidance was in place regarding auditing medicines, including those for external use, such as creams. A creams audit carried out in March 2023 identified checks were made to ensure they were in date, and guidance such as how much cream to apply and where on the body was in place.
- Administration records were completed appropriately to show these were provided to people as prescribed.
- Staff responsible for administering medicines were trained and their competency assessed.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our previous inspection we had recommended the provider maintains up to date records of people's best interest decisions and consent for their care and treatment. During this inspection we found improvements had not been made, and there was now a breach of regulation 11.

- Records relating to people's capacity to make decisions and consent were contradictory. People's records did not identify how capacity had been fully assessed, how people consented to care and treatment, and detailed the discussions held regarding best interest decisions, although some records stated these were held. In addition, the records did not demonstrate a clear understanding of people who lived with dementia.
- A person's records stated they did not verbally communicate, and they lacked capacity to make decisions, however, their care plan stated, "I do not mind that there is a sensor mat by my bed so it can alert you when I am using the toilet so I can get back into bed safely," and, "[Person] wants to have a falls mat by [their] bedside..." In addition to the concerns regarding capacity and how the person made these decisions, this person did not independently mobilise.
- Another person's records, who lived with dementia, were contradictory throughout. The mental capacity assessment relating to medicines stated no impairment or functioning of the brain and the person was likely to regain capacity. In the assessment relating to living in the service it stated there was an impairment or functioning of the brain, and the person was unlikely to gain capacity. Their personal evacuation plan stated their nature of impairment was, "A little spice of pleasant confusion. I'm elderly, frail."
- We were concerned about the decisions made by the registered manager and provider for the use of a shared bedroom. Records and discussions with the registered manager did not demonstrate clear consent

and best interest decisions. There was no consideration in the care plans to indicate people were compatible and behaviours that others may find challenging did not impact on the people.

Systems had not been established to assess the capacity to make decisions of the people using the service, including how capacity was recorded. This placed people at risk of harm. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS referrals were made, as required, and these were monitored, such as the dates for expiry and renewal.
- We saw people asking for people's consent before providing any care or support. However, prior to our inspection we received concerns from other professionals about the choices people were provided with about how they lived their lives, including the times they got up in the morning.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the training and support they needed to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- The registered manager told us their consultant had assisted them in completing updated training records. The records identified training undertaken by staff and when. This included training in learning disabilities. Staff personnel files also included an autism competency assessment. Staff confirmed they had been provided with training since our last inspection and felt they received enough training to meet people's needs.
- The training records identified when staff had completed the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We received a record which identified that all staff had received a 1 to 1 supervision in January 2023. Not all the staff records viewed showed staff had received supervision meetings to discuss their work, receive feedback and identify training needs. However, staff confirmed they had received supervisions and felt supported in their role.

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

- Prior to our inspection, we had received concerns about people's diverse dietary needs not being met. The registered manager assured us improvements would be made with the menu after it had been raised as an issue by other professionals. The registered manager told us people were asked for their preferences and what they would like on the menu.
- The menu did not identify people were always being provided with a healthy and balanced diet. There was no indication that the menu had been developed to ensure the appropriate balance of carbohydrates, protein, fat, fibre, and vitamins. The menu included some processed foods which were low in nutritional value such as turkey drummers and chicken nuggets, there was no indication this was people's choice.
- Despite our concerns, people told us they enjoyed the choices of food and got enough to eat. One person said, "The food is always nice." Another person said that there was always a choice, and they could have something else if they did not want what was on the menu.
- One person's records stated, "Continue to let me used [sic] assistive devices, such as adaptive utensils or cups with lids and straws, to make eating and drinking easier and safer." However, we did not see this

person using the items described; the cup they used did not have a lid and no straw was used.

- Records showed people were weighed regularly, and referrals made when there were concerns. A document 'people at risk audits and reviews', identified people's weight loss and referrals to other professionals.
- People's care records included a target for what they should drink each day, records demonstrated people achieved over this target almost daily. During our visit, we saw people received drinks throughout the day. One person told us, "They make sure I always have a drink."

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

- People told us they had access to a doctor when needed. This was also confirmed by relatives who told us they were kept updated when their family had the need to see a health professional.
- People's care records did not always include information about guidance received from health professionals to ensure people received the care they needed at all times. Staff meeting minutes in December 2023 stated the registered manager, "Shared tips received from the dietician for [3 people's names] to ensure they receive the right amount of energy and nutrition to maintain and/or improve health and well-being." However, this information was not included in 2 of the people's care records we reviewed, detailing the information the dietician had provided and when.
- Records stated the service had an agreement with a local dentist, should people require treatment. However, all the people's oral health assessments reviewed stated it was not known when the person had last seen a dentist. The registered manager assured us that when needed, people were supported to see the dentist.
- People's care records included the support they required with their oral health. Daily notes demonstrated where people required support this was provided. However, records were contradictory in parts relating to the person's independence and the level of support they needed.

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

- Since our last inspection some improvements had been implemented in the environment, including signage to assist people to independently navigate in the service and broken items had been replaced, including drawers and beds. Some redecoration had taken place and was ongoing. People's continence products were stored away in a more dignified way.
- There had been a change in the layout of the shared spaces, and the front lounge was now a dining room. Although there were insufficient numbers of chairs available for all the people living in the service, people told us they liked being able to sit together for meals. One person said, "We can chat and have made great friends, we all look out for each other."
- There were plans to have a wet room installed on the first floor, which the provider was in the process of obtaining quotes.
- There was a large garden which people could access.

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

- People's records held initial assessments which were used to inform care plans.
- Policies reviewed included good practice guidance, including National Institute for Health and Care Excellence (NICE), reference to good practice and guidance was also in people's care records, such as NHS guidance.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating for this key question has remained 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.

During this inspection we checked if the provider had met the requirements of the warning notice we previously served. The provider had failed to fully meet the requirements of the warning notice and remained in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 robust governance systems were in place to assess and mitigate risks to the health and welfare of people using the service. This was a breach of regulation 17 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.

- The registered manager told us they had sourced support from a consultant to provide guidance to make improvements in the service and in addition they were receiving support from social and health care professional. Whilst some improvements had been made, the provider had not made enough improvements to change the rating of the service, nor had the requirements of the warning notice been fully met.
- The provider's systems did not support them to independently identify risks and proactively plan and implement continuous improvement to ensure people received high quality care. During feedback the director told us they had done all they were asked to do to improve the service. This was not our findings. Despite shortfalls being identified at our last inspection and support provided by social and health care professionals, the provider had failed to fully implement improvements to ensure people received safe and effective care and that the service was well-led.
- There had been some audits completed since our last inspection. However, the current governance systems in place did not evidence robust monitoring of the service and had not independently identified and addressed the shortfalls identified at this inspection. This was a risk of people receiving inappropriate and unsafe care. In addition, those audits delegated to staff to complete, did not include how the registered manager and provider monitored these and actions taken as a result.
- There was now a risk assessment in place relating to the stairs. However, the stairs risk assessment was dated 28 February 2023, we had told the provider in the warning notice they needed to be compliant by 27 January 2023. We were not assured that actions had been taking place to improve in a timely way to reduce risks to people.
- There had been some attempts to improve people's care records. However, we were not assured the

provider and registered manager promoted and provided person centred care, the records were contradictory, generic and did not always relate to the individual. This increased the risk of people receiving unsafe and inappropriate care. For example, 2 people's care plans had identical communication methods, "I can communicate when I am hunger [sic]/ thirsty, using body language -pointing at my cup; rubbing my tummy; pointing at me [sic] mouth." A person's records stated they were mostly incontinent and mostly continent in the same care plan. The shortfalls had not been independently identified by the provider and addressed to ensure people's care records guided staff in how people's individual needs were to be met.

- People's care records and how people were referred to were poor and did not show an understanding of people's needs relating to living with dementia. Language used did not demonstrate an understanding of dignified and respectful terms, such as, "Suffering with dementia," and, "Wandering." One person's care plan referred to them as, "I am a fall risk...", and, "I am a flight risk." Another person's records identified a possible trigger for their perceived behaviours that may be challenging stated, "I many [sic] be hearing the someone is flipping me off." It was not clear what this meant. The use of inappropriate language had not been identified by the provider in their own monitoring systems.

The provider's governance systems to assess and mitigate risks to the health and welfare of people using the service were not robust enough to monitor and assess the service provided. This placed people at risk of harm. This was a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls identified during our inspection, we observed that staff interacted with people in a caring way, which was confirmed by people using the service and relatives. People told us they were happy living in the service.
- Most relatives told us they were satisfied with the service their family members received and the provider and registered manager were approachable and caring. One person's relative told us they felt enough improvements were not being made and they were considering seeking an alternative home for their family member to live in.

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

- There was a duty of candour policy in place, and this was understood by the registered manager.
- Records of complaints identified an explanation and apology was provided.

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

- At our last inspection we found people and their representatives were asked for their views about the service in questionnaires and 'you said we did' notices were posted in the service. We saw an invitation for people's relatives to attend afternoon tea and a meeting with the people using the service.
- Minutes from staff meetings demonstrated guidance was provided in improvements needed and lessons learned. In a meeting in December 2022 and November 2022 staff were given 'tips' on supporting people with dignity and reminded of their responsibilities relating to safeguarding. Staff spoken with told us they felt the service was well-led and the registered manager encouraged suggestions for improvement.
- Minutes of a meeting attended by 12 people using the service in January 2023 showed they discussed activities, food and were kept updated with changes in the service. People were advised how to raise concerns and make suggestions to improve the service.
- Relatives told us they were kept updated regarding their family member's wellbeing and felt they could raise concerns which would be acted on. Only 1 of the relatives we spoke with confirmed they had seen and been consulted about their family member's care plan.

Working in partnership with others

- The service had accepted the support from the local authority to make improvements. This included planning workshops in safeguarding, record keeping and dignity. Health professionals had also provided training in recognising any changes in people's wellbeing and reporting this.
- The registered manager told us they had good relationships and worked in partnership with health and social care professionals involved in people's care.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Systems had not been established to assess the capacity to make decisions of the people using the service, including how capacity was recorded. This placed people at risk of harm.</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>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.</p>

The enforcement action we took:

Impose a condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance systems to assess and mitigate risks to the health and welfare of people using the service were not robust enough to monitor and assess the service provided. This placed people at risk of harm.</p>

The enforcement action we took:

Impose a condition.