

# Four Seasons Health Care (England) Limited East Riding Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

East Riding Care Home provides accommodation, personal and nursing care for up to 67 people; some of whom are living with a dementia related condition. At the time of the inspection there were 53 people living at the home. Support is provided across 2 floors in 3 units which have been adapted to meet people's needs.

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

Safeguarding systems were not robust enough to ensure people were always protected from the risk of abuse. Staff said they would report any concerns to the management team. However, we found documentation which referenced allegations of a safeguarding nature where the information had not been shared with the appropriate authorities.

Safe and effective infection control procedures were not fully in place to ensure people were protected from the risk of infection. Both of the home's washing machines had broken which had resulted in a build-up of soiled laundry. The quantity and way it was being stored increased the risk of infections being passed on to people and staff.

Medicines were not managed safely. There were inaccuracies and omissions with the administration and recording of medicines. Medicines administration records (MAR) did not always demonstrate medicines had been administered as they were prescribed.

Staff were not recruited safely. Some departments such as the catering department had staffing shortages. Agency staff were used to maintain safe staffing levels. However, this affected the ability of staff to provide a consistent service. We received feedback from staff and some relatives that more staff were required to meet people needs. We have made a recommendation about this.

Staff gave feedback of not feeling supported at work and records confirmed they had not received regular supervision in line with the providers policy. Records to confirm agency staff had received an induction at the service were not available. A range of risk assessments were in place to help ensure the safety of people and the environment. However, all the risks people were exposed to had not been assessed.

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. Capacity assessments were completed where people were unable to consent to their care and support. However, records did not always demonstrate the involvement of the relevant people. We have made a recommendation about this.

The design and décor of the environment did not fully meet people's needs. We have made a recommendation about this. Records did not confirm that the nutrition and hydration needs of people were

met. For example, evidence was not available to show food choices were always available for people who had specific dietary requirements. Systems were in place to work with healthcare professionals to meet the physical health needs of people.

People were not always treated with dignity and respect and the social needs of people were not met. We received positive feedback from relatives regarding the caring attitudes of staff. In addition, throughout the inspection we observed staff to treat people with care and kindness.

Activities which were person-centred to the individual needs of people were not always provided. Systems were in place to investigate and respond to complaints. However, the provider's policy in relation to the timescale of when responses would be provided was not always followed. We have made a recommendation about this.

People were supported with their communication needs and advocacy services were used to support people where they required help to express their views. End of life care plans were in place to ensure any wishes people had for their end of life care were recorded.

Duty of candour policies and procedures were in place. However, they had not been followed by staff. An effective system to ensure that all notifications were submitted to the CQC in a timely manner was still not fully in place. This failure to notify the CQC of incidents and other matters in line with legal requirements meant people were exposed to a risk of harm as CQC were unable to check whether the appropriate actions had always been taken.

A system to ensure regulatory requirements were met was not in place. We identified shortfalls in many areas of the service, 9 breaches of regulation were identified at this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 01 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement or inadequate for the last 5 consecutive inspections.

#### Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about medicines management, safe care and treatment and the management of the home. A decision was made for us to inspect and examine those risks.

We inspected and found there were widespread concerns, so we widened the scope of the inspection to become a comprehensive inspection which included the key questions of safe, effective, caring, responsive and well-led.

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.

#### Enforcement and Recommendations

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

We have identified breaches in relation to person-centred care, dignity and respect, safe care and treatment, safeguarding, nutrition and hydration, good governance, staffing, safe recruitment, duty of candour and a failure to notify incidents to CQC at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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

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

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# East Riding Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was undertaken by three 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.

#### Service and service type

East Riding Care Home 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. East Riding Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. However, they left their job role and applied to de-register as the home's manager following the third day of our inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the

provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local NHS infection prevention and control [IPC] team, fire service, Integrated Care Board and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 10 relatives about their experience of the care provided. We spoke with 15 members of staff including care staff, senior staff, the registered manager, 2 regional managers, Head of Care Quality Scotland & North manager and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition, we received feedback from 3 healthcare professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records, this included care records for 11 people and multiple medicines records. We looked at the recruitment records for 3 staff and a variety of records relating to the management of the service, including policies and procedures. Following the inspection site visits we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found.

# Is the service safe?

## Our findings

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

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

### Preventing and controlling infection

At our previous inspection in November 2020, there was a failure to ensure an effective infection control procedure [IPC] was in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 12.

- Safe IPC procedures were not always in place. Both of the home's washing machines had broken 2 weeks before our inspection visit. The identified contingency plan for the home's laundry to be washed by other homes operated by the provider had not been effective. This had resulted in a build-up of large amounts of soiled laundry at the home.
- Some of the soiled laundry was stored in specialised plastic laundry bags which were designed to disintegrate during the laundry washing cycle. Because of the length of time some of the laundry bags had been left there was a risk to the integrity of these bags. This was an infection control risk for staff coming into contact with the dirty laundry who could then pass on infections to people.
- Some staff were not always using PPE effectively. For example, we observed some staff to not wear face masks correctly as they were not covering their nose.

The provider's failure to ensure effective systems were in place to reduce the risk of spreading infections was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient stocks of PPE available for staff use.

### Using medicines safely

- Medicines were not managed safely. MAR's which had been signed by staff did not always match with remaining stock counts of medicines. Therefore, we could not be assured medicines had always been administered as they were prescribed.
- Percutaneous Endoscopic Gastronomy (PEG) care and treatment was not safely managed. PEG is a way to give food, fluids and medicines directly into the stomach. This exposed people to an increased risk of harm.
- Assessments were in place for medicines given covertly (medicines disguised in food or fluids). However, care plans and associated documentation had not been updated when prescriptions had changed. This meant some medicines were being given to people without the correct authorisation or pharmacist advice on how to safely administer medicines covertly.
- Robust processes were not in place to manage topical medicines (creams and lotions applied to the skin).



For example, staff were applying cream to one person which they were not prescribed.

The provider's failure to ensure medicines were managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were not always effective in protecting people from the risk of abuse. We read some documentation which recorded allegations of a safeguarding nature. Staff had not recognised these allegations were potential safeguarding incidents and therefore, had not made the necessary referrals to the local authority safeguarding team. This placed people at risk of harm.

The provider's failure to ensure effective systems were in place to protect people from the risk of abuse was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks had not always been adequately assessed. For example, a door on the first floor leading to a stairwell had been left open when unattended by staff. The registered manager confirmed environmental risk assessments did not consider the potential risk to people of falling on the stairs.
- Risk assessments had been completed to assess known risks people were exposed to. However, they had not always been updated when people's needs had changed, and we saw one record which had not been accurately completed. For example, the risk assessment for one person referenced equipment they no longer used and staff had completed paperwork with inaccurate information in relation to the monitoring of skin integrity for one person.
- Records did not always demonstrate staff were accurately completing weight records for people assessed as being nutritionally at risk.

The provider's failure to properly assess, monitor and mitigate risks to the health and safety of people was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not recruited safely. We reviewed the recruitment files for 3 staff and found shortfalls with each one. For example, gaps in an applicant's employment history had not been considered to ensure the relevant checks at the point of recruitment had been completed.
- Records showed there were 19 agency staff who had worked in the home during August 2022. There were no agency profiles in place to evidence the appropriate checks had been completed to assess the suitability of these staff to work into the home.

The providers failure to ensure staff were recruited safely was a breach of Regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Due to the impact of COVID-19, there had been an increase in agency staff. The provider used agency staff to ensure safe staffing levels were maintained.
- We received mixed feedback about staffing levels. Most staff told us more staff were needed. We observed certain times of the day were busier than others such as mealtimes. In addition, there was no activity coordinator in post. Staff told us they had been asked to complete activities with people. However, they provided feedback of not having enough time to undertake this additional task with people. This impacted

on staff's ability to meet people's social needs.

We recommend the provider keeps staffing levels under review to ensure sufficient staff are always available to meet people's needs and are deployed effectively.

#### Visiting in care homes

- Procedures were in place to support visits in the home. People were supported to see their relatives to help promote their wellbeing.

#### Learning lessons when things go wrong

- The provider told us they had developed actions plans in response to our inspection findings. The nominated individual told us they were confident in addressing all of the issues identified during the inspection. They were committed to taking the necessary action to deliver the necessary improvements to improve quality and learn lessons to ensure they were always providing a quality service.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

The last time we reviewed this key question in February 2019, there was a failure to ensure staff competency and skill had been assessed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 18.

- Effective systems to ensure staff were supported and their performance monitored were not in place. For example, the format of some supervision sessions did not promote discussion between the supervisor and the supervisee. In addition, where concerns had been raised about the performance of a staff member action had not been taken to monitor this at the next supervision session.
- Staff had not received regular supervision as specified in the provider's policy. One staff member told us, "It's hard to say [if staff feel supported] I just feel over worked and overlooked."
- Inductions to the service were not always completed for agency staff. The staff rota listed 19 agency staff who had worked at the service during the month of August 2022. Records to evidence these staff had completed an induction were not provided during the inspection.

The provider's failure to ensure staff were supported and received on-going supervision was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The last time we reviewed this key question in February 2019, there was a failure to ensure people's nutrition and hydration needs were always met. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 14. However, further action was still needed.

- While we identified no impact to people records did not always evidence people's nutritional and hydration needs were met. Mealtimes were task orientated rather than staff providing support which was person-centred to the needs of each person.
- Food and fluid charts were not in place for one person who was assessed as being nutritionally at risk. The

risk rating recorded on the assessment documentation indicated food and fluid charts were required. However, one member of the management team told us this documentation was not required for this person. We brought this to the attention of the registered manager and provider's management team who said they would review their policy and documentation for the person.

- The provider's policy described the circumstances where food and fluid charts were not required. This contradicted the information recorded on assessment documentation which specified when staff should implement food and fluid charts. This could be confusing for staff.
- Records had not always been updated to reflect the needs of people. For example, there were recording gaps in the records for two people who had specific dietary requirements.
- We received feedback from some staff of there not always being food choices available to meet the needs of some people. Records were not available to evidence food was always available to meet people's needs and to demonstrate this was their preferred food option.
- Assessments of people's needs were completed. However, they had not been updated when there had been a change in need identified for people. This is required to ensure assessments remain relevant.

The provider's failure to ensure on-going assessments were undertaken and records were maintained in relation to the nutritional and hydration needs of people was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The décor did not fully meet people's needs. For example, signage was not in place to help orientate people to their bedroom. One member of staff told us the project for the week was to get names recorded onto people's bedroom doors.

We recommend the provider reviews current best practice guidance relating to supportive environments for people who are living with a dementia related condition to ensure the environment meets their needs.

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

- Staff liaised with health and social care professionals to help ensure people's health needs were met.
- Care plans were in place to support people who required a period of rehabilitation after a hospital admission. This enabled people who were placed at the home for short stays to receive targeted support to improve their health outcomes before returning to live at home.

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.

- Relevant applications had been made for DoLS authorisations where people lacked capacity to consent to their care and treatment.
- People's ability to consent to their care and treatment was assessed. Where people lacked capacity to make particular decisions for themselves best interest decisions had been completed. However, records did not always reflect the involvement of the relevant people in the decision-making process.

We recommend the provider reviews their systems when assessing capacity to ensure best practice guidance is always followed.

# 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 for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always treated with dignity and respect. Effective action was not taken when the home's washing machines had broken. This resulted in some people not having sufficient supplies of clean clothing.
- One person was distressed when speaking with us due to wearing clothes that did not belong to them. Staff confirmed there had been a negative impact to some people as a result of the laundry issues at the home. Staff told us they had put clothing on some people that did not belong to them due to some people running out of clean clothes.
- Staff told us they were not always able to change bedding for people at the usual frequency because of a shortage of sheets. This was directly linked to the laundry issues at the home. A relative confirmed they had raised their concerns to the registered manager after finding their relative's bed had been re-made with sheets which were not clean.
- The independence of people was not always supported. Staff told us they had been unable to support one person to get out of bed for 2 days. This was due to there being no clean sling available to support the person's mobility needs. This impacted their health and wellbeing as it resulted in them being nursed in bed.

The providers failure to ensure people were treated with dignity and respect was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did their best to uphold the privacy and dignity of people. They understood the importance of maintaining people's privacy and described dignified ways of working to uphold people's dignity. For example, when supporting people with their personal care.
- Throughout the inspection we observed staff to treat people with kindness and compassion. One relative told us, "There are some lovely carers, my mum thinks [name of staff] is wonderful. He has such a kind and gentle way with people."

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

- People's communication needs were recorded in care plans. Staff understood the most effective ways to communicate with people.
- Advocacy services were used to support people with their communicate needs if this was required. An advocate offers independent support to help people express their views and wishes to ensure their rights are promoted.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

The last time we reviewed this key question in February 2019, there was a failure to ensure people received person-centred care and treatment that was appropriate, met their needs and reflected their wishes. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 9.

- People's social needs were not met. At the time of our inspection there was no activity coordinator in post. This had negatively impacted on some people. One service user told us they were bored and that there were not always activities available for them to join in with.
- Staff told us the management of the home had asked them to undertake activities with people as an additional task. However, staff said they did not have time to do this due to other care tasks they were responsible to complete. One staff member said, "Activities are not taking place generally. There isn't the extra staff to allow us to do activities."
- Staff did not always demonstrate they were following person-centred choices of people. For example, in relation to any preferences people had for their daily routines.

The provider's failure to ensure people received person-centred care and support which was specific to their individual needs was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken action to try and recruit a new activity coordinator to work at the home.

### 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.

- People's communication needs were met. Where necessary, information could be provided to people in alternative formats to meet their needs.

- Care plans were in place to record the most effective methods to communicate with people.

#### Improving care quality in response to complaints or concerns

- Systems were in place to acknowledge and respond to complaints. Records were kept of any complaints which had been made. Staff had not always responded to complainants in the timescales identified in the providers policy.

We recommend the provider reviews the systems in place to ensure communication is maintained with the relevant person while complaints are being investigated.

#### End of life care and support

- End of life care was provided at the home. Staff worked with the relevant healthcare professionals to ensure people's needs were met at this time. Care plans were in place to record people's wishes for their end of life care.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our previous inspection in November 2020, there was a failure to ensure quality monitoring systems were always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 17.

- A system to ensure there was effective governance of the service was still not in place. For example, some of the issues we identified during the inspection had not been highlighted by audits. Where audits had identified shortfalls, action had not always been taken to implement improvements in a timely manner.
- There were widespread shortfalls in relation to many areas of the home as detailed throughout this report. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are the minimum standards below which care should never fall. The provider's failure to meet these regulations meant that people received a level of care that did not meet relevant legal requirements.
- Lessons had not been learned from previous inspections where shortfalls had been identified. This is the fifth consecutive inspection where the provider has failed to achieve a rating of good in this key question.

The providers failure to ensure an effective governance system was in place was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager left their position during the inspection period. The provider updated us of alternative management arrangements until a new home manager could be recruited.

At our previous inspection in November 2020, there was a failure to ensure all notifiable events had been notified to CQC. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of (Registration) Regulation 18.

- A system to ensure statutory notifications were always submitted to CQC was still not in place. Statutory notifications are incidents and events which must be reported to CQC by law. This meant CQC did not have oversight of all notifiable events to ensure appropriate action had always been taken.

This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. This is being dealt with outside of the inspection process.

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

- Duty of candour policies and procedures were in place. However, they were not followed by staff.
- Staff had not always recognised what a notifiable safety incident was under the duty of candour regulation and therefore, had not always followed the provider's policy.
- Documentation to show how the provider was meeting its duty of candour responsibilities was not always available. For example, there had been 14 incidents since the last inspection where a service user had sustained a fracture. This met the criteria as being a notifiable safety incident. Documentation to evidence how the provider was meeting its duty of candour responsibilities was only available for 1 of these incidents.

The providers failure to ensure a system was in place to meet the requirements of the duty of candour was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- An effective system which promoted person-centred care and achieved positive outcomes for people was not fully in place. This was reflected in the multiple breaches of regulation which were identified at this inspection. Staff worked hard to meet the needs of people. However, issues at the home had impacted on staff morale.
- Communications systems were not always effective. One relative told us they had not been made aware of the issues with the laundry facilities at the home. They said if they had known about the difficulties, they would have supported the home by doing their relative's laundry themselves.
- Staff had established some links within their local community. For example, one member of staff told us of discussions with a local Scout Leader to develop projects which people could engage in.
- Staff worked in partnership with other health and social care professionals to meet people's needs.