

Belvoir Healthcare Ltd

Belvoir House

Inspection report

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28 June 2022

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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

Belvoir House is a residential care home providing personal care to up to 39 people. The service provides support to older people and younger adults, some of whom live with dementia. At the time of our inspection there were 39 people using the service.

The home is a converted period building with a large garden. It is separated into two areas entitled Nightingale and Kingfisher, each of which have their own communal areas.

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

The provider's governance system had failed to promptly identify serious and widespread concerns at the service that had negatively impacted on the people who used it. Whilst at the time of the inspection, actions had been taken to start to address the concerns, they were still evident.

We saw that some people received care and support that was undignified and disrespectful. Care was often task orientated and not person-centred and we saw people becoming distressed whilst waiting for staff assistance.

The lack of robust recruitment processes, induction, probation, supervision and support had contributed to the poor culture within the service. Whilst staff told us this was improving, the impact had already been felt by the service.

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 systems in the service did not support this practice and the service was failing to adhere to the Mental Capacity Act 2005.

Risks had not always been identified and promptly managed and there were sometimes delays in referrals being made to health professionals and the local authority safeguarding teams. People received their medicines as prescribed however improvements needed to be made to ensure medicines management fully met good practice.

People's nutritional needs were met, and they were offered choice and enough to eat and drink however associated assessments had not always been completed in a timely manner. People had not been involved in care plan reviews and evaluations of care plans had not consistently and regularly taken place.

People told us the service had deteriorated under the previous manager who left the service in early June 2022. A new manager was in place who people told us they had confidence in to make the improvements required. Throughout this inspection, the provider demonstrated a commitment to make the changes needed and acknowledged the concerns found. They took prompt and robust action in response to the concerns identified.

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 (report published 02 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, risk management, quality of care, infection prevention and control practices and staff training. A decision was made for us to inspect and examine those risks.

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.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff recruitment, person-centred care, consent, dignity and respect, safe care and treatment and governance at this inspection.

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

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Belvoir House

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 site visit was completed on 28 June 2022 and consisted of two inspectors and a medicines inspector. An Expert by Experience made telephone calls to people who used the service, and their relatives, to seek their feedback on the service and care provided. 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 inspection continued remotely until Tuesday 05 July 2022.

Service and service type

Belvoir House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Belvoir House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, a person had been employed into the role of manager two weeks prior to our inspection and they are referred to as 'manager'

throughout this report.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 June 2022 and ended on 05 July 2022. We visited the location on 28 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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

We observed the care and support people who used the service received. We spoke with four people who used the service, 12 relatives and nine staff. Staff we spoke with included the manager, a director for the provider, team leaders, care assistants, the chef and a domestic. We also spoke with two professionals who work regularly with the service.

Records were reviewed both on site and remotely and these included the care and medicines records for 10 people. Records relating to the governance were also viewed and included quality assurance audits, staff personnel files, staff training, provider policies and health and safety records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess and manage the risks to people who used the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of regulation 12.

- The individual risks to people had not been fully identified, assessed and managed.
- Care records showed that two people who used the service had lost considerable amounts of weight. For one person, the service had failed to accurately assess the associated risk level and for a second person, had not taken full action to mitigate the risk; the service had failed to seek healthcare intervention as required for either person.
- For another two people who used the service, whilst the risks relating to their skin integrity had been identified, information for staff in relation to the risk was contradictory or omitted. For one person, the service had failed to consistently follow the assessed repositioning regime and for the second, the associated care records contained contradictory information in relation to the management of the risk.
- When concerns had been raised regarding the swallowing of a person who used the service, the service had failed to assess this risk and take any appropriate action as required.
- One person who used the service had unsafely exited the home alone on two occasions and although this risk had been identified and reported to the local authority safeguarding team, the service could not evidence they had taken the action they said they would to mitigate the risk.

The above concerns constitute a continued breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our inspection, the service made referrals to healthcare professionals as required and reviewed the risks highlighted above.

Preventing and controlling infection

- We were not assured that the risks to people in relation to infection were appropriately identified, assessed or managed.
- The environment was not consistently clean and the service's cleaning practices were ineffective. For example, we saw the flooring around one toilet was heavily soiled and damaged preventing effective

cleaning. One wall in a corridor had bare and damaged plaster, again compromising the ability to effectively clean.

- We saw that staff had failed to adhere to the provider's dress code policy which had considered aspects such as health and safety and infection prevention and control. We saw staff wearing jewellery that compromised effective hand washing and failing to wear long hair tied up as required by the provider's policy.
- We were not assured that the processes the service had in place to manage the risk of COVID-19 adhered to their policies or current government recommendations. For example, inspectors were not asked to evidence they had a negative rapid lateral flow test in place on arrival. Additionally, the provider had not assessed the people who used the service to ascertain whether they were at higher risk of severe COVID-19 infection.
- The service had failed to provide adequate equipment for effective handwashing and disposal of used personal protective equipment (PPE). On separate occasions, inspectors were unable to wipe their hands due to lack of paper towels or able to expose of their used PPE due to a lack of clinical bins in the area. A healthcare professional we spoke with also raised this as a concern.

The above concerns constitute a continued breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had failed to operate robust recruitment procedures to ensure only fit and proper staff were employed and our observations showed people were not receiving prompt assistance.
- We found gaps in the employment histories for the three staff recruitment files we assessed. This does not provide full assurance in relation to whether potential staff are suitable to work with vulnerable adults.
- For one staff member, only character references had been sought despite previous employment, including with vulnerable adults.
- Whilst there was no evidence of harm, the provider had failed to robustly assess whether a person with previous convictions was suitable and safe to work in the service and with those people who used it.
- During our inspection, we saw that people had to wait for assistance. In some examples, we saw that people were becoming distressed whilst waiting for staff support. One person who used the service told us, "They (staff) all do a good job, but they need more as they don't have time to spend with you."

The above concerns constitute a breach to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed Disclosure and Barring Service (DBS) checks on staff. These checks provide information including details about convictions and cautions held on the Police National Computer.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have robust procedures in place to fully protect people from the risk of abuse. This was a breach of regulation 13 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 13 however concerns were still evident.

- Due to some observations made on the inspection visit, we were not fully assured that all staff recognised

types of abuse.

- For example, when we alerted a staff member that a person was distressed waiting for assistance, they needed prompting to attend to the person in order to relieve their distress. The staff member had failed to identify that leaving a person in distress and needing continence assistance was a symptom of abuse. The inspectors completed a safeguarding referral following the inspection.
- Whilst safeguarding concerns had been reported to the local authority, we saw that there had been delays in some cases. Reporting safeguarding concerns without delay ensures people are quickly and properly protected.
- Staff had received training in safeguarding, but we were not assured all staff were able to identify potential abuse.

Using medicines safely

- We looked at the electronic Medicine Administration Record system and found that overall people received their oral medicines as prescribed.
- However, we identified some minor medicine discrepancies where the system did not confirm they were given to people as prescribed. In addition, we noted that medicine checks had not been conducted sufficiently frequently or in a way that would promptly identify such issues arising.
- Information about how some people preferred or needed to have their medicines given to them was sometimes not available. For some people, there was a lack of written guidance available to help staff give them their medicine prescribed on a when required basis (PRN) and for some their guidance held insufficient person-centred detail to enable staff to give people their medicines consistently and appropriately.
- We found some inconsistencies in the records about people's medicine sensitivities. This risked these medicines being administered and potentially causing harm.
- For people prescribed medicated skin patches records did not always show that there had been appropriate intervals of time before repeating the site of application to avoid the potential for irritant skin reactions.
- Medicines prescribed for external application such as creams and emollients were dated on opening however, some had been in use longer than their recommended expiry times. Records for the application of people's external medicines were mostly not completed.
- Oral medicines were stored securely and at correct temperatures and staff had received training on medicine management and had been assessed as competent to give people their medicines.

Learning lessons when things go wrong

- We were not assured that the systems the provider had in place to learn lessons when things went wrong were effective.
- For example, medicine errors and incidents had not been reported or collated and overseen in a way that led to improvements.
- We found no evidence of learning or themes being identified from complaints or concerns, particularly around staff conduct.
- Whilst accidents and incidents were recorded individually and collated on a monthly basis, no analysis had been completed to identify any potential patterns or trends to assist in learning and improving.

Visiting in care homes

- The provider's visiting policy adhered to current government guidance and relatives told us they were able to visit their family members.

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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to work within the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of regulation 11.

- The service continued to fail to work to MCA legislation.
- When in doubt, people's capacity to make decisions had not always been assessed and where best interest decisions had been made, there was a lack of records to evidence this.
- For example, for one person whose capacity fluctuated, and who had swallowing difficulties, the service had failed to assess whether they had capacity to make a decision regarding thickened fluid and the risk this posed if not used.
- Decisions and consent had not always been made by others who held the legal authority to do so on behalf of people who used the service.
- Where people had sensor mats in place (which alerted staff to their movements), the service had failed to assess the person's capacity in relation to their use and there were no records to show these had been used in their best interest. This is restrictive practice unless this action is being taken in people's best interest.

The above concerns constitute a continued breach to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that where DoLS had been authorised, and conditions were in place, these were being met.

Staff support: induction, training, skills and experience

- Not all staff demonstrated the appropriate skills and values to support older people some of whom lived with dementia. Whilst this was not true for all staff, it nevertheless negatively impacted on all those that used the service. One relative we spoke with said, "I don't believe staff have enough training in regard to dementia."
- The provider did not have robust procedures in place to assess and check the competency and skills of staff; records relating to any assessments had not been kept as required.
- Staff had not received regular supervisions and they told us they had not received consistent support although this had recently improved with the change in management.
- Staff had received training, and this was mostly up to date. Staff were encouraged to complete qualifications and most had completed either the Care Certificate, which 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, or National Vocational Qualifications (NVQs).

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

- Some people's nutritional needs were not always met due to the service's inconsistent, and sometimes inaccurate, risk assessment processes.
- Whilst we saw people received choice and enough to eat and drink, the mealtime experience for people was poor. For example, we saw that people ate in silence, that they had no access to condiments and that there was little staff interaction; the process was observed to be task orientated.
- People were offered a choice of food at the point of serving however there was no menu to explain what the options were, and consideration had not been given to those living with dementia and their associated needs. For example, no pictures were used or plated food to help people decide.
- However, people told us they liked the food and relatives told us they had no concerns in relation to their family member receiving enough to drink. They told us they always observed their family members with drinks in reach.

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

- Whilst people received healthcare interventions, these were sometimes delayed, and referrals were not consistently made in a timely manner. The health care professionals we spoke with described a chaotic service that was poor at communication and disorganised.

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

- The home had been adapted to meet people's needs and they had some choice in where they spent their day. However, although there were well-maintained and extensive gardens available, these were not independently accessible to people due to the need for doors to remain locked to manage risk. We did not see staff assist people to access the gardens despite it being a sunny day. One person who used the service said, "It would be nice if they (staff) pushed us out into the garden but they can't as they are too busy."
- We saw that people's bedrooms were personalised and that memory boxes were in place to help people independently navigate to their rooms.
- Dementia-friendly signage was in place to promote independence and orientation.

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

- People's needs had mostly been holistically assessed although the associated care plans were not always up to date.
- Nationally recognised tools had been used to assess risk however these had not always been accurately calculated or used.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We saw examples of disrespectful and undignified care that failed to consider people's privacy and independence. Safeguarding referrals were completed as a result.
- For one person, we saw that the service had failed to assist them to maintain privacy and dignity whilst using the toilet. Two further people required staff assistance with continence needs and we saw they had to wait for this, in one instance observing a person becoming distressed whilst waiting.
- We observed staff assisting one person to move using a hoist where their dignity had not been considered. This was completed in a communal area, in view of others, and without any preparation or guidance given to them to manage their distress. We saw staff only offered reassurance once the person became upset due to the manoeuvre.
- Whilst we observed some caring interactions, not all staff consistently demonstrated kindness, consideration or compassion when assisting people who used the service.

The above concerns constitute a breach to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There lacked opportunities for the people who used the service, and their relatives, to contribute to the care provided.
- Care reviews had not consistently taken place and relatives gave us mixed feedback on how involved they felt in their family member's care. The records we viewed confirmed this.
- However, relatives told us they felt updated regarding their family members care and when accidents and incidents occurred.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection we recommended the provider reviewed relevant guidance regarding supporting people with their oral health. Whilst some improvements had been made, further development was needed.

- People had oral health care plans in place that gave staff good information on what support they needed around this. However, records of care showed that there were sometimes gaps between when people had their teeth cleaned which did not meet their assessed need.
- Our observations confirmed that people did not consistently receive person-centred care that met their individual needs and that it was often task orientated.
- People's needs had been assessed and care plans were in place. However, they varied considerably in their quality and the information they contained, some of which we found to be inaccurate or conflicting. Reviews had not been regularly or consistently completed. This risked people receiving care that was inappropriate to their needs, particularly as the service used agency staff who would not be familiar with people's needs.
- However, the permanent staff we spoke with demonstrated a good knowledge of people's needs, risks, histories, likes and dislikes.
- People had care plans in place for the end of their lives however these were often generic and lacked person-centred information.

The above concerns constitute a breach to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- Whilst people's communication needs had been assessed and care plans developed, the care we observed showed these needs were not being consistently met.
- For example, for one person who had difficulty with their speech, whilst their care plan said they used picture cards to communicate, these were not available at the time of the inspection.
- For a second person whose care plan explained they had no hearing and required staff to assist them with

inserting their hearing aids, we saw staff trying to speak with them without having first inserted their hearing aids.

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

- The feedback received, and our observations on the inspection site visit, confirmed that people did not receive support to follow their interests or take part in activities.
- The people we spoke with who used the service, staff and their relatives all confirmed there were not enough activities in place. One person who used the service said, "No activities and no entertainment." Whilst a relative told us, "They (people who use the service) just seem to sit in front of the TV."
- We saw few meaningful activities take place on our inspection visit and there was no activities schedule in place.

Improving care quality in response to complaints or concerns

- We saw little evidence of learning from complaints or concerns and people gave us mixed feedback on how the service managed these.
- Staff told us concerns had not been addressed under the previous manager but that this had recently improved under the new manager. They told us they felt empowered to raise concerns and that these would be listened to and addressed.
- The provider had a complaints policy in place.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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.

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 have effective systems in place to assess, monitor and improve the quality and safety of 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 provider's quality monitoring systems had failed to promptly identify serious and widespread concerns in the service that had negatively impacted on those people that used it.
- Recruitment processes had not been robust enough to identify when staff did not have the right values, skills and attributes to work within the service. This had been compounded by a lack of effective induction, probation, supervision and support.
- The lack of formal and informal opportunities for people to provide feedback had contributed to the failure of the provider to promptly identify concerns. This had been additionally impacted by a lack of provider oversight during periods of infectious outbreaks.
- People had been raising concerns about the abilities and culture of some staff however no learning had taken place as a result of these meaning the concerns were still evident at our inspection.
- There was a poor culture within the service and although staff agreed this had recently improved, they told us this had been as a result of a lack of authority, guidance and organisation. One staff member told us the previous manager had allowed staff to, "Do whatever they wanted" which had contributed to the poor culture.

The above concerns constitute a continued breach to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Evidence showed that the service had deteriorated under the previous manager who left their role in early June 2022. People told us that although there were serious issues within the service, the new manager, and provider, were committed to making improvements and that they had confidence in them. Staff told us they could see improvements already being made.
- Whilst there had been a delay in the provider identifying concerns within the service, once found, they

took prompt action to begin to address these including formulating a service improvement plan that highlighted our findings.

- The provider has taken swift action in response to their own findings and this inspection. This has included the transfer of a manager from another of their services, dedicating senior managers to the service on a full-time basis, implementing 7-day management cover and numerous governance reviews and checks. Action has also been taken in relation to staff we raised concerns about.
- The provider and manager have shown openness and transparency throughout this inspection acknowledging the concerns, being responsive and demonstrating a commitment to making the improvements required.
- We are looking at potential failures to notify CQC of safety incidents and will report on our findings once completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us that whilst the service kept them updated in relation to incidents and appointments for example, care reviews and involvement in care was sporadic.
- There had been no formal opportunities for service users, stakeholders or relatives to provide feedback or be involved in the service. Surveys had not taken place nor had group meetings.
- Staff meetings had been infrequent and had not involved all staff. However, staff told us they now felt involved in making improvements and that the management team had been open with them regarding the changes required. A staff meeting had been held following our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the time of the inspection, the provider had identified widespread concerns within the service and was working towards rectifying them. However, this had been delayed due to the failure of the quality assurance system.
- A new manager had been transferred shortly before our inspection and senior managers were in place at the service. Staff told us that this change had ensured they were now supported and listened to but that this had not been the case under the previous manager.
- Staff told us teamwork and morale had recently improved although some told us there were still some staff displaying a poor culture and this was observed on our inspection.
- Most staff demonstrated, through discussion, that they felt motivated to make improvements at the service under the new manager who they told us they had confidence 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

- Whilst relatives told us they had not been made aware of management changes, they told us they were kept well-informed regarding any matters involving their family members including accidents and incidents. This was confirmed by the care records we viewed.

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>The provider had failed to act in accordance with the Mental Capacity Act 2005 in relation to consent.</p> <p>Regulation 11 (1)(2)(3)(4)(5)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to have robust recruitment practices in place to ensure only 'fit and proper' staff were employed.</p> <p>Regulation 19(1)(a)(2)</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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not receive care that was personalised specifically for them. The provider had failed to work in partnership with people, and those that lawfully acted on their behalf, to ensure they were involved in the planning, management and review of their care and treatment.</p> <p>Regulation 9 (1)(2)(3)(a)(c)(d)(e)(f)(i)</p>

The enforcement action we took:

Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People were not consistently treated with respect and dignity and their privacy was not always ensured.</p> <p>Regulation 10(1)(2)(a)</p>

The enforcement action we took:

Notice of Proposal to impose positive conditions.

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>The risks to people had not always been identified, assessed and mitigated. The provider had failed to do all that was reasonably practicable to mitigate risk.</p> <p>The provider had failed to adhere to the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance.</p>

The enforcement action we took:

Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The system in place to assess, monitor and improve the quality and safety of the service was ineffective. Regulation 17(1)(2)

The enforcement action we took:

Notice of Proposal to impose positive conditions.