

Windsar Care Limited

Heathlands Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Heathlands Care Centre is a residential care home providing personal and nursing care to up to 46 people. The service provides support to older people including people with dementia and other mental health needs. The service is provided over two floors. At the time of our inspection there were 15 people using the service.

People's experience of using this service and what we found
Changes had been made to improve the quality and safety of care delivered. However, insufficient time had passed to demonstrate sustained improvements.

Staff were not always provided with clear guidance about how to manage risks for people. Care plans contained inaccurate and contradictory information.

People were not always protected from the risk of abuse. We observed a staff member forcefully put a spoon in someone's mouth whilst supporting them to eat.

People were not always given person-centred care. The provider had not ensured people's care plans contained sufficiently detailed or accurate information to support staff to meet people's needs and preferences.

Improvements to people's dining experience had been made by staff. People were supported to maintain a healthy diet. The food was varied and appealing and alternatives were offered at mealtimes. Snacks and drinks were available at all times.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's consent to receiving care and support was sought by staff.

Staff reported safeguarding concerns to the relevant authorities. Enough staff were deployed to support people. Medicines were managed safely. People were protected from the risk of acquiring an infection. Staff reflected on incidents and accidents to prevent recurrences.

People's needs, choices and preferences were assessed using evidence based methods. Staff training in relevant and specific areas was up to date. Staff worked with external professionals to meet people's needs and help them access healthcare services. Improvements to the environment had been made to ensure it met the needs of people living with dementia.

Some improvements to systems and processes were in place to ensure the delivery of safe, compassionate, well-led care. The provider was no longer in breach of some regulations, but some breaches have continued at this inspection. The registered manager used the action plan to track progress. There was a programme

of audits, completed at different intervals, however more time is required to embed the new system of audits and checks. There is evidence of meetings with, relatives and staff, however there was a lack of evidence to demonstrate people's views were recorded and acted upon. The registered manager and clinical lead work collaboratively to implement and review service improvements. Staff reported an improved workplace culture.

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

This service has been in Special Measures since 23 February 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The last rating for this service was inadequate (report published 23 February 2023) and there were 9 breaches of regulations.

We served a warning notice against the provider and issued 8 requirement notices. For the requirements notices, 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 had complied with some regulations but remained in breach of other regulations.

At our last inspection we recommended that staff receive training in legionella management. At this inspection we found the service made progress towards this recommendation.

Why we inspected

This inspection was prompted due to the previous rating and to follow up on a warning notice.

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 by selecting the 'all reports' link for Heathlands Care Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to person centred care, safe care and treatment and good governance. We have made a recommendation to the provider regarding investigating and responding to concerns raised. Please see the action we have told the provider to take at the end of this report.

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 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.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not 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 ●

Heathlands Care Centre

Detailed findings

Background to this 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 team consisted of 3 inspectors, 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. They contacted people's relatives for feedback about the service.

Heathlands Care Centre 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. Heathlands Care Centre 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had collected since the last inspection of the service including information from the local authority and notifications sent to CQC. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, one registered nurse, the administrator, a consultant employed by the provider, a maintenance officer and the chef. We also spoke with 2 members of care staff. As people were not able to speak with us we observed staff supporting people in communal areas. We spoke with 13 relatives about people's care and support. We reviewed a range of records. This included 6 people's care records, 6 staff personnel files and 6 medicines administration records. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.



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 has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the registered person had failed to consistently assess risks to people's health and safety, or to take sufficient action to mitigate identified risks. This was a continued breach of Regulation 12 (1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the registered person was still in breach of regulation 12.

- People's care plans did not always contain clear guidance for staff to protect people from risks.
- The layout of these documents made them hard to understand as assessments were written in long sentences and not always broken down into separate sections. In addition, they contained contradictory information.
- In one person's epilepsy risk assessment in the 'control measures' section staff had written, "staff to observe the following triggers...experiencing distress...sleeplessness...refuses medication...Staff to observe what happen before...seizures which can help identify the aura...Staff to observe any side effect... dizzy Headaches Aggression...feeling irritable or agitated Feeling sick or being sick...seizures getting worse signs of serious mental changes, ... forgetfulness, abnormal behaviour or uncontrolled movements". There was no clear guidance for staff about what to do in the event of a seizure and a long list of symptoms to observe with no explanations for these. This put the person at risk of harm as staff did not have sufficient guidance to help them manage this risk.
- In another person's care plan staff had written, [person] is physical assistance for difficult manoeuvres...requires one or more people to move physically with mechanical aids and requires one or more people to move without mechanical aids. [Person] requires a full hoist to assist with transferring. [Person] uses a recliner chair as a walking aid, which is [person] cannot use the stairs independently. [Person] cannot use a chair lift as [person] has upper limbs weakness and requires support if she is not sitting in her wheelchair". This information was unclear and did not provide clear instructions for staff to help the person move safely, placing them at risk of harm.
- At the last inspection mock fire evacuations were not completed at night. At this inspection there was no evidence mock fire evacuations were taking place at night. This placed people at risk of harm.
- We reviewed the provider's business continuity plan. This was a generic document which did not contain contact details for those responsible for handling an emergency.

The registered person failed to consistently assess risks to people's health and safety and do all reasonably practicable to mitigate those risks. This was a continued breach of regulation 12 (1) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we made a recommendation the provider ensure the maintenance officer was trained in the management of legionella.

- At this inspection we found the maintenance officer had completed their legionella training.
- Accident and incident records were completed, fully investigated and lessons learned were documented and implemented into the service. For example, where people displayed behaviours which may challenge towards other people in the service, staff reviewed behaviour patterns and sought help from external professionals to provide the required support. This helped prevent further incidences and protect people from harm.
- The registered manager identified themes and trends through audits of incidents and accidents to manage risks and help prevent recurrences. For example, they reviewed the number of falls over a given period and identified contributing factors to prevent recurrences and promote people's safety.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the registered person failed to ensure they used the provider's systems and processes effectively to protect people from abuse and improper treatment. This was a breach of Regulation 13 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the registered person was still in breach of regulation 13

- People were not always protected from the risk of harm.
- During a lunchtime observation we saw a staff member support a person to eat. When the person kept their mouth shut the staff member forced a spoon into a person's mouth.
- We raised this with the registered manager who provided evidence they had made a safeguarding referral for this incident.

The registered person failed to ensure people were protected from abuse and improper treatment. This was a continued breach of Regulation 13 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed safeguarding training and understood how to report and escalate concerns appropriately.
- The registered manager followed the provider's policy when reporting safeguarding concerns.

Staffing and recruitment

At the last inspection the provider failed to obtain information required by the Regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (1)(2)(3)(a) and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 19.

- The registered manager used safe and effective recruitment practices to ensure all staff were suitable and of good character.
- The registered manager had completed new Disclosure and Barring Service (DBS) checks for all staff to

ensure they were still safe to provide care to people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Enough staff had been recruited and deployed to provide safe care.

Using medicines safely

At the last inspection the provider failed to manage medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely.
- People received their medicines as prescribed. We looked at 6 people's medicines and found no discrepancies in the recording of medicines administered. This provided assurance people received their medicines safely, consistently and as prescribed.
- There were effective systems for ordering, administering and monitoring medicines. Staff completed training and their competency was checked before they were permitted to administer medicines. Medicines were safely stored with room and fridge temperatures regularly monitored.
- The provider had a system to monitor and audit people's medicines on a regular basis and we found that improvements had been made as a result of this. For example, a weekly audit by the provider was carried out to ensure medicines were up to date and appropriate for people.
- We were assured medicines incidents were investigated properly with appropriate action plans and processes in place to ensure staff learned from these incidents to prevent recurrences.

Preventing and controlling infection

At the last inspection the provider did not ensure processes and systems in place were followed by all staff to meet their responsibilities in relation to preventing and controlling infection. This was a breach of regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visitors to the service, in line with the latest government guidance.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection, the registered person failed to ensure people's care and treatment was appropriate and met their individual needs. This was a breach of Regulation 9(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always supported to have their needs met.
- We observed a strong odour of urine in communal spaces where people were present. We discussed this with the registered manager who explained some people refused to have help with personal care
- We noticed a strong smell of urine which was concentrated around one person and in their room on both days of the inspection. We discussed this with the registered manager who explained the person refused support with personal hygiene. They stated when this happened staff used the 'retreat and return' method to try to encourage the person to accept support at a later time. There was no evidence staff had used any other methods to manage this.
- Daily care logs from different days showed this person was not assisted with their continence care or personal hygiene until the afternoon because they had refused support. Staff had recorded they did not have the capacity to refuse personal care. The provider did not give us any assurances this person's care plan would be reviewed to address this issue.
- On one occasion this person had not had their pad changed or used the toilet for 6 hours. On another occasion staff recorded the person had not had their pad changed or passed urine until 11:38am.

The provider failed to ensure people's care met their needs and preferences. This was a continued breach of Regulation 9(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were carried out for areas such as nutrition, skin integrity, falls, and these were reviewed regularly.
- People's care plans contained relevant information for staff to help them mitigate risks for people living with specific conditions such as diabetes, however further improvement is required to ensure robust assessments of people's needs and choices.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure all staff were competent, skilled and had up to date training in order to carry out their role when supporting people and perform their work. This was a continued breach of Regulation 18 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We found staff had the training required to meet the needs of people using the service.
- All staff completed mandatory training and the Care Certificate. The Care Certificate 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. To be awarded the Care Certificate the person must acquire knowledge and demonstrate understanding of the knowledge acquired as well as demonstrate and be assessed as competent in the standards.
- All staff were up to date with supervisions and appraisals. Evidence reviewed showed staff could raise concerns and identify areas of development within these meetings.

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

At the last inspection, the provider did not ensure people's fluid and food intake was consistently managed. This was a continued breach of Regulation 9 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this part of regulation 9

- People were supported to maintain a balanced diet.
- People's relatives' comments about the food included, "It's just like hotel food...it's first class. He has plenty, if he wants more...he gets it. There is a choice of drinks at lunch...he can have a snack, sandwiches lots of fresh fruit...it's amazing. He had lost weight it has gone back up" and, "They get a choice, they give her pureed food or if she doesn't want that, they will give her soup".
- There was a varied menu with alternatives offered at mealtimes. We observed people had free access to snacks and drinks were offered regularly.
- If people required specialist diets food was adapted to enable them to enjoy it and eat it safely. There were clear instructions for staff in people's care plans about types of food and dietary allergies.
- The chef had a detailed understanding of people's dietary needs and preferences to provide suitable and appealing food.
- We reviewed records for people's fluid intake over a period of weeks. Records indicated people had not had enough to drink on numerous occasions. We raised this with the registered manager who stated this was an error in the electronic recording system which she was investigating. We found no evidence of any negative impact on people as a result of this.

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

At our last inspection the registered person had failed to ensure the premises were suitable for people living with dementia. This was a breach of Regulation 15 (1)(c)(d)(e)(f) 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 15.

- Heathlands Care Centre is a purpose built home which had been decorated to a good standard. Areas of the home have been adapted to support people living with dementia.
- The home had multiple areas for people and their relatives to socialise and partake in meaningful and stimulating activities. The management team considered people's life stories when organising activities and procuring items of interest to people. For example, the home had familiar images on the walls to support one person when they experienced distress.
- Light switches were highlighted in different colours to the walls. This made it easier for people to see them and use them independently.
- Signage to communal areas included images and large print, to help people find their way around the home.
- People's rooms were personalised, and people had memory boxes outside their entrances. Memory boxes contain items which are meaningful to people, helping them to identify their own rooms and give talking points to help with conversations.

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 failed to ensure the requirements about seeking consent were followed and using restrictive practice were in line with legislation and guidance. They did not keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 11.

- Where people needed to be deprived of their liberty DoLS applications had been made. The registered manager maintained an up to date record of those applications including those which had been granted and those awaiting authorisation.
- Assessments of people's capacity to consent to aspects of their care and support had been reviewed. These were decision specific and contained clear and relevant information. They demonstrated a clear assessment process had been followed and were regularly reviewed.

- People's relatives made positive comments about staff seeking consent from people before providing support. One relative said, "Yes they do ask mum, as you have explain when you are doing it. It is better they are doing it now. Like getting her changed, they need to talk her through it. This has improved now". Another relative told us, "They do ask they say, 'Do you want to have a cup of tea or a drink' or 'We are just going to lay you on the bed, it that okay?'".

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

- People were supported to access health and other services to help meet their health and wellbeing needs.
- People had access to care and support from professionals including diabetic nurses, GPs, speech and language therapists and community psychiatric nurses as needed.
- The registered manager gave us several examples of specialist professional referrals made for people with identified needs.

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. At this inspection the rating 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

- People were not always well treated and supported by staff
- We observed a smell of urine which was concentrated around one person and around their room. The registered manager told us this was due to the person refusing to have support from staff with personal care. We have addressed this in the effective section of this report.
- A relative told us they felt staff had not made sufficient efforts to get to know their loved one. They said, "I feel I filled out loads of forms about [person] and I had a photo book but...I felt they didn't try to get to know [person]".

We recommend the provider ensures people are well treated and supported at all times.

Respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- Most people were supported by staff in a kind and caring way who respected and promoted their equality and diversity.
- Most people's relatives made positive comments about staff's relationships with people. One relative said, "The staff are very attentive and caring and they have a designated members of staff", another relative told us, "they put their arms around him, do 'hi fives' and laugh with him. They seem to genuinely care".
- Staff members told us about different strategies they used to help manage people's anxiety and distress. This included working with their relatives to understand people's preferences and events which could trigger distress.
- People and their relatives were involved in writing care plans.
- People and their relatives were supported and encouraged to express their views about care and support provided. The registered manager told us they had an open door policy and people could raise issues as they arose.
- Relatives told us they felt able to express their views on behalf of their loved ones. One relative said, "I am involved in discussions. I am happy they keep me up to date".
- Most people's dignity, privacy and independence was supported by staff.
- Staff prompted and encouraged people to be independent with different activities of daily living including personal hygiene and eating and drinking.
- People could access snacks and drinks independently and a number of items including books and objects

were available for people to use as and when they wished without asking staff.

Is the service responsive?

Our findings

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 people's needs were not always met.

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

At the last inspection the provider failed to ensure care and treatment was appropriate and met people's needs. This was a continued breach of Regulation 9 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not always supported to have their needs and preferences met.
- People's care plans contained inaccurate and contradictory information. In one person's 'personal information' section of their care plan staff had written they had allergies to several medicines. In the medicines information section staff had written, "[Person] does not have any allergies".
- In another person's care plan, in the pain management section, staff had written, "[Person] is able to articulate the pain he is in, verbally and sign language...at rest he suffers from no pain, and on movement suffers from no pain. [Person's] pain is located on the HIP (sic)".
- In a third person's care plan in the breathing assessment, staff had written, "[Person] has no shortness of breath and has no respiratory problems and is at low risk of developing problems...[person's medicine] has been discontinued by the GP as she is no longer wheezy and only requires when she is very wheezy... occasionally will suffer some wheeziness and this is normally an indication of [person] brewing a chest infection". This information was contradictory and did not provide clear guidance for staff to support the person if they developed breathing difficulties.
- Care plans did not contain sufficiently clear guidance to enable staff to deliver person centred care. This placed people at risk of harm.

The provider failed to ensure care and treatment was effectively planned to meet people's needs. This was a continued breach of regulation 9 (1)(3) 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.

At the last inspection the registered person failed to ensure care and treatment was appropriate, met

people's needs and reflected their preferences. This was a continued breach of Regulation 9 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made the provider was no longer in breach of this part of regulation 9.

- People's communication needs were clearly documented within their communication care plans and included communication strategies such as using specific types of speech, eye contact or other forms of communication. For example, "[Person] can communicate his needs using body language. For example, he paces up and down the corridor when he wants to use the bathroom."
- Care plans also included detailed information about communication challenges people experienced to enable staff to provide individualised support. One person's care plan said, "Staff are to speak clearly when asking [Person] questions and try to avoid background noise when talking to her."
- Staff used cards, images and body language to communicate with people, and were aware of people's individual communication needs.
- One person did not use English as their first language. The home had a personalised plan in place to assist the person with communication, including identifying staff who could speak in the person's 'mother tongue' and ensuring menus and other documents were written in the person's first language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, the provider failed to ensure people were engaged in meaningful activities and protected from the risk of social isolation. This was a continued breach of Regulation 9 ((1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of this part of regulation 9.

- People enjoyed a range of activities in the home including gardening, art sessions and singing entertainment.
- The registered manager had arranged for a therapy dog to visit the service which they reported had been beneficial to people. We saw photos of people spending time with the dog.
- We saw evidence of different celebrations such as the coronation and of seasonal festivities including Easter egg hunts.
- The registered manager had liaised with a local church to organise regular services via video link in the home. This was confirmed by a relative who said, "She gets out of her room and has been given a reclining chair on wheels. Now I am quite pleased, they take her to church session every other day in the care home".
- People were able to attend a cinema room on the 1st floor. Staff printed artificial tickets and money so people could immerse themselves in the experience. People were supported to ask for their preferred films.
- People were supported to maintain important relationships. Several relatives and visitors were welcomed into the home during our inspection visit.

Improving care quality in response to complaints or concerns

- There had been no complaints recorded since the last inspection.
- We received feedback from a relative they were unsatisfied with how an incident was handled.
- We requested evidence of the registered manager's internal investigation into the concern. From their response we were not assured they had taken sufficient action to address the relative's concerns and prevent a recurrence. No formal record of the concern had been logged by the provider, including concise records of the relative's concerns and the provider's response regarding the matter.

We recommend the provider takes sufficient action to provide a full response to concerns raised and that they maintain relevant and accurate records regarding concerns raised.

- There was a complaints policy in place and most people's relatives fed back they knew how to raise concerns with the registered manager.
- Staff told us they felt the registered manager was approachable and they felt their concerns and feedback would be listened to.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of the inspection.
- People had end of life care plans in place indicating the care and treatment they wished to receive.
- When people had made decisions stating they would prefer not to be resuscitated, this was clearly documented in their care plans.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of regulation 17 (1)(2)(a)(b)(c)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice to the provider.

Not enough improvement had been made and the provider had not met the warning notice for regulation 17.

- The registered manager had made some changes to implement an improved governance system and structure since the last inspection. Further improvement is required and actions to improve the leadership and governance are not complete.
- The registered manager had identified and completed a number of actions to improve quality and safety in the service. However, they had failed to address the concerns we found during our inspection including the lack of sufficiently detailed risk assessments in people's care plans, people's care needs not being consistently met and insufficient fire safety evacuation plans. This meant the provider did not ensure there was an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided
- The registered manager used different methods to gather feedback from people's relatives about the service delivered including relative's meetings, quality assurance surveys and opportunities to give compliments. However, there was a lack of evidence to demonstrate people's views had been sought and used to improve and adapt the service.

The provider has failed to meet the requirements of the warning notice at this inspection. This is a continued breach of Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the home manager's application to be registered manager had been successful. In addition, the provider had recruited a clinical lead to oversee practice on the ground floor of the building.

- The registered manager had made some improvements to governance at the service. They completed analyses of different aspects of care and support to identify themes and trends to make improvements and monitor safety.
- The registered manager had made improvements to people's care and support plans. These were held on an electronic system and contained details about people's needs. They also contained detailed assessments of people's capacity to consent to receiving care and support. However, further improvements to people's care plans need to be made, as stated in the safe section of this report. This meant the provider did not have embedded effective systems and processes to enable identify where quality and/or safety are being compromised and to respond appropriately and without delay.
- The registered manager stated they had an open door policy and encouraged people, their relatives and staff to raise concerns with her as they arose. However, there was a lack of evidence to demonstrate people's concerns were formally recorded and fully investigated. The provider failed to ensure feedback was recorded and responded to as appropriate. It was not analysed and used to drive improvements to the quality and safety of the service.
- People's relatives made positive comments about how receptive the registered manager was to their feedback. Comments included, "she is really trying her best to make the families more involved with their care" and, "She is amazing, very approachable and never ducks any issues. When she first started, if there was any issues, I talked to her. One issue I raised it was addressed. Now there are no issues".
- The registered manager held regular staff meetings with opportunities for staff to feedback on practice and possible improvements. Staff stated they felt the registered manager was approachable and supportive.

At our last inspection the provider failed to notify the Commission of notifiable events, 'without delay'. This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- The registered manager ensured they reported notifiable incidents to CQC in a timely manner. They maintained a record of notifications and responded to further information requests from CQC promptly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; continuous learning and improving care; working in partnership with others

- The registered manager had worked to promote and maintain a positive culture in the service. They had a more detailed understanding of the work required to embed and sustain improvements since the last inspection. They were committed to delivering a person-centred service to people and to improving staff morale and wellbeing.
- The registered manager had organised personalised activities for people and made improvements within the home to improve people's quality of life. A range of resources were in place to support people and provide them with meaningful activities.
- There was evidence staff reflected on practice to improve and develop support for people.
- The registered manager and staff team had worked proactively with different professionals to ensure people had good outcomes and access to the support they needed. There was clear evidence in people's care and support documents staff understood people's needs and worked in a joined up way with a number of professionals to help meet people's needs.
- We received positive feedback from professionals about the registered manager's engagement with professionals. One professional commented, "[Registered manager] has demonstrated good leadership

with regards to outbreak management. She communicates with the...team in a timely fashion, requests advice and training on...related topics".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.
- The registered manager ensured required notifications had been submitted to CQC and was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- The registered manager provided evidence of incidents where the duty of candour was followed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person failed to ensure care and treatment was effectively planned to meet people's needs. Regulation 9 (1)(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person failed to consistently assess risks to people's health and safety. and do all reasonably practicable to mitigate those risks. Regulation 12 (1)(2)(a)(b)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person failed to effectively operate a governance system to ensure they met the requirements and their legal obligations. Regulation 17 (1)(2)(a)(b)

The enforcement action we took:

We issued conditions on the provider's registration.