

## The Hollies Nursing And Residential Home Limited

# Hollies Nursing and Residential Home Limited

### Inspection report

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Date of inspection visit:  
13 March 2023  
14 March 2023

Date of publication:  
28 April 2023

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

Hollies Nursing and Residential Home Limited is a residential nursing home, providing accommodation for persons who require nursing or personal care, and treatment of disease, disorder, or injury, for up to 37 people, in one adapted building over two floors. Twenty four people were in the service at the time of the inspection.

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

Risks were not being managed safely and action was not appropriately taken as a result of accidents and incidents. Not all individual risk assessments had been updated and reflected people's needs.

Environmental risks and checks on the environment were taking place. We made a recommendation that audits on the environment and identified risks were acted upon in a timely manner.

Gaps in the recruitment of staff were noted. We received mixed feedback about the staffing numbers in the service. Safeguarding concerns were not always being acted on to support investigations in a timely manner. We were somewhat assured about the management of infection prevention and control. We found medicines were not always managed safely in the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the systems in the service did not support this practice. Conditions for DoLS authorisations had not always been reflected in people's records in a timely manner. People's individual medical needs had not always been monitored and reviews by medical professionals sought. None of the records we reviewed had preadmission assessments in them, we made a recommendation about this. People were positive about the food provided; new menus had been developed. Plenty of supplies of food was seen in the service.

We observed people were in bed for long periods. Records could not confirm positional changes had occurred. People were mostly treated with kindness and dignity and we saw positive caring interactions taking place. People told us they were supported to be independent, we observed people being offered choices and decisions in their care.

Care records were incomplete and daily records did not confirm the appropriate care was provided. There was no evidence of end of life care planning. The nominated individual told us they had developed a full range of new documentation to support the delivery of care to people. There was some evidence of activity planning and activities undertaken but these were from last year. There were very limited activities taking place, we made a recommendation about this.

The registered manager was new to the service and had recently commenced audits. Some of the actions had not been checked to ensure they had been completed. There was some evidence of senior audits being done, which identified some of the failings we have seen at this inspection, but not all. The provider was very

open and transparent about the failings and the actions they planned to take to ensure systems protected people from the risk of harm. People were mostly positive about the new registered manager and the senior team, but not all. Meetings were taking place and a range of policies and procedures were noted, these had been updated.

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 10 June 2022). 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. The service has now been in breach of regulation for the last three consecutive rated inspections.

At our last inspection we recommended that robust systems were in place to manage safe recruitment of staff. And that the premises and the service was suitable to meet the needs of people living there, as well as a recommendation that people were able to access meaningful and regular activities, of their choosing. At this inspection some improvements were seen however, further improvement was required.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to check if improvements had been made.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

#### Enforcement and Recommendations

We have identified breaches in relation to, providing appropriate, dignified and timely care, ensuring systems were in place, completed in, and action taken in relation to risks. The service failed to ensure people were protected from the risk associated with inadequate monitoring of people's individual needs. They also failed to ensure medicines were managed safely and that systems were robust enough, effective to ensure safeguarding concerns were reported and monitored. We also made a breach in relation to protecting people from the risks of unlawful restrictions, and gaps in MCA and DoLS training. As well as ensuring care records were completed in line with guidance and individual needs, and good governance.

We have issued the provider with a warning notice in relation to regulation 12 (1) (2) (a) (b) (g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were at risk of harm because the provider failed to ensure systems were in place, completed and action taken in relation to risks. Medicines were not managed safely which put people at risk of harm.

We made recommendations in relation to infection prevention and control, staff knowledge and skills, and safe recruitment of staff. As well as ensuring people's needs were assessed, that action was taken to address risks in the environment and individualised and meaningful activities were provided.

Please see the action we have told the provider to take at the end of this report.

#### 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.

#### 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 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?

Inadequate ●

The service was not 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.

# Hollies Nursing and Residential Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector, 1 medicines inspector, 1 specialist nurse advisor and 1 Expert by Experience undertook day 1 of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on day 2.

Hollies Nursing and Residential Home Limited 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. Hollies Nursing and Residential Home Limited 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 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

Day 1 of this inspection was unannounced, day 2 was announced.

#### What we did before the inspection

Prior to the inspection we reviewed the information we held about the service. This included feedback and information the service is required to send to us. We also asked for feedback from professionals. We checked whether Healthwatch had undertaken an inspection. 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 8 people and 7 relatives during the inspection and on the telephone, as well as 3 professionals. We spoke with 14 staff members. These included 3 carers, 1 senior carer, 1 agency staff member, 3 kitchen staff, 1 nurse, 1 clinical lead, the registered manager, the nominated individual, and the directors of the company. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We completed a tour of the building. This included, communal areas, the laundry, the kitchen, some bathrooms, and some people's bedrooms. We undertook observations in the communal areas on both days of the inspection.

We looked at a range of records, these included, 5 care files and recording documentation. We checked 10 medicine administration records and looked at medicines related documentation as well as the storage of medicines. We checked the training records and 3 staff files. We also looked at records relating to the operation and management of 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 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.

### Using medicines safely

At our last inspection the provider had failed to ensure people who used the service were being protected because the provider had failed to ensure systems were in place to ensure the safe management of medicines. Regulation 12 (2) 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

- Medicines were not managed safely. Care plans for complex medicines were not up to date and completed fully.
- Medicines were generally stored safely in a clean and tidy environment, although for one person their medicine was found in their bedroom, and not locked away.
- The disposal of controlled drugs (medicines liable to misuse), was not safely carried out.
- Medicines audits had been completed, but some issues raised had not been dealt with in a timely manner.
- Times for administration of medicines prescribed as 'When necessary' were not recorded accurately. There was no documentation in place for one person who received 'when necessary' medicine.
- Prescribed fluid thickeners to help people with swallowing difficulties were not always being recorded accurately. We could not be sure they were being used safely.
- Medicines reconciliation (checking medicines on admission) was not safely carried out. One person had not received a pain relief medicine which they were taking before they entered the service.

Medicines were not managed safely which put people at risk of harm. This demonstrates an ongoing breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- No one raised concerns about the management of their medicines. People and relatives told us, "I rely completely on the staff for my medications and I don't have a problem getting them", "I have no worries about [persons] medication. The staff do the prescriptions", "[Person's] medications are the home's [service] responsibility and they do the job well" and, "My tablets are given to me by the staff, and I don't have to wait."

### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure systems were in place so that risks were assessed, managed, and updated appropriately. This was a breach of regulation 12 (1) (2) Safe care and treatment 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

- Risks were not assessed or managed safely. The nominated individual had developed a new system to record and monitor people as a result of accident and incidents. However, the system was not always updated. During the inspection, the registered manager and nominated individual were not aware of incomplete actions we identified relating to accidents and incidents.
- Records in relation to accidents and incidents had not been completed in full. Relevant observations and safety checks had not been done where required for people as a result of accidents. For example, where one person required a review by a medical professional following an accident, this had not been done, and a post falls analysis had not been completed in line with guidance.
- Accident and incident logs were on peoples care files however, these did not always contain the details of what happened. This could prevent information from being looked at to identify individual trends and themes, and prevent further occurrence.
- The registered manager who was new to the service had only very recently commenced accident and incident audits. These did not identify some of the concerns we found at this inspection. One record stated that no accidents had occurred however, there was reference to an incident which had resulted in a hospital admission.
- Evidence of individual risk assessments were seen however, not all identified risks were assessed. Recent reviews had not taken place on some files.
- Fire checks had mostly been completed regularly and in full. For example, fire alarm weekly testing, fire door checks, emergency lighting and fire drill report. There was an emergency grab bag to support the safe evacuation of the service. Some personal emergency evacuation plans (PEEPs) were in place. However, not all people had a copy of their PEEPs in the grab bag. This placed them at risk in the event of a fire. The nominated individual told us they would ensure these were updated as a priority.

People who used the service were at risk of harm because the provider failed to ensure systems were in place, completed and action taken in relation to risks. This was a breach of regulation 12 (1) (a) (b) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk assessments had been developed and there was a business continuity plan in place. This included emergency contacts information and the management of emergency events. Monitoring of the environment had been undertaken for example, checks of vacant bedrooms, nurse call bells, window restrictors and temperature checks was being recorded. Servicing and annual certificates were seen to demonstrate external checks, such as gas and electrical safety, had been completed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were sometimes protected from the risks of abuse. There was a policy in place to support and guide staff in dealing with allegations of abuse. Staff told us what they would do if abuse was suspected. One told us, "If I had any concerns I would speak to the (Registered) manager." However, the training matrix identified not all staff had completed safeguarding training.
- A safeguarding file had been developed however, this was disorganised and difficult to follow. The nominated individual told us they were planning to review this record and adapt it to ensure the analysis and monitoring of any safeguarding concerns, as well as any lessons learned.
- We saw a number of concerns had been raised with the local authority safeguarding team and these were being investigated. However, some concerns we had identified during the inspection had not been reported to the local authority. The registered manager confirmed these would all be sent.

People were at risk of harm because the provider failed to ensure systems in place were robust enough,

effective and that safeguarding concerns were reported and monitored. This was a breach of Regulation 13 (1) (2) (3) (4) Safeguarding people from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us people were safe in the service. Comments included, "[Person] keeps me safe This home (service) is top of the tree!" Relatives said, "The staff here are very good to my [person]. They are in bed most of the time so [person] is safe" and, "[Person] is very safe and well cared for."

### Staffing and recruitment

At our last inspection we made a recommendation to ensure robust systems were in place to manage safe recruitment of staff. Not enough improvement had been made at this inspection and the provider was in breach of regulation

- Staff were not consistently recruited safely. Staffing numbers were mostly sufficient
- Staff files mostly contained information to demonstrate the safe recruitment of staff. However, not all checks being undertaken were noted. For example, one person's file had only 1 record as proof of identity and no confirmation that DBS checks had been completed. Another file had no application form and contained one reference. The nominated individual told us about their plans to ensure safe systems were in place to recruit staff safely.
- We checked the duty rotas and saw amendments made to cover changes in shift patterns. The nominated individual told us that the registered manager completed a dependency assessment tool which took into account the layout of the building. We asked to look at this however, this was not provided until after the inspection was completed.

Systems failed to ensure staff were recruited safely. This was a breach of Regulation 19 (2) Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives raised no concerns about the staffing numbers. They said, "There always seems to be enough people to help me. I think the staff do a good job", "There seems to be enough staff, and they are very good to [person]" and, "I can get around but the staff are there to help me."
- Staff feedback was mixed about the staffing numbers. They told us, "There is enough staff, there is always people around", "Staffing is up and down. There are enough staff to meet people's needs as the numbers of residents (People who used the service) are dropping" and, "There are enough staff, some days seem better than others. The layout contributes to issues. There are 3 staff on each floor and we always get agency cover." However, one person told us about staffing concerns during a shift where agency had to be requested. They said, "There is not enough staff." Others discussed that there was not enough time to do everything that was needed to be done. During our inspection we saw plenty of staff on duty for all roles.

### Preventing and controlling infection

- We were somewhat assured the provider had systems to effectively prevent and manage infection outbreaks. There were inconsistencies in supporting outbreaks in the service. The registered manager told us they had sought advice from the local infection and prevention team. However, the service had not commenced the actions suggested in relation to the staff.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. However, we noted equipment, and some staff personal belongings were being stored in a linen cupboard.
- We were somewhat assured that the provider was using PPE effectively and safely. However, staff were not

consistently wearing personal protective equipment (PPE) whilst undertaking direct care with people.

We recommend the provider seeks nationally recognised guidance to ensure risks in relation to infection prevention and control were managed and take action to update their practice accordingly

- We were assured that the provider was admitting people safely to the service.
- 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. Dedicated housekeeping staff were employed and records were completed to confirm cleaning had been undertaken.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was supporting visitor safely. We observed a number of visitors during the inspection. Guidance was on display and people signed in on arrival.

# 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 changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support, and outcomes.

Staff support: induction, training, skills, and experience

- Staff were not always supported with their knowledge and skills. We saw evidence that the nominated individual and registered manager had followed up gaps in staff training to ensure they were up to date. However, the training matrix had significant gaps around mandatory training which had been completed. Where specific training was required for certain tasks, these had not been undertaken. The nominated individual told us staff would be provided with specific training and competency checks would be undertaken.
- Some staff told us they had undertaken training however, others said they had not. Comments included, "I am up to date with training but I have to do it in my own time" and, "I have done my training with my agency team." However, one staff member told us, "I am not up to date with training. I am not able to access the online system." The nominated individual provided evidence that this person had accessed and completed some of their training, but not all topics.

Systems were not in place to ensure staff had the up to date knowledge and skills to deliver effective care to people, according to their needs. This placed them at risk of harm. This was a breach of regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were confident about the knowledge and skills of the staff team. They told us, "I am looked after well here", "The staff are efficient and know their jobs" and, "The staff do lots to help me. They always seem to know what they are doing."
- Staff told us they had received supervision, but this had only very recently been undertaken. Supervision records demonstrated the topics discussed, as well as actions required following the meetings.

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.

- We checked the records relating to DoLS, and applications to the assessing authorities. We saw evidence of completed DoLS applications. However, where conditions had been applied, care records had not been updated in a timely manner. This meant staff did not have access to up to date information to prevent unlawful restrictions. Not all of the care files we reviewed had evidence that DoLS applications had been submitted. We discussed whether all people that should have DoLS applications submitted to the assessing authority, had been done.
- There was a DoLS file with tracker to support the monitoring of any applications and outcomes. We noted this was not up to date. The registered manager immediately took action to address this.
- The training matrix confirmed some staff had received training in MCA and DoLS. However, we noted a number of staff were not up to date.

This was a breach of Regulation 13 (5) Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always protected from the risks of unlawful restrictions, and gaps in Mental Capacity Act and Deprivation of Liberty training was evident. This placed people at risk of harm.

- We saw staff maintaining people's choice and control and staff supported them in the least restrictive way.

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

- People were not always being provided with appropriate support for their individual health needs.
- We saw some people, where they had specific medical needs which had not been managed safely. Staff had not followed guidance as a response to abnormal readings in checks for two people. Where one person had sustained an injury a medical review had not taken place.

Systems were not in place to ensure people were protected from the risks associated with inadequate monitoring of people's individual needs. This placed people at risk of harm. This was a breach of Regulation 12 (1) (2) (a) (b) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us staff sought medical advice if required, and they were kept informed. They said, "We are kept informed if anything changes. We do not have any issues getting what is required for [person]", "If I need the doctor the nurse just calls them", "There appears to be plenty of outside help, if it is required" and, "The responsibility for [person's] health issues is looked after by the home (service)."
- We saw some evidence of reviews by professionals taking place.

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

- People and relatives told us they were involved in decisions, and we observed people being asked for their views during the inspection.
- None of the care files we reviewed confirmed preadmission assessments had been undertaken prior to the persons admission. However, there was work ongoing with the care plans and it was recognised that this information may have been archived. The nominated individual told us a number of recent admissions had been agreed via telephone assessments. They said this had contributed to limited information about

people's needs and how to support them safely.

We recommend the provider seeks nationally recognised guidance to ensure detailed assessments of people's needs was undertaken. This would confirm that the service could meet their needs.

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

At our last inspection we recommended that the provider sought nationally recognised guidance to ensure the premises was suitable to meet the needs of people. During this inspection we noted some improvements had been made. However, we made a further recommendation

- The service design and decoration somewhat supported people's individual needs.
- Whilst there was some evidence of improvements in the environment, there was still ongoing work and updates required. On day 1 there was a water leak in the ceiling in one of the communal areas. The provider took immediate action to isolate the electric lighting and professionals visited the service to fix the leak.
- An action plan had been done with time frames for the environmental works however, this had not been reviewed to confirm actions had been taken. We checked one person's bedroom floor where previous repairs had been done. However, we noted further tares to the flooring, posing a trip risk. The registered manager took immediate action to repair the flooring.

We recommend the provider seeks nationally recognised guidance to ensure audits on the environment and identified risks are acted upon in a timely manner and take action to update their practice accordingly

- People were mainly positive about the environment. Comments included, "My room is nice and someone cleans it for me", "I wish the home had a safe outside area because my [person] would love to be out in the fresh air sometimes."
- We checked a number of bedrooms, some were more personalised than others. Most areas were clean and tidy and free from clutter. However, there were strong odours in the building for several hours on day 1 of the inspection. There was a small, enclosed patio area and garden to the side of the property. The registered manager had made changes to the configuration of the communal areas. This supported a more homely environment.

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

At our last inspection, the provider had failed to ensure people received the safe and appropriate support for their nutritional needs. This was a breach of regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we noted improvements had been made and the provider was no longer in breach of regulation 14

- People were supported to eat and drink. We received mixed feedback about the food people received from people and relatives. People told us, "I really enjoy my food. Plenty to eat and well cooked," "My [person] has their food monitored by the staff because [person] [has a] (medical condition)" and, "My [person's] appetite has improved and they are looking better. The food appears to be of a good standard." However, one person said, "I do have a problem with my food. I have to have soft food and it doesn't always look very nice. I have complained, but the chef said it's difficult to make it look appetising."
- Kitchen staff told us, and we saw plenty of supplies of food available in the service. New menus had recently been developed. The registered manager told us they were planning to undertake more engagement with people to ensure their food choices were considered.

- We undertook observations of the mealtime experience. Whilst some people sat in the dining room, most people ate their meals in their bedrooms. People told us they enjoyed their meal on the days of the inspection. Choices of meals were offered to people, and support was provided, where required.
- There was evidence of food audits. However, these were from several months prior to the inspection. Policies and guidance had been developed in relation to food and nutrition and there were posters advertising an upcoming hydration week.

# Is the service caring?

## Our findings

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

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

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported, respecting equality and diversity; Respecting and promoting people's privacy, dignity, and independence

At our last inspection systems were not in place to ensure relevant assessments and checks had been undertaken to support person centred care for people. This was a breach of regulation 9 (1) (3) (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection improvements were still required, and the provider was still in breach of Regulation 9

- People did not always receive good care. Documentation failed to confirm their individual needs had been met.
- We observed high numbers of people in bed for very long periods and they appeared to be in the same position. Some people's bedroom doors were open meaning they were visible from the corridors. We checked the daily records for a number of people. Whilst some records had been completed, most of these recorded people were left in the same position for several hours. We asked the registered manager to undertake a review of all people who were in bed during the inspection for any ill effects on their pressure areas and take action on the findings accordingly.
- One person was served their meal whilst they were flat in bed, and another person who required support from staff with the disposal of their continence products. The registered manager told us they had already taken action to ensure people were supported with their individual needs with dignity.

Systems were not in place to ensure people received appropriate, dignified and timely care. This was an ongoing breach of Regulation 9 (1) (a) (b) Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people were positive about the care and support they received and they were treated with kindness, dignity and supported. Comments included, "I am looked after very well indeed. The staff meet all my personal needs and do their jobs with kindness and care", "I couldn't ask for better care. The staff here are excellent. I am sure with their help I might be able to go home one day", "It is very reassuring when you see the ladies and gents being treated with kindness and dignity" and, "My [person] loves the staff. [Person] gets very good care. I know because no matter when I visit they always look well cared for." However, 1 person told us about some concerns with their care. The registered manager took immediate action as a response to this concern.



- The staff generally appeared to have a good knowledge and understanding of people, and they told us people received good care. One staff member said, "Staff are very caring, they do a good job."
- We observed some caring, positive, and respectful interactions taking place between people, relatives, and staff. People were seen involved and encouraged with everyday choices and staff were observed knocking on bedroom doors. The registered manager told us they would monitor the staff team and their engagement with people, to ensure all staff engaged positively.
- The nominated individual told us they had developed a new system that would ensure staff were allocated to people to support their care and complete relevant documentation. This was commenced on day 2 of the inspection.
- Most records were stored securely. We noted some care records were unsupervised in the communal areas. These were removed immediately and stored securely.

# Is the service responsive?

## Our findings

At our last inspection we rated this key question requires improvement. 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, End of life care and support

At our last inspection we identified that systems had not been established to ensure records included detailed assessments of people's current, individual needs and that detailed reviews had taken place. This was a breach of regulation 17(1) (2) 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

- Systems had not been established to ensure personal care needs and preferences had been recorded. Staff were aware of care plans and daily records. However, they told us, they sometimes felt rushed to complete care plans and daily recordings.
- Care records we reviewed had some information in them to support the delivery of care to people. This included one record where a short-term care plan had been implemented. However, most were either brief, incomplete, or did not reflect people's current needs. Records had not always been signed or dated. For example, one record did not reflect a potential risk of injury when moving and handling was undertaken. And another, made no reference to falls in their care plan.
- A resident of the day record had been introduced to support a review of people's needs and choice. However, these were not consistently being completed.
- None of the records we reviewed had evidence that end of life care and support was considered.
- There was little evidence that physical observations had been completed in the care records.
- The service had a record for all people's weights. These provided staff with guidance about recording. However, there was no details about what to do if concerns in relation to weights were identified. Some people's weights had been recorded however, not all had been done regularly and in line with their needs. The nominated individual told us they had developed a new system for monitoring and recording people's weights however, this had yet to be introduced.

People using services were at risk of harm as systems were not robust enough to ensure records were completed in line with guidance and individual need. This was an ongoing breach of regulation 17 (2) (c) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We saw little evidence that people and relatives had been involved in the development of the care plans. However, some people and relatives told us they had been involved in their care planning. Relatives said, "My opinion has been asked on several occasions relating to my [person's] care. I appreciate being involved" and, "We have some care issues with [person] that need addressing. Hopefully, if we can change [person's] care plan, they will settle better."
- We saw a record that had been developed very recently to support 1 person to be discharged home safely

from the service. The nominated individual told us that they had developed a full range of detailed documentation to ensure people's needs and risks were recorded. However, these had not been introduced in a timely manner by staff. The nominated individual and registered manager provided details of regular communication with the staff team about the importance of detailed and relevant documentation.

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 we made a recommendation the provider sought nationally recognised guidance to ensure people were able to access meaningful and regular activities, of their choosing. During this inspection we found some improvements in relation to the recording of activities however, we made a further recommendation

- Not all people could confirm activities were being undertaken. They said, "I have had discussions about the possibility of my [person] being able to go out in a chair in summer and the staff have said they will look at the possibility", "I don't think [person] would join in with others. [Person] is better just with the staff" and, "With the correct attention [person] has received I do feel that they have settled into a happy way of life. The staff do respond to [persons] needs."
- An activity room had very recently been introduced in the service. This contained a number of activities equipment available to use. We saw very little activities provided during the inspection, other than board games for a small number of people in the communal areas. The registered manager told us a new activities co-ordinator had been recruited and would be commencing in post shortly after the inspection.
- An activities planner had been developed for last year. This detailed some activities that had been planned however, it was not person centred and directed for activities in a hour time frame each day. The service had developed newsletters which provided evidence of previous events which had occurred. However, these were dated from early 2022.

We recommend the provider seeks nationally recognised guidance to ensure people had access to individualised and meaningful activities and take action to update their practice accordingly

- The registered manager told us they had introduced a resident of the day file. This would help to identify what people's likes and interests were.

#### 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 supported. We observed staff speaking with people at their level, and at their pace. We saw people making use of aids such as glasses to support their communication. Wi-Fi had been installed in all areas of the service. This would support people to enable contact with family and friends.
- We could not see information in relation to advocacy on display. The registered manager confirmed this was in place following the inspection. This would ensure people had access to support them with important decisions.

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. A complaints file had been developed. This included a log sheet to support monitoring and outcomes. Where outcomes had not been recorded the registered manager confirmed they would follow this up to ensure appropriate actions had been taken. We saw positive feedback in a range of thank you cards. As well as emails from the registered manager to the staff team.
- Policies and guidance were available to ensure complaints were dealt with. Information for customer experience feedback was on display to guide people.

# 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. The rating for this key question 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.

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; Working in partnership with others

At our last inspection we identified systems were not robust enough to demonstrate safety and quality was effectively monitored and managed. 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

- The provider had failed to ensure a consistent and robust system to monitor and identify shortfalls in the service had been established. The provider somewhat worked in partnership with others.
- Very little evidence of oversight and monitoring of the service was noted. Where audits had been completed, low compliance scores was noted however there were no records of the required actions. Some audits identified no concerns however, others were concerned about the operation and oversight of the service and associated risks.
- We saw evidence of guidance from professionals who visited the service. There was guidance for staff to follow for people's individual needs, but these were not always being followed.
- A new registered manager had recently commenced in post and there was some evidence of more audits being undertaken since they had commenced in post. However, the actions from these had not always been followed up to confirm they had been completed. For example, a care plan audit identified a number of actions that were required, these had not been signed to confirm they had been reviewed.
- We saw detailed audits undertaken by the nominated individual in December 2022 and January 2023. Whilst these had identified some of the concerns we found at this inspection, not all of our concerns had been noted. For example, the lack of effective monitoring of one person's medical condition, the gaps and inconsistencies in some accident and incident records. We discussed our concerns with the nominated individual who provided feedback evidence of the actions they had taken in addressing the shortfalls. They told us of their plans to ensure the whole staff team understood their roles and responsibilities, and their commitment to take action to ensure people received individualised care.
- During this inspection we identified widespread failings. Breaches were identified in relation to, providing appropriate, dignified and timely care, ensuring systems were in place, completed and, action taken in relation to risks. They failed to ensure people were protected from the risks associated with inadequate monitoring of people's individual needs. They also failed to ensure medicines were managed safely and that systems were robust enough, effective and that safeguarding concerns were reported and monitored. We

also made a breach in relation to ensuring people were protected from the risks of unlawful restrictions and gaps in MCA and DoLS training was evident. Systems were not robust enough to ensure records were completed in line with guidance and individual need.

- We made recommendations in relation to staffing knowledge and skills and safe recruitment of staff. As well as in relation to the assessments of people's needs. To ensure action was taken to address risks in the environment and individualised and meaningful activities were provided.
- The service had been in breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the last 2 inspections.

Systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17 (1) (2) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and relatives were positive about the new management arrangements. Comments included, "I do think things have improved. The new manager is trying very hard", "Definitely see changes since the new management had been put in place" and, "The new manager wanted to get to know [person] and was interested in learning all about [person]."
- Staff knew who to speak to if they had any concerns. The feedback from staff was mostly positive about the registered manager. They told us, "The new manager is good. I am happy. I feel supported", "I am supported by [registered manager] and [clinical lead]. It is much better, a calm environment", "[Registered manager] is still finding his feet, no change as yet. [Nominated individual] is good. She will act on concerns or things." However, one staff member told us, "I am not supported." They told us any concern raised with management was not acted upon."
- The registered manager, nominated individual and directors, and most of the staff team were supportive of the inspection and providing information we requested. The registered manager, nominated individual and directors were very open and transparent about improvements required in the service and the concerns we have identified during this inspection.
- Certificates of registration and the ratings from the last inspection were on display in the entrance, along with the employer's liability insurance and a disability confident employer poster.

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 acted when things went wrong. We saw evidence of recent kind and informative feedback to relatives, in accordance with their responsibilities for duty of candour.
- The nominated individual and registered manager told us they were committed to taking actions to address the failings we have identified at this inspection.
- Records confirmed statutory notifications were being submitted to the care quality commission. The registered manager confirmed they would review all records and ensure relevant notifications have all been submitted as required.

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

- Staff were mostly engaged and involved. Staff told us meetings had started to take place recently. One said, "Happy with where we are going now. As a manager he (registered manager) is going to make really good changes. He is very approachable you can go to him with anything. Since he came there are meetings now."
- Records noted surveys for people and staff had been considered. We saw a recent survey had been completed for staff with the findings recorded.

- There was some evidence of meetings taking place recently with people and staff. Minutes noted the dates and topics discussed along with the attendees. These included, company news and announcements, employee engagement plans, team and staffing updates challenges and issues, ideas and suggestions, quality assurance and compliance, celebrations and achievements.

#### Continuous learning and improving care

- Continuous learning and improving care was considered.
- The nominated individual told us they had recently introduced employee of the month This promoted a positive working environment for people. There was an electronic communication system which had been introduced to ensure staff had access to updates, policies and information. We saw some evidence of the information shared in the system.
- Policies and guidance were available for the staff team to support their role, and these had been updated recently.

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	Systems were not in place to ensure people received appropriate, dignified and timely care.  Regulation 9 (1) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	People who use services were not protected against risks because the provider failed to ensure systems in place were robust enough, effective and that safeguarding concerns were reported and monitored.  People were not always protected from the risks of unlawful restrictions and gaps in Mental Capacity Act and Deprivation of Liberty training for staff was evident. This placed people at risk of harm.  Regulation 13 (1) (2) (3) (4) (5)

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	People using services were at risk of harm as systems were not robust enough to ensure records were completed in line with guidance and individual need.



Systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service.

Regulation 17 (1) (2) (c)

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

People who use services were not protected against risks because systems failed to ensure staff were recruited safely.

Regulation 19 (2)

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Systems were not in place to ensure staff had up to date knowledge and skills to deliver effective care to people, according to their needs.

Regulation 18 (1)

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
Treatment of disease, disorder or injury	<p>People who use services were not protected against risks because the provider failed to ensure systems were in place, completed and action taken as a result in relation to risks. And they failed to ensure people were protected from the risk associated with the inadequate monitoring of people's individual needs.</p> <p>People who use services were not protected against risks because their medicines were not managed safely which put people at risk of harm.</p> <p>Regulation 12 (1) (a) (b) (2) (g)</p>

### **The enforcement action we took:**

Warning notice