

Ermington House Ltd

Ermington House

Inspection report

Ermington
Ivybridge
Devon
PL21 0LQ

Tel: 01548830076

Date of inspection visit:
30 April 2019
01 May 2019

Date of publication:
31 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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: Ermington House is a residential care service in an adapted period property in the rural Devon countryside. The service was providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. Ermington House is registered to provide accommodation and personal care for up to 34 people.

People's experience of using this service:

People told us that despite staff being kind and caring they weren't always treated with dignity and respect. This was due to the layout of the building and some toilets with doors that led straight out onto the lounge and were not lockable. People told us they were not given a choice of which toilet they were supported to use. We have asked the provider again to remedy this.

The premises were undergoing lots of improvement work, but we had concerns that it was not safely accessible by wheelchair or by people requiring a walking frame to walk safely. There were large amounts of old equipment continuing to clutter up communal areas. Since this inspection this has been removed.

People weren't always supported to move as often as their skin integrity plan suggested they should. Staff required further instruction on how to support people in bed, so they didn't slip down the bed. We saw the manager supporting staff with this after we had identified it.

There were improvements in medicines management since our last inspection, but we found some areas that still needed addressing to ensure medicines were administered safely.

Staff were not receiving any formal supervision in line with the provider's policy. We had feedback the manager was supportive and had informal catch ups with staff.

Quality audits were completed and where issues were identified these were followed up. However, the manager and provider were not aware of all the concerns we picked up during inspection. This showed oversight of the day to day care provision was lacking. The lack of robust systems and processes in this area had a negative effect on people's quality of life. There were no provider quality checks currently in place.

Activity provision did not meet people's needs; people were unhappy with the current provision. A new activities co-ordinator was employed to start shortly following the inspection.

Care staff knew people well. People told us they liked the care staff.

People enjoyed the food and had drinks within reach.

Risks that people faced relating to individual health concerns were assessed. Communication had improved between staff and health professionals visiting the service.

Staff knew how and where to report safeguarding concerns. Recruitment practises were robust.

Rating at last inspection:

We last inspected this service on 25, 26 September and 2 October 2018. It was rated requires improvement overall and the report was published on 2 November 2018.

Why we inspected:

This was a scheduled inspection based on previous rating; as the safe domain was rated inadequate we returned within six months of the date of publication of the report.

Enforcement:

We found breaches in six regulations, relating to person centred care, dignity and respect, safe care and treatment, person centred care, premises and equipment and good governance. Further information is in the detailed findings. Any enforcement action will be published at the end of this report once the provider has had adequate time according to our enforcement process to respond to our proposals.

Follow up:

We will meet with the provider to discuss how they plan to improve the service and request that they evidence to us how they will address the issues we found during this inspection.

As one domain has been rated inadequate we will return to inspect the service within six months of publication of this report, in line with our process.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

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

Inspection team:

The inspection team consisted of one adult social care inspector, one pharmacist inspector, one adult social care assistant inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Ermington House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post that was not yet registered with the Care Quality Commission. The provider is 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 on the first day and announced on the second day.

What we did:

Before the inspection we gathered information, we held on the service. We looked at notifications sent in to us about or by the service, a notification is legally required to be sent to us when an incident happens that affects a person living in the service or the running of it. For example, a safeguarding concern or accident. We also contacted local services to ask for feedback on the service.

During the inspection we spoke with six people living in the service and four relatives. During the inspection process we spoke with or received written feedback from seven staff members, this included the manager,

deputy manager, provider, and care staff.

We looked at care records for four people, safeguarding and incident records, quality monitoring and audits, daily care notes, environmental safety checks and complaints and compliments.

We looked at five staff files, observed an activity, the lunch time meal and medicines being administered. We examined medicine administration records for thirteen people and looked at how medicines were managed.

We asked for some records regarding training to be sent to us after the inspection, these were sent promptly.

Is the service safe?

Our findings

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

RI: ☐ 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. Regulations may or may not have been met.

At our last inspection on 25, 26 September and 2 October 2018 this domain was rated inadequate. We found breaches in legal requirements relating to safe care and treatment, staffing and safe recruitment.

At this inspection we found recruitment procedures, and fire safety had been improved, and staffing levels had been increased. We found improvements in medicines management, but this area still needed some further attention. We found at this inspection that people weren't always being turned as often as they should be or positioned well in bed. Actions from incidents weren't always followed up by staff, and there were some infection control concerns. Further details are below.

Safety monitoring and management.

- Staff did not have a continuous presence in communal areas. This meant people were not always able to seek staff support as promptly as they would wish to.
- One person's risk assessment identified they needed to be supported to re-position two hourly because they were at high risk of skin integrity break down. Records suggested this person was not moved on the three nights before the inspection for ten, eight and six hours on each of the three nights placing them at avoidable risk of harm. There was no evidence to suggest the person had current tissue damage. We asked the manager to follow this up, they said they would speak with night staff.
- We were told staff were reluctant to always use appropriate equipment to ensure people did not slip down their beds and this was a regular occurrence. We spoke with people being cared for in their beds who had pressure relieving mattresses because they were at risk of developing pressure ulcers. Three out of the four people we spoke with in bed were in a position that may have put their skin integrity at risk. These people had slipped down the bed and told us they were uncomfortable. One person said they wanted to stay like that, two other people had a gap of up to eight inches where the mattress had pulled up, but they had slipped down the bed and their feet were hanging off the mattress and touching the bed board. We spoke with the manager about this who discussed with staff how to safely position people comfortably, so they did not slip down the bed. We noted that foot boards or wedges were not used to support these people's feet.
- Incident forms were not always fully completed, and when they were, actions were not recorded or evidenced they had been followed up. We saw this was the case for three incidents records we saw from the four weeks leading up to the inspection.
- An incident form recorded for one person who had a fall that paramedics suggested they had a urinary tract infection (UTI). The information was not passed on by staff attending the incident through the handover or working communication book. The person was not tested or treated for the suspected UTI. Two days later the person was admitted to hospital for confusion and their blood sugars had de-stabilised. We asked the manager to investigate this as it had not been picked up in management audits of incidents. This person meant had been placed at risk of avoidable harm.

- Three hot surfaces were uncovered, one was very hot to the touch in the bathroom. We fed this back and the provider said it would be actioned immediately. After the inspection we asked for confirmation that the hot surfaces would be covered. The provider confirmed that hot surfaces that people had access to had been covered.

Using medicines safely.

- Medicines were not always stored safely. For example, one of the medicines refrigerators had temperatures recorded that were out of the recommended range for several days. The full daily range of maximum and minimum temperatures were not recorded, and the actual temperature was not recorded every day. This could have an impact on the integrity of the medicines stored in the fridge.
- Medicines were not always well managed when people were moved into the home, for example following hospital discharge. We found an error had occurred with a medicine which had been stopped in hospital but had continued to be administered on return to the home. The manager told us this would be followed up with the GP for advice.
- Changes to people's medicines records were not always checked and signed by two members of staff, as required in the medicines policy to ensure accuracy.
- One person's medicine record showed several gaps where it was not possible to be sure whether the medicines had been given when due.

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

- Regular medicines audits were completed and helped to identify some areas for improvement. However, we found other areas needing improvement that had not been identified.
- A new electronic recording system was about to be introduced which would help identify any missed medicines in a timely way.
- Staff received medicines training and had checks to make sure they gave medicines safely. New training was underway for all staff who gave medicines, to be completed before the new system would start. The manager reported that staff competency checks would be redone afterwards, to make sure they were administering medicines using the new system safely.

Systems and processes to safeguard people from the risk of abuse; risk assessments.

- There was a safeguarding policy and process in place and staff knew where to find them.
- The manager and staff could tell us to whom and what to report in the event of a suspected safeguarding concern.
- One person said, "Yes I feel safe, but I would soon be telling them and you if I didn't." However, four people said they did not feel safe or would feel uncomfortable talking to staff about it. They said, "I have only just moved in here and I didn't feel safe. I felt I was imprisoned", this person was later moved out of the home. Another person said, "Feeling safe is an issue although I am happy here at the moment. They do make mistakes especially at night with agency staff", and "I do feel reasonably safe but if anything happened I wouldn't tell the staff."
- Risk assessments were in place, were up to date and regularly reviewed.

Staffing and recruitment.

- People told us staff did not spend time with them or have time to talk to meet their social needs. People said, "They are often short of staff. In fact, it takes a long time to get up and be brought into the lounge, never before late morning just before lunch", "They don't answer my bell very quickly it worries me as they keep me waiting far too long for the toilet, so I end up having an accident. They now make me wear pads. Even in the lounge they don't get to you in time", and "Staff are always busy and never have time to speak to

us." Staff spoke with people in passing but did not sit with people to ask how they were.

- The manager explained staffing ratios were calculated by an online care system once the level of need of each person was entered. The day before the inspection, the service had started a trial of having an extra staff member on shift from six am to midday to support with personal care and breakfasts. The manager and provider told us people's needs had changed and they had listened to staff and people who said staff were rushed. This new system needed time to be tested to see if it would better meet people's needs.
- Recruitment processes had been improved and were more robust. The service was no longer in breach of legal requirements relating to safe recruitment practises.
- Police checks had been completed on staff prior to them starting employment in the service to check if they were suitable to work with vulnerable people.

Preventing and controlling infection.

- Staff used infection control equipment such as gloves and aprons.
- There were dedicated housekeeping staff employed to clean people's rooms and communal areas.
- Some of the torn and soiled carpets we noted at our last inspection had not yet been replaced. The manager explained that carpets would be replaced once the building works had been approved and completed.

Learning lessons when things go wrong.

- The manager and provider had implemented many changes in the service since we last inspected and there had been lots of staff changes. The manager and provider had, and continued to reflect, on what had gone wrong since the service had been purchased and what they had learned along the way.
- We saw examples where changes had been made or appropriate action taken where something had gone wrong and a need for change identified. For example, staff disciplinary action had been taken and staffing levels had been adjusted.

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.

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection on 25, 26 September and 2 October 2018 this domain was rated requires improvement. We found breaches in legal requirements relating to consent and training. At this inspection we found training had been improved, and documents pertaining to consent were now in place meaning the service is no longer in breach of legal requirements in these areas. However, some aspects of the premises and equipment use were meeting people's needs and we found a breach of regulation regarding this. Despite several improvements in this domain, we still found areas for development and the rating of requires improvement reflects this.

Adapting service, design, decoration to meet people's needs; facilities and the use of equipment.

- Some communal areas were unusable because broken and disused equipment was stored in them, evidencing there was not adequate storage space in the building. The basement area, where there were people's bedrooms, was full of old equipment. Also, in unused bedrooms, hallways and a condemned upstairs bathroom. We fed back to the manager the cluttering of communal areas was worse since our last inspection. The manager and provider took action that day to start removing equipment and hired a skip.
- There were inadequate support facilities and amenities provided as there were not enough bathrooms to meet the needs of people living there. There was one working bathroom, with a bath, for 22 people, in the basement. The upstairs bathroom had been condemned as unsafe to use. People told us they did not always get a bath or shower when they wanted as there was only one bathroom. One person said "Unfortunately because there is only one bathroom between all residents one cannot have a shower as often as one would like. The bathroom itself is not nice and I find it very cold in there."
- The premises were not suitably accessible in line with the Equalities Act 2010. The wheelchair access was potentially dangerous, consisting of a gravel car park, and a narrow path on a tilt with no railings up a steep slope. The doorbell was not accessible by wheelchair. Inside the premises the lift was narrow and did not have room for a large wheelchair to turn. The only accessible entrance to the service had a vertical edge on it that people in wheelchairs would struggle to get over. The provider showed us how the renovation work would address the accessibility. However, at the time of inspection it was not adequate for people who needed wheelchair friendly access.
- The bathroom was not fit for purpose with cracked tiles, mould growing on the bath, and holes in the floor. There was a mouse poison trap in the corner of the bathroom that was removed after the inspection. This room was cold, with no natural light and not clean.
- Equipment was not always accessible to people when they needed it. When people were sat in the lounge their walking frames and wheelchairs were placed out of reach by staff, and one person did not have their hearing aids in for the whole day.

The above evidence constitutes a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before coming into the service. These assessments were then added to and formed people's care plans and risk assessment documents as staff got to know people better over time.
- During the inspection we saw the manager referring staff to best practise guidance and giving advice on how to maintain standards in care.

Staff support: induction, training, skills and experience.

- New staff told us they had an induction that familiarised them with people and their needs and included training and, shadowing. Competency observations were completed to ensure they had adequate skills.
- The manager and provider told us when the service was taken over there were no training records and large gaps in mandatory training. Improvements had been to staff training made in this area but there were still some gaps in evidencing staff had completed the provider's required training. We asked the manager to send us further information.
- Staff told us they would benefit from more structured supervisions. The service's supervision policy stated staff should have a minimum of six formal supervisions in a 12-month period. Supervision records showed that five supervisions had taken place for 19 staff in total from January 2019 to April 2019 which meant 14 staff had received no supervision meetings that had been recorded as such. We asked the manager why supervisions were not taking place. They showed us where they kept records of informal meetings with staff and performance issues. These records mitigated some of the risk of the lack of staff supervision.
- There was a plan for the new deputy manager to take some of the responsibility of supervisions and they had started scheduling staff in for meetings.

We recommend the service implement a supervision schedule for staff in line with their supervision policy.

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

- People told us they liked the food and could choose something else if they didn't like what was on the menu.
- People were offered drinks throughout the inspection. There were "hydration stations" and jugs of water and squash in the communal areas but people could not reach them due to limited mobility. The manager said these stations served as reminders to people to have a drink as sometimes people forgot to drink or did not realise they were thirsty.
- People were supported with eating and drinking as their care plans described.
- People were weighed regularly and concerns regarding weight were identified and passed on to people's GP or other health professionals.

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

- The service was supported by district nurses coming in daily to meet people's specific nursing and medical needs.
- People were supported to access healthcare services such as the GP and local hospital for health care appointments.
- A health care professional we spoke with said there had been considerable improvements since the provider took over the home in 2018 and despite some areas that still needed attention, "all in all the care is pretty good."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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. We found the service was acting within the principles of the MCA.

- We saw staff asking people for permission before moving them and explaining what they were doing when supporting people to move.
- Staff had attended training on MCA and DoLS.
- People said they were asked for consent and staff respected them if they said no.
- Paperwork regarding MCA, DoLS and best interests were in place and completed where appropriate.

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.

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

We saw some caring staff and positive interactions during our inspection. However, we also saw where changes had not been made to care practises that resulted in care provision showing a lack of dignity and respect. This impacted on people's quality of life. This domain has been rated requires improvement as a result.

Respecting and promoting people's privacy, dignity and independence.

- One person said, "What I don't feel is very dignified are the toilets in the lounge, they have no locks on the doors and open out into the lounge, people can open the door when you are in there. I have to have help to get into the toilet so can't hold door closed and the carers don't always wait outside until I have finished. I have asked if they would take me back to my room so I can use my own toilet, but they refused. In fact, the carers have said they are under instructions that once we are down in the lounge we have to use those toilets. We have to toe the line." Another person said "When I am in the lounge they make me use the toilet there. They don't have any locks on the doors and it is not that good a place to have pads changed and to be cleaned up. They won't take us back to our rooms to do these things they say we have to use the toilets in the lounge."
- We observed these toilets being used and could hear people being supported in the toilets. This was not dignified. This was an issue at our previous inspection when we were told a partition wall would be built and a screen used as an interim measure. This had not been actioned.
- We were concerned that people weren't being treated with dignity in this regard, so we asked the manager about it. They said the staff had been told to use a screen. We asked them where the screen was. They went and looked for it and found it behind some wheelchairs in the conservatory where it was difficult to access.
- After people had receive continence support we saw their wet or soiled underwear was left in the bathroom or toilet on two occasions.
- People's dirty linens were put into baskets outside bedrooms, this may have been embarrassing because other people could see if their bedding or clothing was soiled.
- Some people shared slings for use with the hoist, they were washed regularly but hung outside rooms and people did not always have their own named equipment.
- One person said "I don't think they do protect my dignity that well as they don't get to me quick enough when I rang my bell or call for help in the lounge to go to the toilet. They take so long to get to me I end up having an accident it makes me very anxious. They now make me wear pads."
- One person asked staff for their hearing aids at 11 am, at two pm we checked, and the person still didn't have their hearing aids in. They said they couldn't talk with us unless they had their hearing aids in. This meant this person was also missing out on opportunities to join in and communicate with those around them.

The above evidence constitutes a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw several staff interactions that were respectful.
- People said staff knocked on their doors before entering the room and used towels to cover them up whilst they were receiving personal care or getting changed.

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

- Most staff interactions were kind and caring. Some staff were exceptionally gentle and thoughtful, and it was clear where trusting relationships had been built up with permanent members of the staff team.
- The service ensured that the diverse needs of the staff were identified. There was flexibility around staff childcare needs, wish to pray during shift and the provider looked out for staff who needed to fast as part of their faith.
- People's religious preferences were captured on care plans and the service was working in partnership with a local pastor to visit the service as and when people wanted them to.
- Visitors were welcomed into the service. One person said, "They do welcome my visitors and offer them a cup of tea if they are here when tea is being served." A relative said "I have always been made to feel welcome when I visit."

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

- People were consulted on some proposed changes to the service and building works.
- The service had recently started to prepare more information for people in an accessible format. One person had a book with pages to communicate if they were hot, cold, hungry, thirsty or in pain. A new pictorial menu was being developed.
- Not everyone we spoke with knew of a care plan being in place. Relatives said they were contacted for changes in care planning where appropriate. The manager said that there was no formal care plan meeting used but care needs were reviewed with people in an informal, friendly way. We did not see a record of these meetings.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Every person we spoke with said they were getting the care they needed but not at the time they wanted it. People said "I wanted to get up and washed and dressed before breakfast but was denied this request. They said I had to have my breakfast in bed they would help me wash and dress later." Another person said, "I can't go to bed or get up when I like. I have to wait for staff to be available also I would rather sit out of bed for my breakfast, but this doesn't happen."
- People felt their preferences around personal care were not considered. One person said, "I was never asked if I would like a male / female carer. I had a male carer this morning help me with my strip wash, I didn't think I would like it in the beginning, but I have got used to it." Another person said, "Never asked if I want a wash, bath or shower."
- Activity provision was poor. One person said, "We are never taken out although on nice days we are taken out into the garden. We don't get many activities either. A man with a key board comes twice a week... My hairdresser comes once a week which I look forward to. Apart from that there is nothing else to do. The TV which is on all day further down in the lounge drives me up the wall."

The above evidence constitutes a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, the service had recruited a new activities co-ordinator who was due to start in the weeks after the inspection and there was a plan in place for how to support people to engage with the local community and get out more.
- Care planning and risk assessment documentation were more robust and had improved significantly since our last inspection. They captured people's preferences and were rich in detail. However, people told us their preferences weren't always met.
- People were supported by permanent staff that knew their needs and their likes and dislikes.
- Technology was being explored, an interactive touch screen table had recently been purchased for people to use as part of activities. The care planning system had a feature where people and relatives could log in to it and view notes if they wished to.

Improving care quality in response to complaints or concerns.

- People told us they would be happy to complain. They said, "Whilst I have not had to make a formal complaint I would if I needed to. I would also keep on until they sorted out the problem", "Yes, I made a complaint ...and the owner dealt with it. I most certainly would not be afraid to complain again", and "I have not made a complaint so far but would know how to do so."
- There was a complaints policy in place. There were no complaints recorded on the centralised record of complaints, the manager confirmed none had been made.

End of life care and support.

- We spoke with one relative who said they had found the end of life care for their loved one excellent. They said the service was thoughtful and sensitive and their family member was given everything they needed to be comfortable.
- Some people said they had discussed with staff their end of life wishes. Two people said they had not been approached regarding end of life wishes.
- The manager explained that staff currently attended end of life care training.

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.

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At our last inspection we rated this domain as requires improvement, we found issues with oversight of care records and quality assurance processes. There was a different manager who was managing both Ermington House and the service's sister home. The provider identified at the last inspection that each service required a manager as oversight was affected by the manager being stretched too thin across both sites. At this inspection the manager at Ermington House was overseeing both services and although there had been improvements in some care records and quality assurance, they did not have enough time in the service to be able to identify and address the issues we picked up in this inspection.

At this inspection, we rated this domain as inadequate, as provider and manager oversight and processes were failing to pick up on issues that were affecting the quality of care and safety for people living in the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

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

- There was a system of audits the manager used to monitor the quality of care. The audits were detailed, and the manager followed up on issues where these were identified. However, staff care practices were not adequately overseen during the day to day running of the service. For example, staff behaviour, with poor practice such as positioning of people in beds.
- Audits failed to pick up the medicines issue that was missed and the delay in medical attention for one person resulting in their hospitalisation
- Systems for supervision were not structured, the manager had informal chats with staff that they recorded in a book, but staff needed structured regular supervision to mitigate some of the practise errors we were seeing.
- The system for tracking training was not being used effectively as there were gaps in staff training.
- The provider was in the home frequently and met with the manager regularly. However, there were no provider level quality assurance processes evidenced in the service. This meant the opportunity for quality care issues to be picked up by the provider were being missed.
- The system for acting on feedback was not effective as we had fed back at our last inspection regarding the toilets not being dignified but they were still being used. Further to this, the environment had not improved sufficiently.
- There was no system to check that information was available to people in formats they could easily access.

- People were not put first, and we saw examples where their dignity was not upheld. Systems were not in place to check that this wasn't happening.

The above evidence constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had a good understanding of what their role required but was not able to spend as much time in the service as was needed. They were planning on putting in an application to be registered as manager with the Care Quality Commission.
- The provider had recently employed a deputy manager at Ermington House to support the manager with the day to day running of the service.
- The manager understood the requirement to make notifications to us in line with regulatory requirements.

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

- People felt they could have been consulted more on their care and how the building was being improved as it was their home.
- Accessibility for people in wheelchairs was a concern across the home as access from the outside was poor, and inside the home people's mobility needs were not always considered with equipment out of reach and communal areas cluttered and hard to navigate.
- The manager had plans to involve the local community more once the activities co-ordinator started.

We recommend the service take steps to involve people more actively in deciding how their care is provided and how their home meets their needs whilst improvements are taking place.

Continuous learning and improving care.

- There had been several new ideas introduced since our last inspection. Staff now used walkie talkies so communication would improve and they could find each other across the large building.
- A new shift had been introduced after the provider listened to the staff and people.
- Training was ongoing for staff and the manager had identified where further training would be beneficial.
- There was scope for further development of staff as they were not identifying that people's needs were not always being met.

Working in partnership with others.

- The service worked in partnership with key health professionals who visited the service regularly. Communication with these health professionals was good.
- Health professionals fed back they had seen many improvements in the service but there were still some areas that needed addressing.

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>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.</p> <p>People were not provided with care and treatment that was appropriate to their needs or reflected their preferences.</p> <p>Regulation 9 (1) (a) (b) (c).</p>

The enforcement action we took:

Positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.</p> <p>The service failed to treat people with dignity and respect.</p> <p>Regulation 10 (1).</p>

The enforcement action we took:

Positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The service failed to provide care and treatment in</p>

a safe way to service users.
It failed to do all that is reasonably practicable to mitigate risks. It did not ensure that the premises were safe for their intended use and did not ensure the proper and safe management of medicines.

Regulation 12 (1) (2) (a) (b) (d) (g)

The enforcement action we took:

Positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.</p> <p>The failed to ensure that all premises and equipment were clean, suitable for the purpose for which they were being used, properly used, properly maintained and appropriately located for the purpose for which they were being used.</p> <p>Regulation 15 (1) (a) (b) (c) (d) (e)</p>

The enforcement action we took:

Positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The service failed to establish and operate effectively a system to assess, monitor and improve the quality and safety of services. It failed to assess, monitor and mitigate some risks.</p> <p>The service failed to act on feedback provided by relevant persons and evaluate and improve the service based on this feedback. Further it did not improve practise in relation to this.</p>

The enforcement action we took:

Positive condition