

Farrington Care Homes Limited

The Fairways

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Fairways is a care home that provides accommodation and personal care for up to 20 older people some of whom are living with dementia. At the time of the inspection 19 people were using this service. The Fairways is owned by Farrington Care Homes Limited who have a number of other care services in the UK.

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

At this inspection we found the provider had made some improvements, however some aspects of the service required further improvement.

The provider had addressed many of the environmental hazards identified at the last inspection. However, we found some areas unsecured that could put people at risk of harm and the garden had been made safer but was still 'work in progress'.

Medicines were not always managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. The provider did not always follow the principles of the Mental Capacity Act 2005 (MCA) regarding people consenting to their care plans and did not always undertake mental capacity assessments in line with best practice.

The provider had systems in place to monitor and manage the quality of the service provided and to improve the care and support provided to people. However, these were not always robust and accurate as they had not identified issues raised during the inspection.

People and relatives spoke positively about the service they received.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Lessons learnt had been shared with staff and measures put in place to avoid a reoccurrence.

Staff had received an induction and further training to support them to develop the necessary skills to care for people using the service.

People were supported with dietary and health needs and to maintain hydrated. People were supported to access appropriate health care.

We observed, and people and relatives told us, staff were caring. People were supported to make day to day decisions.

The activities co-ordinator included both younger and older people in well thought out activities and care workers helped to make this an enjoyable experience.

There was a complaints procedure in place and the registered manager responded to complaints appropriately. People and relatives using the service told us the registered manager was approachable and listened to any concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement on 7 February 2019 (published on 29 March 2019). At this inspection there were four breaches of the regulations in person-centred care, consent, safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do by July 2019 to improve.

At this inspection enough improvement had not been made and the provider was still in breach of three of the regulations. We have identified breaches in relation to safe care and treatment, consent and good governance. The service remains rated requires improvement in safe, effective and well-led. It is now good in caring and responsive but remains requires improvement overall. This service has been rated requires improvement for the last four consecutive inspections.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

The Fairways

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Fairways 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We inspected on the 24 and 25 October 2019. The first day was unannounced and one inspector arranged to return the second day to complete the reviews of documents.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. Including notifications. This is information the provider must inform us by law. We sought feedback from the local authority and

professionals who work with the service.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with three care workers and the house keeper/activities co-ordinator, registered manager, consultant project manager, deputy manager and chef in person. We also spoke with a director by telephone. We also spoke with a visiting social care professional. We observed staff interaction with people throughout both days of inspection.

We reviewed a range of records. This included three people's care records and their associated documents, parts of a fourth care plan and six people's medication records. We looked at four staff files in relation to recruitment and staff supervision. Also, a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

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

Assessing risk, safety monitoring and management

At our previous inspection in March 2019 there were not tamper-proof window restrictor fittings in place. Portable heaters and multiple plug sockets were in use without risk assessments to assess their safety. We found several concerns including trip hazards in the garden area. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in some areas, however, we identified further risks relating to health and safety and the provider continued to be in breach of Regulation 12.

- There were some areas not maintained in a safe manner. The garden building used to store potentially hazardous cleaning equipment was left unsecured during our inspection. There was no means in place to secure the door. We brought the registered manager attention to this concern and they showed us a padlock they used to secure the building.
- There were signs in the garden asking people, visitors and staff to dispose of cigarette butts in a safe manner. However, no suitable utensils had been provided for that purpose. As a result, several glass jars were being used. This was not safe, and they looked unsightly.
- Work had taken place to make the garden safer for people's use, but this was 'work in progress.' Still to be addressed was one area of the path uneven due to tree roots. Old post holes had not yet been made safe to avoid being a trip hazard.
- Inside the building we found an electrical cupboard in the communal hallway was not secured and could pose a danger to people. An electrical stair lift got stuck at the top of the stairs causing problems for a person trying to get down to the lower floors. This chair lift did not have records showing weekly checks and maintenance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found tamperproof window restrictors were in place and the portable heaters had been removed.

- The registered manager assessed risks to people and put in place guidance for staff, so they could keep people safe from harm. Risks assessed included, falls, mobility, sleep and rest, use of call bell and medicines.
- Risk of poor nutrition and skin integrity were assessed using recognised assessment tools. These were reviewed monthly to determine if the measures in place to mitigate the risk of harm were enough or if further interventions were required.
- The registered manager had undertaken personal emergency evacuation plans (PEEP) that stated what support people would require in the event of a fire. People's PEEP had been reviewed and were colour coded to indicate when people were at high risk and would require the support of two staff members to evacuate.

Using medicines safely

- At our previous inspection we found that medicines administration was undertaken appropriately. At this inspection we found some errors in the administration of medicines.
- Staff administering medicines were instructed to count each person's medicines stock and record the amount daily on the person's medicines administration records (MAR). This had not always taken place and some medicines counts did not tally with the amount recorded.
- For example, on one person's MAR we found a gap in the tally and records for two medicines over a five days period. The subsequent tally of medicines recorded by staff on the MAR was incorrect as one medicine was stated to have 50 tablets in stock when there were 59 and the other stated 53 tablets in stock when there were 54. Therefore, we could not be assured that medicines were being administered as signed for on the MAR.
- Another person's MAR pain relief tablets had not been tallied and recorded for six days prior to our inspection. We worked out how many tablets should be in stock after the last recorded tally and found there was one tablet too many. This indicated one tablet may not have been administered as signed for by staff.
- Some people had 'as required' medicines. These included medicines to be administered when people were in pain and in one instance to be given alongside other pain relief for severe pain. Whilst there was guidance in place for staff about when and how often pain relief could be given it was not signed by the prescriber as agreed. This meant information might not be correct as recorded by staff. This was not in line with best practice and nationally recognised guidelines.
- We found most medicines were stored in an appropriate safe and secured manner. However, one prescribed ointment had been left unsecured in a ground floor communal bathroom cabinet. This meant anyone entering the bathroom could have access to this medicine.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were supported to have their medicines at the right time. One person said, "Yes I do. They give it to me and wait for me to take it." We observed staff asked people appropriately if they wanted their medicines and explained what medicines were used to treat.

Systems and processes to safeguard people from the risk of abuse

- The provider had put systems in place to safeguard people from the risk of harm. The registered manager demonstrated they reported safeguarding concerns to the appropriate bodies. They monitored daily logs, incidents and accidents to ensure safeguarding adult concerns were not overlooked.

- People told us they were safe, and relatives felt people were well looked after by staff. Their comments included, "Oh I do, [feel safe]. I am not worried about anything or anybody. I wouldn't allow anyone to ill-treat me," and "[Person], is well looked after. I have no complaints."
- Care workers told us how they would recognise possible abuse. Their comments included, "If someone had a mark or a bruise and they were fearful, or I heard something I would report to the manager. Should appropriate action not be taken by the management team, one care worker told us, "I know to contact the police or the CQC."

Staffing and recruitment

- There were enough staff rostered and on shift to meet people's support needs. The registered manager told us how they assessed staffing levels by using a recognised electronic assessment tool. One care worker told us, "I think there are enough staff on site. We are a small home, so we can manage."
- Some staff were recruited for the provider by a recruitment company who undertook the necessary employment checks. They also ensured staff training prior to them commencing their role and paid staff salary. These staff were permanently based at the home and lived in the provider's property in the grounds.
- Staff files reviewed contained their application forms and interview notes used to assess their aptitude for the role. Pre-employment checks were undertaken and included checks of references, identity and criminal record checks.
- People told us there were enough staff, "Sometimes they are quite easy in here. It is busier during the day and quieter at night...I have a call bell in my bedroom. Whether there or downstairs I don't have to wait long. In fact, I can't fault the staff," and "There seem to be [enough staff]."
- During our inspection we observed people were responded to promptly by staff and not kept waiting. Extra staff were on the rota should further support be required. We saw one person who had a hospital appointment was escorted by a staff member who had been placed on the rota specifically to accompany this person.

Preventing and controlling infection

- We found during inspection the home was clean and free from mal-odour. A housekeeper worked each week day morning and undertook cleaning tasks. They were able to tell us how they avoided cross contamination by using colour coded equipment for each area. They said, "We have different coloured mops and buckets for each area." Staff wore personal protective equipment when supporting people with personal care. We observed changed staff their gloves after completing individual tasks in line with good practice.
- The kitchen where food was prepared was situated in a building in the grounds. In November 2019 the food standard agency carried out an audit of the service and awarded them a five-star rating. This is the highest rating award for a good standard. We observed during our visit food was stored appropriately and when transferred to the main house transported in a suitably covered trolley.

Learning lessons when things go wrong

- The registered manager told us about safeguarding concerns which had occurred in the past year and the lessons learnt. Following a recent safeguarding concern, they demonstrated they had reviewed people's care plans about oral care. They had put practical measures in place with clear person-centred guidance for staff. The concern had centred around health care professionals' practice in the home, so this aspect had also been reviewed to improve people's privacy and dignity.

Is the service effective?

Our findings

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

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had undertaken mental capacity assessments on behalf of people to determine if they had capacity about their mobility, personal care and medicines. These assessments had not always been done in line with best practice. This was because each decision was not assessed individually but as one decision. Furthermore, the assessments although referring to making decisions in people's best interest did not always state the best interest decision outcome.
- We reviewed one file where a relative had signed two consent forms for digital images to be taken, sharing of information and agreeing care and treatment on behalf of their family member. There was no evidence this relative held Lasting Power of Attorney (LPA) or deputyship as appointed by the Court of Protection. This is the legal right to make certain decisions on behalf of another person in their best interest. Before asking a relative to sign consent the provider must ensure they have the legal right to do so.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Notwithstanding the above the registered manager was actively considering people's mental capacity and had applied for DoLS authorisations on behalf of people. They had an oversight of DoLS and were reapplying for DoLS reviews in a timely manner. One person had a condition as part of their DoLS authorisation. We checked and found the registered manager was ensuring the condition was always met.
- Care workers had received MCA and DoLS training and were able to tell us about the MCA. Their comments included, "A person might not have the ability be able to make a decision, but I encourage them, and I always give people the choice and I help them do what they can do. I never decide for them. Everything must be for their best interests," and "I try and ensure people make choices for themselves and if they have a DoLS in place we support them."

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

- People's care plans contained their dietary support needs. The chef showed us they had information about the diets of people who required specially prepared foods such as minced or moist diets displayed on the kitchen wall. They demonstrated they were knowledgeable about people's dietary requirements.
- However, we brought to the registered manager's attention dietary profiles should be available in the kitchen with every person's preferences and support needs. This would be best practice for new or replacement chef's ease of reference in the kitchen.
- There was a four-week rotating menu. We observed people were supported by staff each day to make a choice about what they would like to eat. People could ask for alternatives if the menu did not suit their tastes. The chef told us they asked people for feedback and would change a dish if it proved unpopular with people.
- One person told us, "I think [food] is excellent, it is a mixture, healthy and fresh vegetables ... we have two choices. They do in my opinion overcook the meat, but it is perfectly edible." Other people commented, "Oh it is good, it is excellent... yes I do, [have meal choices], it is up there on the menu board. Today I am having pork chops," and "Oh yes, no problems with the food. I had beef today and I enjoyed it... we can have choice."
- We observed people being offered both cold and cold drinks throughout the day. When people were assessed as at high risk of not drinking enough they were monitored to ensure they drank enough. Staff completed a fluid chart. A care worker told us, "We have fluid charts, so we record all of the information."

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

- Prior to people being admitted to the home the registered manager completed a pre-admission assessment. During this assessment they met with the person and their family members to discuss what support they required.
- The registered manager reviewed professionals' assessments if they were available. They gathered information about the person's physical and mental health, their background and noted their preferences. This included, for example if people preferred male or female carers and their basic food choices. This information informed the care plan and was reviewed as the person's circumstances changed.

Staff support: induction, training, skills and experience

- Staff were provided with induction training. This included moving and handling, dignity, fire, safeguarding adults, medication awareness, pressure area care, equality and diversity, end of life, communication, storing and infection control. Staff told us they received enough training to support them to undertake their role.
- New staff received a probationary review to ensure they were working to a good standard and to identify further training needs. Staff received supervision. One care worker told us, "I get supervision, every three months or maybe four months. I find it very useful and helpful."

Adapting service, design, decoration to meet people's

- At our previous inspection some work had been undertaken to ensure signage was improved to support people to navigate around the home. However, we had found there was still room for improvement. There were also hazards in the garden from ramps and uneven pathways.
- At this inspection we found some improvements had been made. All people had been supported to choose a picture which meant something to them. This picture had been incorporated into a sign for their bedroom door with their name and door number. People were positive about the signs and pointed them out to us with a smile.
- Several people's bedrooms on the ground floor had an exit to the garden. These had been a hazard as there was nothing to support people to step down or to avoid them tripping over the edge of a ramp. The provider had put in place rails. This had made the area safer for people.
- The provider had acted to partition the garden to make it more manageable and accessible for people. They had created a safe space for people to sit, the area was inviting, and activities had taken place to plant bulbs and flowers in containers.
- Whilst the garden was much improved from our inspection earlier this year. There was still some further work to be done as old post holes required filling in and one path needed work where tree roots had disturbed the paving. In addition, some items including old shopping trolleys needed removal to create a pleasanter outlook.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we saw some caring interactions between staff and people. People enjoyed both staff and each other's company. As such there was a friendly atmosphere in the home.
- There was an improvement in staff interaction since our last inspection. We observed staff manner was always respectful and responsive. On a couple of occasions some staff waited for people to interact with them first or followed other staff's more proactive approach. However, generally staff were confident in initiating conversation or activity which was not solely task based.
- People spoke positively about the care workers, their comments included, "They are very caring. The carer [activities co-ordinator] is amazing been here nearly 20 years...they are a fantastic group of people here, it works fantastically well" and "They are all so helpful. Anything you want they get for you. Sometimes you wait about five minutes or so. Nothing seems like much trouble to them." A relative told us "Well I have really no complaints. They look after my [Family member] to the best of their abilities."
- Care workers told us how they worked in a respectful manner with people. One care worker said, "Our job is to care and make sure people feel like they are living in their home. Some have lots of problems and we want to ensure they are looked after, and they feel happy"

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

- Care workers told us how they supported people's independence and their right to make decisions. Their comments included, "I respect their decisions. Our decisions are not relevant it's what the person wants. For example, when we go to their rooms we don't pick their clothes, we let them choose and we respect their decisions," and "People go to bed when they want to. We never force anyone to go to bed. We give people choices. People prefer to go at different times"
- We saw that people had built friendships with each other and met to go to lunch together and others sat together talking in the evening. Staff respected people's choice of company and facilitated them sitting together.
- People's care plans stated if they had diverse needs and staff supported them to meet those needs. For example, one person was visited by their priest each week. Staff supported the visit as the person was hearing impaired and required additional help to communicate fully with the priest. There were a monthly church service people could attend.
- People living at the home at the time of our inspection did not require foods prepared in line with their

religious beliefs. However, the chef gave examples of how they had supported several people's cultural and religious dietary choices in the past. They described they prepared foods in line with the people's preferences.

- Staff maintained people's dignity and privacy during our inspection. One care worker told us, "We pull curtains and we close the door and talk to them and if they are embarrassed we reassure them. We make them as comfortable as we can, and I think that is the most important thing to show them we care."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- The provider had introduced electronic care planning and was in the process of reviewing all people's care plans whilst transferring them onto the new system. These new care plans were person centred and contained guidance for staff about how to deliver people's care.
- The care plans stated what people could manage for themselves and when they required care from staff. For example, one person's plan they had the capacity to manage some of their self-care needs and instructed, "Staff to respect and promote [Person's] independence," and to offer assistance if needed.
- New care plans contained information about people's background and what was important to them and what worried or upset them. The registered manager described the new care plans were, still "work in progress" whilst most people's plans were commenced they were aiming to ensure information was accurate and relevant to everyone.

Meeting people's communication needs

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

- There was some accessible information displayed in the home to help orientate people and keep them informed of day to day events. This included a white board updated daily to state the date, season, and weather. A current activities board and menu board displayed clearly the day's meals choices.
- People's new care plan format was clear. We asked the registered manager to show us if they had an example of accessible information. However, they told us currently everyone speaks English and they had no-one who was sight impaired. They described they are working with the project manager to consider best practice AIS for all general documents.

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 there were no activities for the younger adults who lived at the home. At this inspection we found there had been an improvement made. Some younger adults told us they were enjoying going out into the local community on a regular basis.
- Younger people had a canal trip to Harefield, they had started visiting Hillingdon library once a month,

they had attended a yoga class and they were going out for coffee as planned on the second day of our inspection.

- The activities co-ordinator told us, "People's ages differ from 53 to 99 so it is a difficult job. Everyone loves music. We play dominoes, do gardening, word searches, bingo and a card game...I bought a parachute and we use this with a ball." Other regular activities included reminiscence, listening and dancing to music.
- People of all ages spoke positively about the activities, their comments included, "I like the music in the mornings. Sometimes we do games and singing in the afternoons, plus some dancing. The last two times we went to the library and on a boat trip," and "Today they are playing Irish ballads but every day it is different types of music playing, always in the mornings. At lunchtime they turn it down softly and then we do activities in the afternoon...I love it."
- We found the activities co-ordinator had been successful in getting many people involved and care workers joined in to provide support and keep the activity fun and accessible to people who required support. There was lots of laughter in the afternoon when activities took place and people looked happy.

End of life care and support

- Care plans reviewed had people's end of end of life planning. It was evident that all people or their relatives had been asked about what they would like to happen in the event they required palliative care. However, not everyone had wanted to discuss their wishes. This had been recorded on their plan.
- People in some instances had a plan that stated their diverse needs. For example, prayers being said with them and their funeral arrangements. When appropriate people had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR). These had been undertaken with people's family members and were signed appropriately by the GP.
- Some of the care workers had received end of life training. The registered manager told us, this was so they were prepared should anyone become very unwell and choose the home as their final place of care. They explained they would work closely with the GP and community palliative services and family to provide appropriate care.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and said if they had a problem they would go to the registered manager. Their comments included, "I would go and see the [Registered manager]," and "If I had a problem I would speak to [Staff member] and we would discuss what to do."
- A relative told us, "I don't have a problem with [Registered manager]. If I have any I am straight down to [Registered manager] who is marvellous." The provider had a 28-day response complaints process to acknowledge, investigate and apologise for complaints made. The registered manager had an oversight of complaints. One complaint had been logged on the tracker since our last inspection.

Is the service well-led?

Our findings

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

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found a breach of good governance. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found whilst some concerns had been addressed or were in the process of improvement, the provider had been unsuccessful in meeting all the shortfalls identified at the last inspection. In addition, we found some aspects of audits undertaken by the provider were still not being completed in a robust and accurate manner. The provider was still in breach of Regulation 17.

- There were errors in the administration of medicines. This was because not all medicines were being counted and reconciled daily. 'As required' medicines guidelines were not agreed by the prescriber. We checked September's audit undertaken by the provider and found they had signed, "Yes" the "current prescribing officers' signature" was in place. This was not so, therefore this audit was not accurate.
- During our inspection the garden building used to store potentially harmful cleaning materials was not secured. This was because on both days of our inspection there was no device present to secure the door. The September audit undertaken had stated, "Yes" the harmful substances were, "safely stored" when this was not so. Again, the audit was not a true reflection of the actual situation.
- During this inspection we found whilst mental capacity assessment was being undertaken by the registered manager they were not always being completed in line with best practice. In addition, one person's relative had signed consent forms when the provider had not ensured they had the legal right to do so.
- We identified an unsecured electrical cupboard in a communal area and there were no weekly records to demonstrate the stair lift was kept in good working order. This had not been identified through audits undertaken.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

- Whilst the garden area was much improved and a more inviting space there was still work to be done. The provider had identified the need to address the one area of uneven path and post holes and this was described as the registered manager as "work in progress."
- Some concerns had been addressed from the previous inspection including signage in the home which was now person centred. Activities for younger adults were taking place. Care plans were now being reviewed and recorded in a format which reflected people's preferences.
- Staff had clearly designated roles. The registered manager was being supported by a consultant project manager and an executive director. This support from the consultant had begun in July and increased since September. The executive director was now at the home two or three times a week. We were told by the directors they were keen to bring the home to a good standard and they were working with the project manager and registered manager to achieve this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture of the home had changed to become more inclusive of people and their relatives. People's comments about living at the home were all positive. For example, "It seems to run like clockwork. I get up at six, as that is the time I like to get up...living here is fine. The people are lovely, and I have affection them," and "It must be [Well-led] by the way, as it all works," and "I am quite happy. It is a nice place to be here," and "It is a cosy little place."
- There had some meetings with people living at the service and their relatives. These had taken place in March, August, September and October this year. New staff were introduced to people and their relatives.
- The registered manager told us they had been open and transparent about the last CQC report. They described they had discussed a safeguarding concern and been shared with relatives, being, "Transparent and open" about why they were changing dentists and the measures put in place following the safeguarding investigation by the local authority.

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

- Care workers told us, "I think the home is well managed and it's a friendly little home," and "Yes, the home is well run." We saw that staff were able to speak with the deputy and registered manager when they required support or advice.
- There had been staff meetings. One had taken place in October when the executive director had attended. The agenda had covered lessons learnt, staff champions and a "Flash" training session about MCA & safeguarding adults.
- It was noted there had been some gaps in staff meetings throughout the year prior to this and as such staff meeting practice needed to be embedded in the culture of the service.
- People and relatives felt any concerns would be addressed by the registered manager. One person said for instance, "If things are very wrong it is sorted out. I don't have much to do with it. But I am happy with that."

Continuous learning and improving care; Working in partnership with others

- The registered manager was being supported by a registered manager colleague from one of the provider's homes who visited at least weekly. They shared their knowledge and expertise and were aiming to establish a common approach within the provider services.
- A consultancy company, with a designated trainer was working with the registered manager and provider to ensure their knowledge was updated and care practices brought in line with current good practice. This

was for the benefit and future wellbeing of people living at the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always work in line with the Mental Capacity Act 2005 and did always seek consent for care and treatment from the relevant person.</p> <p>Regulation 11(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not assess the risks to the health and safety of the service users and do all that is practical to mitigate any such risks.</p> <p>Medicines were not managed in a safe and proper manner.</p> <p>Regulation 12 (1)(2) (a) (b) and (g)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. Regulation 17(1)(2)(a)(b)(c)

The enforcement action we took:

We issued a warning notice telling the provider they must make the required improvements by 28 February 2020