

Ms P Goss

St. Catherines Residential Care Home

Inspection report

326-328 Boldmere Road
Boldmere
Sutton Coldfield
West Midlands
B73 5EU

Tel: 01213778178

Date of inspection visit:

25 January 2018

26 January 2018

Date of publication:

25 May 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

At the time of our last comprehensive inspection in July 2017 we found breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 and the service was rated as Inadequate; this meant that the service was placed in 'special measures'. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

We imposed conditions on to the provider's registration for this registered location which required the provider to submit monthly reports to us, telling us what quality assurance activities that had undertaken each month to monitor and promote the safety and quality of care provided to people.

We undertook this focused inspection on 25 and 26 January 2018 to check the provider had followed their plans and to monitor their compliance with the legal requirements of the regulations. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for St. Catherine's Residential Care Home on our website at www.cqc.org.uk.

At our last inspection in July 2017, we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not always ensured that there were sufficient numbers of staff available to meet peoples' needs in a safe and timely way. The environment did not always promote peace, comfort or safety; safe recruitment practices had not always been followed to protect people from the risk of receiving care from unsuitable staff.

We also found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 because the provider's quality monitoring systems and processes had been ineffective in sustaining improvements as well as identifying other shortfalls found during the inspection. Where quality assurance processes had identified areas in need of improvement, the provider had not always responded efficiently to ensure the safety and quality of the service was maintained in a timely manner.

At this inspection, we found improvements had been made to both the safety and the quality of the service, but further improvements were still required. This has been reflected in the revision of the overall rating of the service at this inspection. Therefore the rating has been changed from 'Inadequate' to 'Requires improvement' in both, Safe and Well-led. However, we felt sufficient improvements had not yet been made, or sustained to satisfy the requirements of regulations 12 or 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This meant there were continued breaches of these regulations. You can see what further action we have taken at the end of this report.

We will continue to monitor the safety, effectiveness and sustainability of the service at our next inspection.

If further improvements have not been made by this time or if the improvements noted at this inspection are not sustained, we will take further enforcement action to further protect the safety of people living at the home.

St. Catherine's Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St. Catherine's provides accommodation and personal care for up to 22 people. At the time of our inspection, there were 21 people living at the home.

The service was required to have a registered manager in place as part of the conditions of their registration. At the time of our last inspection, the manager of the service had not successfully registered with us which meant the provider was not compliant with the legal requirements of their registration. This is an offence under section 33 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, there was a registered manager in post at the time of our visit because the manager in post had registered with us in January 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, since our inspection we have been told that the registered manager was no longer in this post and a new manager has been appointed.

We found that some improvements had been made to promote the safety and governance of the service. However, the shortfalls that we identified within this inspection showed that further improvements were still required. The provider had failed to make sufficient improvements to the efficacy of their quality assurance systems within the stipulated time frame. This meant that this inspection was the third consecutive inspection whereby the provider had failed to achieve a 'good' rating in the well-led area of our inspection. It was also the second inspection whereby they have failed to meet the requirements of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what further action we have taken at the end of this report.

It is a legal requirement for providers to display their rating. This is to show whether a service was rated as 'outstanding', 'good', 'requires improvement' or 'inadequate' following an inspection. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of the care provided. At the time of our last inspection in July 2017 we found that the provider had not displayed the rating of their previous inspection ('requires improvement') on their website. This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the provider was given a fixed penalty notice for the offence. At this inspection, we found that the provider had not displayed the rating of their most recent inspection from July 2017, 'Inadequate'. This was a repeated offence under regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering what action to take in respect of this offence.

Despite an increase in staffing levels within the home, staff continued to be 'busy and 'disorganised' which meant people did not always receive the care they required when they required it. Fire safety systems and practices within the home were not always implemented or monitored effectively, which meant people's safety and well-being were not always in the event of a fire.

The provider had not always ensured safe recruitment practices had been followed to ensure people were only supported by staff who were suitably skilled and safe to do so. Furthermore, staffs training

compliance had not always been effectively monitored to ensure they had the knowledge and the skills they required to fulfil their responsibilities.

Most people received their medicines as prescribed and improvements had been made to the storage of medicines.

People were supported to live in an environment that promoted their safety and comfort because improvements had been made to the maintenance and cleanliness of the property.

People were protected against the risk of abuse and avoidable harm because staff knew the signs and symptoms to look out for and were aware of the reporting procedures.

The provider had made some improvements to their quality monitoring processes within the service but these improvements had not always been implemented effectively or sustained. This meant compliance was fragile and further improvements were still required. Quality assurance practices had failed to proactively identify the shortfalls we found during our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some improvements had been made to the safety of the service but further improvements were required.

People did not always receive the care they required when they required it because staff continued to be 'busy and 'disorganised' despite an increase in staffing levels within the home.

People were not always protected against the risk of fire because fire safety systems and practices were not always implemented or monitored effectively.

The provider had not always ensured safe recruitment practices had been followed to ensure people were only supported by people who were safe to do so.

Most people received their medicines as prescribed. However, some improvements were required to the administration of medicines prescribed to people on an 'as required' basis.

People were supported to live in an environment that promoted their safety and comfort because improvements had been made to the maintenance and cleanliness of the property.

People were protected against the risk of abuse and avoidable harm because staff knew the signs and symptoms to look out for and were aware of the reporting procedures.

Requires Improvement ●

Is the service well-led?

Some improvements had been made to the safety and governance of the service but further improvements were required.

The provider had made some improvements to their quality monitoring processes within the service but these improvements had not always been implemented effectively or sustained. This meant further improvements were required.

The provider had failed to display their rating on their website as required by law.

Requires Improvement ●

Quality assurance practices had failed to proactively identify the shortfalls we found during our inspection.

St. Catherines Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This unannounced inspection took place on 25 and 26 January 2018 and was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The purpose of our inspection was to check that improvements to meet the legal requirements planned by the provider after our last comprehensive inspection in July 2018 had been made. We inspected against two of the questions we ask about services; 'Is the service safe?' and 'Is the service well-led?'. This was because the provider was previously not meeting some of the legal requirements in relation to these questions.

As part of the inspection we looked at the previous inspection findings and checked the information that we hold about the service and the provider. This included the provider's action plan, which set out the actions they would take to meet the legal requirements as well as their monthly quality monitoring reports. These were reports that the provider had sent us as part of the conditions we had imposed on to their registration for this location. We also looked at notifications we had received from the provider that they are required to send to us by law, including safeguarding alerts and information from local authorities and the clinical commissioning group. The clinical commissioning group are responsible for monitoring the quality of the service and funding for people who use the service. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care services, such as care homes, hospitals, GP services and dentists.

During our inspection we spoke with seven people, seven relatives of people who lived at the home, six members of staff including the provider, the registered manager, two senior carers, and two care assistants. We also spoke with two visiting professionals including a community mental health nurse and a fire officer.

Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records of five people to see how their care was planned and looked at the medicine administration records in detail for five people. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety monitoring records, accidents and incident records, and compliments and complaints. We checked three staff files to look at the provider's recruitment processes.

Is the service safe?

Our findings

At the time of our last comprehensive inspection in July 2017 we found that the service was not consistently safe. The provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not always ensured that there were sufficient numbers of staff available to meet peoples' needs in a safe and timely way. The environment did not always promote peace, comfort or safety; it was not always clean or free from clutter which put people at risk. The provider had not always followed safe recruitment practices to protect people from the risk of receiving care from unsuitable staff. We imposed conditions on to the provider's registration for this location. This required them to submit monthly reports to us, telling us what quality monitoring and assurance systems they had implemented and how these had been used to promote the safety of people living at the service.

At this focused inspection, we found that some improvements had been made to the safety of the service but further improvements were still required.

People, relatives and staff we spoke with told us that they had noticed some improvement in the staffing levels at the home, but staff continued to be 'busy', 'disorganised' and people did not always receive the support they required, when they required it. One person said, "There is not enough staff all the time". Another person told us, "I don't know if there is enough staff, but they don't seem to be organised". A third person stated, "The staff are always in a hurry and rushing". A relative we spoke with explained, "The staff are caring but they have too much to do". Another relative advised us that weekend's appeared to be problematic for staffing as there tended to be a lot of sickness and an over-reliance on agency staff. People we spoke with, observations we made and records we looked at showed that the impact these staffing issues had on people meant that people did not always receive the support they required, when they required it. For example, one person we spoke with told us and records we looked at confirmed, that they had not had any breakfast on the first day of our inspection. They said, "They [staff] must have forgotten about me". We saw that staff had checked on them at 08:30am but they had not been checked again until staff arrived with their lunch at 13:15. We also saw that another person who was cared for in bed and required hourly checks and support with positional changes (for pressure relief) had not been supported for over three hours. We discussed this with the registered manager and the provider. They explained to us that additional staff had been deployed since our last inspection (amounting to an additional 45 hours of care provision per week) and a new allocation sheet had been devised to support the organisation and deployment of staff. They also showed us a dependency tool that they used to assess how many staff members were required based on the level of people's needs within the home. Calculations showed that the service was 'over-staffed'.

However, upon closer examination; we found that this tool had not always been used effectively or consistently. For example, we saw that the tool had not captured some of the key care tasks that people required support with, such as continence care and some of the timings that had been allocated to other care tasks were unrealistic. For instance, we saw that 11 minutes had been allocated for staff to support people with washing and dressing. We reflected this back to the provider and explained that this does not appear to take in to consideration the preparation time. Also, the time it takes for some people to transfer,

mobilise and their level of ability and support needs during the self-care task (for example, whether they require verbal prompting, physical assistance) had not been taken in to account. This is particularly important where staff are promoting independence, which can take longer with the need for gentle reassurance and encouragement. This meant the staff dependency tool could not be relied upon for its validity.

We also found that since our last inspection there had been a high turnover of staff. One relative said, "The turn-over of staff is unbelievable". The provider felt that this was reflective of some of the changes that had been implemented to drive the improvements as well as the current climate of social care. We acknowledged that a high turn-over of staff can affect service delivery as it often takes longer for new staff to become accustomed with practices within the home; however the provider acknowledged that improvements were required in this area.

Staff we spoke with told us that the introduction of an additional staff member had been an improvement but they continued to find it difficult to tend to people's support needs and as well as the additional tasks that were also expected of them, including laundry and activities. Everyone we spoke with told us that improvements were still required to the laundry service and the provision of activities within the home. The provider acknowledged that these two areas, together with improved shift organisation, could resolve the perceived staffing issues within the service. Since our inspection, we have been told that the provider had recruited a laundry assistant, five days a week (which will increase to seven days a week in March 2018) as well as two activity coordinators which will provide 35 hours of activity provision by the end of March 2018. We will assess the effectiveness of these changes at our next inspection.

At the last inspection in July 2017, we found that improvements were required to the provider's recruitment practices, namely with regards to the way in which they used the information obtained via the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. During this inspection, we found that improvements had been made in this area but other safe recruitment practices had not been sustained. For example, we saw that the provider had not always ensured employment references had been obtained from staffs' most recent and relevant previous employer (where possible) and references had not been checked for their authenticity. Furthermore, we found staffs' training compliance had not always been effectively monitored to ensure they had the knowledge and the skills they required to do fulfil the responsibilities of their roles. The provider advised that this had only come to light upon the dismissal of the registered manager and that this would be given their closest attention as a matter of priority. We have since been informed that the provider has sourced a staff training package and all staff will be required to complete all of the necessary training required relevant to their roles, irrespective of training previously undertaken. This will ensure all staff are trained to the same standard and training can be monitored on a rolling programme. The provider has advised that the implementation of staff training in to practice will be further monitored through spot checks and supervision practices, moving forward.

We looked at the fire safety practices within the service. On the first day of our inspection, we found that the fire doors were locked and the keys were not easily accessible. We also found that the home's fire risk assessment was out of date and recommendations from previous assessments had not been followed. Whilst some people had Personal Emergency Evacuation Plans [PEEPs] in place, these were not always kept up to date when people's needs had changed. Other people did not have a PEEP in their care files and the list of emergency evacuation plans for people that was kept in the fire folder was also out of date and did not reflect people's current care needs. We saw that some fire safety checks were maintained, including checks of the fire alarm systems, but fire drills were not facilitated and emergency lighting checks were not maintained. Staff we spoke with were not always aware of their roles and responsibilities in the event of a

fire. This meant that fire safety within the home required improvement. We discussed our concerns about this with the provider at the time of our inspection and arranged for a fire officer to visit the service to advise them on how to improve their fire safety practices within the home. On our second day of inspection, we saw that the provider had hung the keys to the fire doors next to the fire exits. They had also ordered some fire key boxes to be installed as a 'back-up' to house a spare key should they require it in the event of an emergency. Feedback we received from the fire officer on 12 February 2018 recognised that whilst some areas fell short (namely the fire risk assessment, staff fire training and emergency lighting tests), the building and practical fire safety provision were not placing people at risk of harm. The fire officer was confident that with the keys now situated by the fire doors and with the implementation of an effective fire evacuation process, staff would be on hand to open the fire doors to support a full evacuation. They also recommended that a second set of keys were held by the on-duty manager at all times. Since our inspection, the provider has informed us that following the advice of the fire officer, they have contacted an independent company to carry out an individualised risk assessment specific to their care home. We will assess the effectiveness of these improvements at our next inspection.

Despite, the improvements noted during the inspection, the evidence presented above shows that sufficient improvements have not yet been made to promote the safety of the service. Therefore, we found a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the end of the report.

At our last inspection in July 2017 we found that improvements were required to the maintenance and cleanliness of the environment. People and relatives we spoke with, records we looked at and observations we made, showed that on the whole, these improvements had been made. One person said, "It's [environment] a lot nicer now". A relative commented, "There has been a hive of activity [since the last inspection], the results are that it appears cleaner, tidier, less cluttered and there is no longer a smell as you walk in". We also found that the safety of the environment had improved. For example, walk-ways were free from clutter and potential trip hazards had been removed, carpets had been replaced and safety doors had been installed by the stairways. We also found that the provider had invested in advanced fall sensor technology for people who were assessed as being at high risk of falls. A relative we spoke with told us, "Various measures have been put into place to ensure residents [people] are kept safe; my mom has a pressure mat in her room which alerts staff if she gets out of bed because she is at risk of falling and key codes have been put on some of the doors which means people's safety and comfort has been promoted".

Further to this, we found that the provider had re-arranged some of the staffing areas which meant the staff now had a designated 'staff room'. Staff we spoke with told us that this had been well-received because it now meant they had an area where they could sit to complete administrative duties and records were stored more securely. Previously, records were kept in a cupboard in the dining room and staff sat at the dining tables to complete their administrative tasks. The formation of a 'staff room' now meant that the dining room could be used exclusively for this purpose.

At our previous inspection in July 2017, we found improvements were required to the medicine management practices within the home, namely the safe storage of medicines. For example, we saw that the medicines room door was propped open to ensure that the temperature that medicines were stored in was maintained appropriately. However, this left a potential risk for people to access medicines that they did not require and that could be harmful to them. We also found that some medicines, such as those that were due to be returned to the pharmacy were kept in either unlocked storage boxes or in bottles on a shelf in the medicine room and were potentially accessible to people using the service. At this inspection, we found that the provider had relocated the medicine room to the second floor, in a larger more secure area. Staff we spoke with were complimentary of this change and reported to have more space to carry out the

roles associated with medicine management. One member of staff said, "It's [medicine room] so much better, we can maintain the temperature properly, there is more space to store medicines, like returns [medicines that need returning to the pharmacy]; especially when the new cycle arrives too [when medicines are delivered by the pharmacy]; its loads better for auditing too".

People we spoke with confirmed that they received their medicines when they required them. One person said, "My medication is on time and they [staff] don't forget". Another person told us, "They [staff] are good when it comes to medicines; I get what I need, no problem". We saw that some people were prescribed medicines on an as required basis (sometimes termed 'PRN'). We found that protocols used to support staff to administer these medicines safely and effectively were in place, but some of these lacked detail. We found that for one person, the administration of their PRN medicine, which had been prescribed to support their sleeping pattern and to reduce the prevalence of behaviour's that the staff had found difficult to manage, did not appear to reflect the protocol or guidance recommended by specialist services. We spoke to a visiting professional who advised that it would be difficult to confirm whether this had negatively impacted upon the person's well-being, but recognised that the protocol for the administration of the medicine had not been followed as prescribed. Medicine administration auditing processes had failed to recognise this discrepancy or the lack of supporting evidence for the administration of medicines prescribed in this way. We fed this back to the provider at the time of our inspection and they agreed that this would be reviewed as part of their on-going improvement plan.

We observed a senior care assistant administered medicines to people safely and effectively during our visit. People were asked for their consent before being supported to take their medicines, and staff informed people about what the medicines were for if they did not already know. Some people were given the choice of whether or not they wished to take certain medicines, such as pain relief which had been prescribed on an 'as required' basis.

Staff we spoke with were aware of people's care needs and any associated risks; they knew who required additional checks and the frequency of these checks. One member of staff we spoke with told us, "Some people are at risk of pressure sores, so we have to re-position them more often. Other people aren't able to tell us when they need help so we check on them more often too". They were able to tell us who these people were. Records we looked at confirmed that these people had higher care needs. However, records we looked at also showed that some people who were assessed as requiring re-positioning or checking every hours' to protect their skin integrity, were at times waiting over three hours for this support. We discussed this with staff and management. They told us that sometimes, staff were not always recording when they have provided support to people and that this was an on-going monitoring issue that was currently being addressed. We also found that the resourcefulness of staff time, the demands of additional tasks as well as poor organisation also contributed to this, as outlined previously.

Staff we spoke with were confident about what they needed to do in order to keep people safe in the event of a medical emergency such as choking or falls. Accident and incident records we looked at showed that staff had taken the appropriate action to seek medical assistance as and when required and people were supported effectively, in order to promote their safety and comfort.

We found that staff had received training on what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "I am confident people are safe here in that respect; I have never seen or heard anything that's caused me concern; if I did I would report it to the manager or senior straight away". Another member of staff told us that they had access to external agencies such as CQC should they need to contact us if they were concerned. This meant that staff had the knowledge and the skills they required to identify the potential risk of abuse and knew what action to take. The registered

manager told us and information we hold about the service showed that, where safeguarding concerns had been raised, these had been reported and investigated appropriately by the relevant authorities.

Whilst we found that many improvements had been made to the safety of the service in keeping with the provider's action plan, further improvements were still required. This has been reflected in the revision of the rating for this key question at this inspection. Therefore the rating has been changed from 'Inadequate' to 'requires improvement'. We will continue to monitor the safety, effectiveness and sustainability of the service at our next inspection. If further improvements have not been made by this time or if the improvements noted at this inspection are not sustained, we will take further enforcement action to further protect the safety of people living at the home.

Is the service well-led?

Our findings

At the time of our last comprehensive inspection in July 2017 we found that the service was not consistently safe or well led and the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 because systems and processes had not been operated effectively to assess, monitor and improve the quality and safety of the service. We served a notice of decision to the provider imposing conditions on their registration. These conditions required them to submit monthly quality assurance reports to us, telling us what quality monitoring activities they had undertaken each month, the outcome of these and what action they had taken to drive improvements within the service.

During this focussed inspection, we found that some improvements had been made to the monitoring of the service, but these had not been consistently sustained or effectively implemented, in order to proactively identify the shortfalls we found during our inspection. This meant that there was a continued breach of regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we have taken at the end of our report.

At the time of our last inspection, we found that the provider was non-compliant with the requirements of their registration because there was not a registered manager in post at the time of our inspection. At this inspection, we found that the manager had successfully registered with us in January 2018 and therefore there was a registered manager in post. However, since our inspection feedback, the provider informed us that the registered manager was no longer in post. They told us, that despite working incredibly hard to rectify things and achieve consistency, they felt deflated following our feedback and had come to the conclusion that a change was required to the management of the home. The provider informed us that they were in consultation with an external agency who they had deployed to support them with the quality monitoring aspects of the service and had also appointed a new manager. The provider told us that following an induction period, this person will register with us to become the registered manager of the service.

It is a legal requirement for providers to display their rating. This is to show whether a service was rated as 'outstanding', 'good', 'requires improvement' or 'inadequate' following an inspection. The ratings are designed to improve transparency by providing people who use services and the public, with a clear statement about the quality and safety of the care provided. The provider has a regulatory duty to ensure that ratings are displayed legibly and conspicuously at both the home and on their website within 21 calendar days of the date at which the inspection report was published. At the time of our last inspection in July 2017 we found that the provider had not displayed the rating of their previous inspection ('requires improvement') on their website. This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the provider was given a fixed penalty notice for the offence. At this inspection, we found that the provider had displayed the rating of their most recent inspection from July 2017, 'Inadequate' within the home, although, this was not overly conspicuously, but they had failed to display the rating on their website. This was a repeated offence under regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering what action to take in respect of this offence.

Since our last inspection in July 2017, we found that the provider had implemented additional quality monitoring systems and processes to support them to monitor the safety and quality of care provided to people. Although a number of improvements had been made, particularly to the safety and comfort of the environment, further improvements were still required with regards to the day to day care provision and monitoring within the service. We continued to find that the management team were mostly reactive to issues that had been brought to their attention rather than proactively identifying areas in need of improvement via their internal quality monitoring systems. People and relatives we spoke with echoed this and raised their concerns about the sustainability of the improvements made.

Everyone we spoke with was familiar with both the registered manager and the provider and told us that they felt confident and comfortable raising concerns or making a complaint with them. They acknowledged that improvements were typically seen immediately after their complaint but advised that this was not always sustained. Many used the laundry system as an example. One relative said, "The laundry is an on-going problem. We have all complained but they just can't get it right; I think they [staff] have too much to do. Most of us [relatives] have now taken to taking the laundry home to do ourselves, but we shouldn't have to". The issues we were told about mostly involved clothes being shrunk, discoloured or lost. We went down to the laundry and saw a large pile of clothes to which the registered manager identified as 'lost items'. However, when we looked at these clothes, we saw that many had name labels enclosed, and belonged to people that lived at the home. The registered manager told us it was 'laziness' on the staffs part, but we suggested that this may be indicative of the time pressures that staff were under, to which they agreed. The provider was only aware of three families who were choosing to take their relatives clothes home to launder. Nevertheless, following our inspection, we have been told that a laundry assistant has now been employed. We will monitor the effectiveness of this system at our next inspection.

We found that the provider had introduced a relative's support group within the home, designed to enable relatives to come together to offer support to each other. It was also an opportunity for relatives to collectively identify any ideas for improvements within the service. We found that the relatives group had been well-received and they had also devised a 'group chat' via a secure social media provider to further promote group cohesion amongst them. Relatives we spoke with told us that during these meetings they had collectively recognised the need for more activities within the home and because they felt staff time was too pressured to meet this need, they decided to start organising social events and activities within the service. We were told about a recent tea party that the relatives had arranged which had been well-received and enjoyed by many. We commended the introduction of these groups and the involvement and empowerment of relatives, but also discussed the relatives' on-going concerns about activity provision within the home with the provider. We noted that whilst we could see that efforts had been made to make improvements in this area by way of organising more social activities and events, there continued to be a lack of day to day engagement and stimulation for people. The provider acknowledged this and advised that they were hopeful the additional care hours would have accommodated for this shortfall but stated that this would be reviewed again. Since our inspection, the provider has informed us that two activity coordinators have been employed and following employment checks will be deployed to offer 35 hours a week dedicated to activities within the home. We will monitor the effectiveness of this at our next inspection.

Other improvements we noted included the installation of fire safety doors to the stairways, the use of innovative falls prevention systems and key coded door mechanisms to promote the safety and comfort of people living at the home. We also saw that many of the maintenance repairs that we had identified at our last inspection had been rectified, although some were still outstanding. We discussed the timeliness of these repairs with the provider at the time of our inspection. The home environment was observed to be cleaner and tidier with the additional benefits of a new medicine room and a new staff room, which promoted the safe storage of medicines and enhanced data protection within the home. Further to this, we

found that the provider had arranged for a representative from Public Health England to visit the home, to provide them with guidance and advice on how to improve infection control practices within the service. Records we looked at and observations we made showed that most of the recommendations made had been followed, which included the introduction of clinical waste pedal bins, protective clothing, soap and hand-gel dispensers. However, we found that some of the daily checks implemented to ensure that these new systems were used effectively had not always been carried out reliably. For example, whilst the daily monitoring check showed that the hand gel dispensers had been checked, refilled and were in good working order; we found that two out of the four hand-gel dispensers we checked were empty. These dispensers were positioned in priority areas including the main entrance for visitors to use as they entered or left the home, as well as in the medicine room. We discussed this with the registered manager and the provider at the time of our feedback and used this as one of the examples we had found to demonstrate the ineffectiveness and un-reliability of some of the quality monitoring practices within the home.

We continued to find inconsistencies within the quality monitoring practices and how tools had been used and/or implemented. It was not always clear how the information gathered had been analysed or what actions had been implemented to drive improvements or how these had been evaluated for their effectiveness and sustainability. We referred to audits of care files and medicines as a further example of this. We found that compliance varied in the matter of days within the provider's internal 'RAG' (red, amber, green) rating system, depending upon who had completed the audit and what records had been looked at as part of the auditing processes. We discussed how a consistent approach and the need to follow through and evaluate any actions arising from audits needed to be more robust for sustainability. Also the consistency in practices such as 'resident of the day' and any allocated duties associated with this process required greater oversight. This would promote the implementation and effectiveness of such systems and would support consistency and sustainability of 'good' practice. For example, we saw that the 'resident of the day' process had not always been implemented. This meant the associated duties (such as the deep cleaning of bedrooms and the monitoring/review of care records in terms of their completion and accuracy) had not always been carried out or had not been checked for completion following any actions arising.

We also saw that audits undertaken to monitor medicines were at times superficial in checking that medicine administration records (MAR) conformed with stock balances and other record keeping practices. Attention had not been given to the clinical implications and effectiveness of medicine administration or the monitoring of such. For example, we saw that the medicine audits checked whether people had protocols in place for medicines that were prescribed on an as required basis ('PRN'), but had not monitored the level of detail or accuracy of the information provided within these protocols or how they were being applied in practice. We did not see any evidence to show that people's care had been tracked holistically to ensure they were receiving the support they required, when they required it, as part of the medicine monitoring processes. For example, we case tracked one person's medicines and found that they were prescribed a medicine on a PRN basis for 'agitation' and another for 'sleeplessness'. We saw that these medicines had not been administered, but staff we spoke with and some of the records we looked at continued to report the person had sleepless nights and presented with behaviours that staff sometimes found challenging. Records we looked at detailing the support this person had received were not always available or complete. Sleep charts had not been used to enable the staff to monitor the person's sleep pattern or the effectiveness of medicines. Other records used to monitor changes in people's behaviours had also not been reliably maintained. This meant it was not always clear why or how medicines had been administered on some occasions, but not on others; potentially impacting on the consistency of care this person received.

With regards to fire safety within the home, it was evident that the quality monitoring tools used to assess the safety and effectiveness of these systems were ineffective, given the shortfalls we identified during our inspection. For example, when we walked around the property with the registered manager and recognised

the poor practice of locked fire doors in the absence of keys, they replied, "Why hadn't I noticed that before?" They had also failed to review the fire risk assessment completed in 2015 and were unaware of any unmet recommendations within this report. The provider's quality monitoring tools had failed to identify these issues, alongside the concerns that some people's personal emergency evacuation plans (PEEPs) had not been reviewed or updated following a change in their care needs and other people didn't have a PEEP in situ at all. The lack of fire system safety checks and fire drills also meant staff were not always aware of what action they needed to take in the event of a fire.

We saw that the provider was using a dependency tool to support them to assess how many staff were required to meet the needs of people living at the home. However, we found that these were not always being completed with consistency or reliably, based on the variation in people's identified care needs, the inaccurate time frames given to certain care tasks and the omission of some key care tasks within the tool. The provider informed us that they would discuss this with the consultancy agent that they had deployed to seek further advice, guidance and training on the use and implementation of these tools.

We saw that the provider had deployed an additional member of staff to cover the busiest times of the day between 08:00 and 14:00, which had been well received by staff. However, there appeared to be little benefit noted by the people who used the service and key care tasks continued to be missed, such as monitoring checks, re-positioning for pressure relief and occasional meal times. The provider had recognised that this appeared to be an organisational issue and had arranged for senior care staff to undertake leadership training to support them to lead and organise a shift more effectively. Whilst this had only recently been received by senior carers, we continued to find issues with the deployment of staff and the completion of key care tasks as well as other duties. For example, people and relatives we spoke with continued to tell us about how busy staff were and that the support they received with their care needs were either rushed, late or missed. Quality monitoring practices within the home, including daily checks of record keeping or 'spot checks' of staff practices, had failed to recognise these shortfalls.

We fed these shortfalls back to the registered manager at the time of our inspection. They acknowledged that further improvements were still required. Despite the improvements made and the reduction in the implications that these shortfalls had on some of the safety aspects of people living at the home, we continued to find areas of concern. The provider has a significant history of failing to comply with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to good governance. This inspection will be the third consecutive inspection at this location whereby the provider had failed to take sufficient action in order to make the necessary improvements to achieve a 'good' rating in the well-led section of our inspection process and the second inspection where they have failed to meet the requirements of this regulation.

Therefore this is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we have asked the provider to take at the end of this report.

We found that the provider had developed and sustained effective working relationships with external agencies such as health and social care services and voluntary agencies. They had also sought support and advice from other organisations such as Public Health England and the West Midlands Fire Service, where required. Furthermore, we learned that the registered manager had considered setting up a local support group for registered managers in other care homes locally. They intended this to be an opportunity for networking, service development and as a good support system. They had made contact with two registered managers from two local care homes to scope for interest, which had been well received. This was recognised as an innovative system to drive improvements as it would provide opportunities for all parties to learn and share best practice, evidence based practice and also to seek and offer support in an

often demanding environment. The implementation of this proposal will be evaluated for its effectiveness at our next inspection.

Whilst we found that some improvements had been made to the management and oversight of the service, further improvements were still required. This has been reflected in the revision of the rating for this key question at this inspection. Therefore the rating has been changed from 'Inadequate' to 'Requires improvement'. We will continue to monitor the safety, effectiveness and sustainability of the service at our next inspection. If further improvements have not been made by this time or if the improvements noted at this inspection are not sustained, we will take further enforcement action to further protect the safety of people living at the home.

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 Whilst improvements were noted to the safety of the service, further improvements were required.

The enforcement action we took:

We have maintained the conditions imposed on the providers registration at our last inspection. We will continue to monitor the safety, effectiveness and sustainability of the service at our next inspection. If further improvements have not been made by this time or if the improvements noted at this inspection are not sustained, we will take further enforcement action to further protect the safety of people living at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Whilst improvements were noted to the governance of the service, further improvements were required.

The enforcement action we took:

We have maintained the conditions imposed on the providers registration at our last inspection. We will continue to monitor the safety, effectiveness and sustainability of the service at our next inspection. If further improvements have not been made by this time or if the improvements noted at this inspection are not sustained, we will take further enforcement action to further protect the safety of people living at the home.