

Valorum Care Limited

Mickley Hall - Care Home with Nursing Physical Disability

Inspection report

Mickley Lane
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South Yorkshire
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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

Mickley Hall is a nursing home providing personal and nursing care to 40 people who have physical disabilities. At the time of inspection 29 people were receiving support.

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

There had been some improvements in the systems to monitor and assess the service provided, such as accident and incident analysis. However, the governance systems in place were not robust enough to identify the shortfalls we found during this inspection. Although people told us they felt safe at the service, we found inconsistencies with information around risks to people and how staff should respond to these. Infection prevention and control measures were in place but were not always being followed. Staffing levels were not always appropriate to meet people's needs. Medicines were managed safely. Staff were recruited safely, however, we recommended the provider reviews their recruitment policy.

Records had not always been completed accurately to show whether care tasks had been carried out and whether people had participated in activities. People's nutritional needs were met. However, people were not always supported to eat in a caring or considerate way. People told us the food was nice and we observed it was appetising and varied. We recommend the provider reviews mealtimes to ensure it promotes a better experience for people. Staff training was not always up to date and there was no evidence of the clinical training nursing staff had completed.

People did not always receive person centred and dignified care. Some people's care plans were inaccurate and lacked information about people's needs, which meant staff were not provided with clear guidance to support and care for people. People's records did not reflect what activities they had been involved with.

People provided positive feedback about staff. We observed good interactions between people and staff. Staff treated people with dignity and respect and knew their needs well. Feedback from relatives about staff's caring manner and approach was very positive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, meetings were not always held to ensure it was in their best interests.

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

The service was not able to demonstrate how they were meeting some of the underpinning principles of

Right support, right care, right culture. The model of care and the setting did not maximise people's choice, control and independence. People's own rooms were personalised. The care people received was not always person-centred and did not promote people's dignity.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 May 2020) and there were multiple breaches of regulation across all domains. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained, and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. 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

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, person centred care, need for consent, staffing and governance.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

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, 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 findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our findings below.

Mickley Hall - Care Home with Nursing Physical Disability

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 Care Act 2014.

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

This inspection was conducted by two 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

Mickley Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

During this inspection we spoke with two people who used the service and 11 relatives by telephone. We spoke with 12 staff members; this included the registered manager, administrator, one domestic, cook, three nurses, one team leader, three care workers and the consultant. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We looked at full care records for three people living at the home. We looked at training, recruitment and supervision records of staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate risks to health and safety were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to take steps to ensure medicine recording systems were robust to demonstrate safety was effectively managed. This was also a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 and regulation 17.

- People were not routinely and effectively protected from potential avoidable harm. We found the registered manager had not always ensured they had done all that was reasonably practicable to mitigate risks.
- For example, one person with swallowing difficulties had been assessed by a speech and language therapist as being at risk of choking and it was recommended they follow a modified texture diet. The person chose not to follow these recommendations, however the risks associated with this decision had not been assessed. This meant the registered manager and provider had not fully considered and documented whether any other measures were necessary to reduce the risk of the person choking as far as possible. We discussed this with the registered manager during the inspection and they agreed to address it immediately.
- People had personal emergency evacuation plans (PEEPs). However, the PEEPs in the emergency grab bag did not reflect the people residing in the home at the time of inspection. In the event of an emergency people would not have information to hand to ensure that evacuation is handled safely and efficiently.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks to health and safety were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments that were in place for another individual for eating and drinking detailed the risk and actions staff should take up mitigate the risk. However, the information recorded in the person's care plan and review did not reflect this. Information about people's needs and risks were disjointed and placed

people at risk.

- Where medicines were required to be crushed this information had not been added to a person's care plan.

We found no evidence that people had been harmed, however, this was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during the inspection.

- We received information of concern regarding the management of medicines. Support was provided by the Clinical Commissioning Group (CCG), Medicines Optimisation Team, Local Authority and GP. Concerns with medicines management identified prior to the inspection were not found during this inspection.
- Accident and incidents actions were recorded to identify trends and opportunities for learning and improvement.
- People received their medication when they should. Comments included, "I get my medicines when I need them."
- Medicines were stored properly and there were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- Staff who administered medicines received training and their competencies were assessed regularly to make sure they had the necessary skills.

Staffing and recruitment

At our last inspection the provider had failed to take steps to ensure appropriate staffing levels and the deployment of staff were enough to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- One person told us they were unable to have baths and showers when they requested them due to not being enough staff. One relative told us, "(Relative) often has to miss a shower because of staffing. (Relative) likes a shower as often as they can. The longest time they have been without a shower is a week to 10 days." Staff we spoke with confirmed this.
- Without exception staff expressed concerns about staffing numbers in the home. Staff told us, in the afternoons and over the weekend staff numbers had been particularly low.
- We reviewed staff rotas and found they did not always reflect the staffing levels discussed with the registered manager. When reviewing the dependency tool used to calculate the staffing delivered to meet people's needs it showed that care hours delivered were lower than the average hours. We discussed staffing with the registered manager who acknowledged the concerns in relation to staffing.

We found no evidence that people had been harmed however the provider had not taken appropriate steps to ensure staffing levels and the deployment of staff were sufficient to always meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Several staff had recently left the service, and recruitment of new staff was ongoing; there was some use of

agency staff to cover staff sickness and vacancies.

- Safe recruitment procedures were mostly in place to ensure only staff suitable to work in the caring profession were employed. However, the provider's recruitment policy was not in line with the regulation in relation to obtaining a full employment history.

We recommend the provider reviews their recruitment policy in line with the regulations.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems and procedures were in place to protect people from the risk of abuse.
- Staff completed training in safeguarding adults. They understood their responsibility to report concerns and were confident these would be acted upon.
- People told us they felt safe and well looked after. One person said, "It's great living here, the staff make me feel safe."

Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. Some staff were observed not wearing face masks correctly. This was addressed on the day by the registered manager. Relatives told us they had always observed staff wearing PPE appropriately.
- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. The storeroom wall had been subjected to damp and associated damage which caused paint to peel. Mop buckets colour coding was not in line with National Colour Coding for Cleaning Materials and Equipment.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- People's needs and choices were assessed, however, care and treatment were not always delivered in line with current legislation and best practice standards. We report further on this in the 'is the service safe and responsive?' sections of the report.
- Where people were returning to stay on a respite basis, a review of their assessed needs and choices were not completed to ensure the information was still relevant.
- Staff did not always have the required information to support people safely. Not all care plans held up to date relevant information in them.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had received appropriate support, training and professional development. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While some improvements had been made at this inspection, they were not enough and the provider remained in breach of regulation 18.

- At the last inspection we raised concerns about the lack of specialist clinical training for nursing staff. We were assured following the inspection that training had been arranged. However, during this inspection there was no evidence nursing staff had been provided with specialist clinical training they required.
- We reviewed staff's training matrix and found several gaps where knowledge and practical skills had not been updated. For example, practical moving and handling.
- Staff told us they had been supported with regular supervision to ensure their performance and practice was monitored and supported. However, staff had not been receiving supervision in line with the provider's policy.

The provider had failed to ensure staff received appropriate support, training, and professional development, to enable them to carry out the duties they are employed to perform. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider was not compliant with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 11.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions had not always been assessed. Best interest decisions were not recorded where people had made choices which did not reflect their assessed needs.
- Processes were not always followed correctly to ensure that people's rights were upheld, and decisions were made in the best interest of people who lacked mental capacity.

We found no evidence that people had been harmed however this was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had been deprived of their liberty, we saw evidence of appropriate DoLS applications being made to the local authority.

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

At our last inspection the provider had failed to ensure care was delivered in a way that met people's needs and preferences. This was a breach of regulation 9 (Person-centred care) 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 this element of regulation 9.

- We observed people's dining experience and found the arrangements were not conducive to promote a relaxed and enjoyable environment.
- One member of staff was allocated to cover mealtimes in the dining room. However, we observed where people required assistance to eat, they often had to wait to have their meal, if someone else was receiving assistance.
- Staff explained to people the food they were receiving and offered drinks. However, the interactions were functional, there was little conversation and the experience appeared to not be as positive as it could have

been.

We recommend the provider reviews mealtimes to ensure it promotes a better experience for people.

- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.
- People told us food was good, and they had snacks and drinks offered throughout the day. One relative told us, "I have had my meals when visiting and the food is nice. I know (relative) can have snacks whenever they want."
- The cook knew people's preferences and told us meals were based on what people said they enjoyed. People were not rushed to eat their meal. The meals provided looked plentiful and appetising.

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

- We had confidence that in the main, the staff were supporting people to live healthy lives. People had medication reviews and there was evidence of information received from medical professionals such as Speech and Language Therapists. However, we could not easily find evidence in people's records where healthcare services and support had been accessed.
- Records did not always clearly show staff worked with other agencies to provide consistent, effective, timely care or were supported to attend health appointments including opticians and dental appointments. However, relatives told us that people had access to the GP, dentist and chiroprapist.
- Daily handovers took place. This supported the sharing of information about people and their health and care needs.

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

- Some areas of the home needed redecorating. The management were aware the environment needed to improve. They said the improvements would continue.
- People's bedrooms were person centred and decorated to their liking.
- The service was accessible to the people using the service, such as wide corridors and doors to enable people who used a wheelchair to access areas safely.
- A visiting pod had been put in place to ensure people were able to meet with their loved ones during the COVID-19 pandemic, and staff supported relatives to visit their loved ones within the building in line with government guidelines.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Due to the concerns identified during the inspection, we could not be assured that people received a high quality, compassionate and caring service. We have taken this into account when rating this key question.
- Most interactions we observed were kind, caring, positive and appropriate. People were relaxed and happy in staff's company. There was a good atmosphere in the service. However, many interactions by staff remained task and routine led, we did observe staff sitting with people and talking.
- People told us they received good care and support from staff. Comments included, "staff are marvellous you couldn't come to a better place, they are so willing to help you" and "Staff are alright, most of the time."
- Relatives told us, "The staff are caring. They [staff] are fine" and "They [staff] are very kind and caring and warm and friendly, and very good on the telephone."
- Staff we spoke with were positive about their role. One staff member told us, "The people here are like our own family, we can't let them down."
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- When people had expressed their views about their preferences these were not always respected. One person told us, "I would like to go to be bed a bit later, because of staffing I can't."
- People were not always supported to express their views and to be involved in making decisions about their care and support, as far as possible.
- One relative told us, "I wasn't involved in (relatives) care plan, no. They've always been very open with us and I can ring them up any time. I'm reasonably happy with things there."

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.
- Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.
- One relative told us, "I don't know about privacy, but they do treat (person) with dignity. (Person) has some surprisingly good relationships with the staff."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure care was delivered in a way that met people's needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- An effective care planning system was not fully in place. We identified shortfalls in care records relating to medicines and the management of risk. These shortfalls meant people were at risk of receiving unsuitable or inconsistent care because staff did not always have clear guidance about how to support people's individual needs.
- Where people had care plans, they were not adequately reviewed. For example, one person required a modified diet as assessed by Speech and Language Therapy (SALT). The person chose not to follow this recommendation. However, the care plan review did not reflect this.
- At our last inspection we highlighted care records had historical information about people to support staff in learning about them such as what was important to the person and important people in their life. This information had not been reviewed to ensure it was still relevant.
- We saw that a monthly review of people's care took place, however, the information was generalised and shed little light on changes to people's care needs. People and relatives were not involved with the review process.
- Staff we spoke with told us they didn't have time to read people's care records and were not involved in the review process. Staff knew people well and could tell us about people's individual needs. Staff also agreed care records needed to improve to fully reflect people's needs.
- People told us they didn't get a choice of when they went to bed and got up. Staff confirmed that people had to be supported to bed before the afternoon staff finished work and had to wait until morning staff started work before getting up. This was due to the number of staff working nights.
- Documentation related to people's activities was not present. There were no records for people who spent their time in their own rooms to demonstrate activities they were involved with. We observed people sat in their room all day with little stimulation or conversation.

We found no evidence that people had been harmed. However, the above findings amount to a continued

breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Photographs of previous activities were displayed around the home and in books. One person said, "We get a chance to go to lots of places, I've been to the local cities, shopping centres and the wildlife park." However, another told us, "(There's) not enough to do during the day, I will have a go at anything. I've not been out in a long time."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the information.
- The registered manager understood their responsibility to ensure people were given information in ways meaningful to them.
- Different methods were used to support communication for people.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. Where complaints had been received these had been managed appropriately.
- Relatives were confident complaints and concerns would be responded to without delay.

End of life care and support

- At the time of inspection, the service was not providing any end of life care to people.
- There were end of life care arrangements in place to ensure people had a comfortable and dignified death. However, two relatives told us they had not been involved with any conversations around 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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems were either in place or robust enough to demonstrate good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance arrangements were in place, and management oversight had improved since the last inspection. However, not all the concerns we found during our inspection had been identified by the service as demonstrated by the continued breaches of regulations since the last inspection.
- Regular audits had been implemented and were regularly completed. However, the shortfalls we identified at this inspection had not been picked up by these audits. These included our concerns with medicines, risk management, staffing, supervision and care plan records.
- Where audits had been completed by a member of the team, these audits either did not identify issues or if they did, this did not lead to improvements in the safety or quality of people's care. These were not checked by the registered manager and actions were not added where concerns were highlighted. For example, call bell audits. It was highlighted call wait times were high; this was not followed up.
- The hand washing audit highlighted that staff members were not always bare below the elbow; this was reported consecutively for several months. Through discussion with the registered manager we were told this had been addressed during supervision. However, there were no records to demonstrate these conversations had taken place, and no improvement had been made.
- People's care needs were not always being met. Where people had historic care plans and personal information, a detailed review had not been completed to ensure information was accurate and up to date. As detailed in this report and this had an impact on their safety, people had not been consulted on their care.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate good governance. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager fulfilled their legal obligation to notify the Care Quality Commission of any serious incidents involving people at the service.
- Accountability arrangements were clear. The provider had employed someone to support the organisation to improve. The consultant was providing support to the registered manager within the home. The registered manager told us they had worked hard to address the concerns raised at the last inspection and was committed to ensuring the improvements were sustained.

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

- The registered manager was open and transparent with the inspection process, with realistic expectations of improvements being made. The registered manager was aware of their responsibilities under the duty of candour.
- The registered manager was visible in the service and spent time speaking with people and staff and visiting professionals. Where visits were limited due to the Covid-19 pandemic, communication was carried out virtually.
- Staff feedback about the registered manager was positive and staff told us they felt supported. However, staff felt since the change in provider that morale was low, and this impacted on staffing.
- There was evidence of partnership working with other professionals, such as the pharmacy and community healthcare teams, as well as the local authority.
- Relatives told us they had been invited to complete a survey in relation to their experience of the service or their views on how it could be improved.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.</p> <p>Enabling and supporting relevant persons to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of service users must only be provided with the consent of the relevant person.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assessing the risks to the health and safety of service users of receiving the care or treatment.

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

The enforcement action we took:

We served a warning notice.