

Mr & Mrs R Mahomed

Lyndhurst Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Lyndhurst nursing home provides residential and nursing care for up to 16 people. At the time of the inspection 6 people were using the service.

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

During this inspection we found an effective system was not in place to manage and monitor concerns of abuse, medicines were not managed safely and risks to people's health and safety were not always assessed or guidance available to staff to reduce the risks. There were staff available, however we could not be assured they were effectively deployed as people were left unattended at times. An effective system was not in place to manage accidents and incidents and no analysis had been conducted to identify any lessons learnt to improve the service. There were some examples of poor infection control practices, staff were not trained appropriately, and their performance assessed to ensure they were competent enough to carry out their roles. People were not always treated with dignity and respect and staff showed a lack of respect and consideration towards people using the service. Staff did not provide and were not aware of the support people required in accordance to their needs and there were instances where some advice from healthcare professionals had not been implemented and followed by the service. There was no effective system in place to ensure better oversight of complaints received and monitoring to learn from complaints. End of life care was not always followed to ensure people were treated in a dignified manner at the end of their life. Good governance and quality assurance systems were ineffective.

Appropriate recruitment checks had taken place before staff started work. People's care and support needs were assessed before they started using the service. Staff received an induction and supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a balanced diet and had access to healthcare professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement published (11 October 2021). At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook a focused inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about people's nursing care needs, medicines management, inappropriate staff behaviours, a lack of healthcare professionals' involvement, records management and staff training. A decision was made for us to inspect and examine those risks.

We inspected and found there were concerns with people's nursing care, so we widened the scope of the

inspection to become a comprehensive inspection which included the key questions of effective and caring.

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

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lyndhurst Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

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

We have identified breaches in relation to medicines management, risk management, safeguarding adults, staff training, dignity and respect, person centred care and good governance at this inspection. We have also made recommendations in relation to staffing and accessible information.

We have issued warning notices in relation to regulations 12 and 17 requiring the provider to comply with these regulations within 8 weeks.

Follow up

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

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Lyndhurst Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors, a medicines inspector and a specialist nurse advisor.

Service and service type

Lyndhurst Nursing home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lyndhurst Nursing home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

This inspection site visit took place on 27 October 2022 and 8 November 2021 and was unannounced.

What we did before inspection

Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We spoke with the local authority safeguarding and commissioning teams about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We met and spoke with the registered manager, a bank nurse, two healthcare assistants and the cook/activities coordinator. People living at the home had varying levels of communication, however we spoke with two people using the service and spent time observing the support provided to people in communal areas and the interactions between people and staff.

We reviewed a range of records including six people's care plans and medicines records. We also looked at staff training, staff recruitment, supervision records and records used in managing the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems and processes were not established and operated effectively to prevent abuse of service users. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13

- There was no effective system in place to safeguard people appropriately and manage concerns of abuse.
- Since the last inspection, a safeguarding file had been put in place which contained a safeguarding policy and procedure. However, there were no other documents in the file to show a clear record of actions taken in response to safeguarding concerns. There was an alleged incident in January 2022 between a person using the service and a staff member. We had received a statutory notification from the service informing us of the incident and the actions taken in response. However, there were no contemporaneous records kept in the file in relation to this incident. Therefore, we could not be assured safeguarding concerns were being monitored appropriately. There was no effective oversight to maintain people's safety or to ensure any learning from incidents shared with staff.
- Staff were not clear on actions they should take in response to safeguarding concerns. We spoke with two staff members, about their knowledge of the safeguarding procedures. One staff member's responses required several prompts from the inspection team on how to respond to and report concerns appropriately. Another staff member told us they would report any safeguarding to the nurse in charge or the manager, but they had limited knowledge on external agencies that safeguarding concerns could be reported to such as the local safeguarding team, the Police and CQC. Training records showed only one member of staff had completed safeguarding training.

This is a continuing breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely. During this inspection, we found multiple concerns with the way medicines were being managed at the service.
- People did not always receive their medicines as prescribed by healthcare professionals. People with time sensitive medicines did not always receive these at the required time.
- One person's medicines needed to be crushed and dispersed in water. However, staff were unaware of this and gave the tablets to the person whole.
- Staff were not always recording when they had administered medicines. For example, there were no records of when staff had applied prescribed topical medicines. We saw medicines were not always signed

for at the time of administration.

- There were no emergency medicines to support people with diabetes and epilepsy. We raised this with the registered manager who told us he had contacted the pharmacy and the GP to arrange for these medicines to be in place.
- Medicines were not always stored or disposed of safely and securely. There were two occasions where medicines were left unattended in the lounge area. Staff were not effectively monitoring room and fridge temperatures to ensure medicines were kept within manufacturers storage guidelines.
- Medicines had a stock count. However, it was not clear when they were being counted and the stock levels were not always correct.

The service had failed to implement systems and processes to ensure the safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's safety were not always assessed and managed safely to prevent or mitigate risks to people. Staff did not always follow risk management guidance to ensure people remained safe.
- Care records for two people identified they were at high risk of falls. The falls risk support care plan for one person stated the person 'requires constant supervision and a quick response. [Person] has a habit of getting up from their chair unaided.' However, during the inspection, we saw they were constantly left unsupervised. Staff were not observing them in the lounge as they are busy with other tasks. We raised this with the registered manager after lunch, they told us that staff were either on a break or had gone to the toilet. They failed to ensure staff adhered to the risk assessments in place.
- A falls risk assessment had been completed which scored the person's risks. However, there was no information about what that score meant and what staff should do to minimise the risk of falls.
- Two people using the service had diabetes. There was no information or guidelines in place for staff to follow should they have a hypo or hyper glycaemic attack. This is when a person's blood sugar falls above or below the normal levels. When we asked staff about this, they were not aware of what signs to look out for and actions to take should people suffer from an attack.
- One person using the service had epilepsy, however there was no epilepsy risk management plan or guidelines in place for staff to follow if the person had a seizure.
- There were no risk assessments in place for people using paraffin-based skin products. These are known to be high risk products.
- People were not being supported with moving and handling safely. One person's assessment identified that it was not appropriate for them to use a standing hoist. The assessment recorded that a full sling hoist should be used only with assistance of two staff. Care records had not been updated to correctly reflect this as they stated, 'standing up hoist/full body hoist.' Staff were not aware of which hoist was being used for this person. When we raised this with them, a staff member showed us a standing hoist that they used for the person. They were not aware they had to use a full sling hoist for this person. We were shown a full sling hoist which staff told us was being used for another person.

Risks to people's health and safety were not always assessed or guidance available to staff to reduce possible risks. This is a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- At the last inspection, improvement was needed with the way accidents and incidents were managed at the service. There was no accident and incidents file and system in place to analyse accidents and incidents and to identify any themes and lessons learnt and share learning with staff to improve safety at the service.

At this inspection, we found not enough improvement had been made and there was no effective system operating to manage accidents and incidents and maintain people's safety.

- There was an accident and incidents folder in place but there were no accidents and incidents recorded since the last inspection. There was also no information which showed that any analysis had been conducted to identify any lessons learnt and learning shared with staff to improve safety at the service.
- An accident and incident audit form and falls audit tool had been completed. However, these had only been completed on the 10/11/2022 and stated no incidents had occurred for this period.
- We have reported further on ensuring the quality of safety at the service in well led.

Staffing and recruitment

- Staff were not deployed effectively. During the inspection we observed two people in the lounge on the day of the inspection were left alone and unsupervised as we were told staff were busy.
- A staff rota was in place and staff told us they felt there was enough staff to meet people's needs. A registered nurse and four care staff that had been recently recruited by the service to reduce the use of agency staff at the service. There was no dependency tool in place to assess the number of staff required. We recommend the provider seek and follow best practice guidance on determining staffing levels and deploying staff effectively.
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they started work at the service.

Preventing and controlling infection

- Improvement was needed as appropriate infection control practices were not being adhered to at the service. During the inspection, we observed the nurse in charge did not practise good hand hygiene when administering medicines. They were observed to wear the same pair of gloves to administer medicines to more than one person. This also involved having to touch people and they did not wash or sanitise their hands..
- Staff did not have individual risk assessments in relation to COVID-19 to identify any possible risks to them and people using the service.
- During this inspection, we observed a person's catheter bag on the floor whilst they were sitting in the lounge which was at risk of infection.
- An infection control spot audit check dated 10/11/2022 had been completed, however failed to identify the concerns identified during this inspection. Therefore, the audit was ineffective.
- Some staff had received infection control training and wore appropriate PPE.
- Regular testing for people using the service and staff and personal protective equipment (PPE) was available.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff had not been trained in accordance with people's needs. There was no robust system in place to monitor and assess the performance of staff to ensure they were competent to carry out their roles.
- Training records showed the majority of training was still outstanding. For example, only one staff member had completed pressure area care training and one staff member had completed catheter care training. Staff had not received training in epilepsy and diabetes despite supporting people with these conditions.
- Two people using the service had diabetes, however staff told us they had not received any training on diabetes. One staff member told us 'I have had no training, so I don't know what to look for or what the signs were.'

Staff were not trained to enable them to carry out their roles effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised this with the registered manager who told us the training had been offered to staff but staff had not completed them. The registered manager told us he would ensure staff completed their training as a priority.
 - Records showed staff completed an induction and supervisions were in place for staff.
- Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- While health professionals and other agencies were involved with people's care, the staff in the service did not know or follow their advice which put people at risk of not having their needs met.
 - One person had a pressure ulcer on their heel. Although advice had been sought from the podiatrists, we found staff did not know about or follow their treatment plan. The plan stated the person should elevate their heel and wear a protective boot. The person was not wearing any boot and their feet were not elevated. Staff were unable to describe the treatment plan when asked by members of the inspection team.

Staff not being aware of or following people's care plans is a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before they started using the service.
- During the assessments, expected outcomes for people's care were identified and were used to develop

their care plans.

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

- People were supported with their nutritional needs. People's dietary needs were recorded in their care plans.
- During the inspection, we observed people ate independently and if support was required with their meals, this was provided for by staff in a calm manner and were not rushing people.
- People spoke positively about the food. One person told us they were enjoying their lunch and another person told us they had already eaten and "it was nice."

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

- The service design met people's essential needs. However, there was scope for improving the environment.
- The service contained basic furnishings and people's bedrooms had been personalised with their belongings, to assist them to feel at home.
- There was no signage or visual information that was dementia friendly and could aid orientation should people lack capacity.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records showed the service obtained people's consent about their care and support. Where people lacked capacity, records showed the best interests decision making process had been followed which included involving relatives and healthcare professionals.
- Records showed DoLS authorisations had been applied for the people using the service where it was recognised there were areas of the person's care in which their liberties were being deprived in their best interests.

Is the service caring?

Our findings

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

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

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

- People were not always treated with dignity and respect. Staff showed a lack of respect and consideration towards people using the service.
- A person was not treated in a dignified manner or sensitive way when they had passed away. Clear records had not been kept in relation to their burial arrangements and this remained unknown for a number of days. This matter was only resolved when the local authority intervened.
- During the inspection, we overheard staff discussed people's bowel movements in the lounge area in front of other people at the service.
- Staff did not always inform people of the support they would like to give before carrying it out. The nurse in charge continued to place a medicines patch on a person despite them not responding to what was happening. The nurse in charge was not patient and did not care to explain what they were doing to ensure the person was at ease before applying the patch.
- Staff referred to people in an inappropriate manner. For example, a person was refusing their medicines and the staff member stated they 'were playing up.'
- Respectful language was not always used for people when completing records. For example, the progress report for one person dated 25/10/2022, every entry recorded stated 'scream for tea' and 'scream for lunch.'
- At times, staff were observed to be task focused. There was limited interaction with people using the service and people were at times left on their own.
- There was a culture lacking respect and empathetic behaviour from staff and within the service.
- There were no effective measures in place to ensure such a culture did not develop. Behaviours of staff were not assessed and monitored to ensure staff understood and demonstrated their responsibilities to ensure people were well treated and respected people's privacy and dignity.
- Training records showed only one staff member had completed dignity in care training.

People using the service were not treated with dignity and respect. This is a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records showed people, their relatives and healthcare professionals where required, were involved in making decisions about their care.
- People were supported to make day to day decisions for themselves such as what they wanted to eat, activities they wanted to participate in and how they wished to spend their recreational time.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, aspects of people's care did not reflect the appropriate support in accordance to people's needs.

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

- People did not receive appropriate support in accordance to their needs. Staff did not provide or were not aware of the support people required. Staff told us they did not read the care plans. One staff member told us, "I have not really looked at the care plans."
- The service has an activities coordinator in place. They told us they provided activities to people four days in a week for hours a day.
- However, we saw only limited activities for people to join in should they wished to do so, such as jigsaw puzzles. The activities coordinator told us they were able to offer a range of activities such as music, dance, games on a magic table but these were not facilitated during our inspection.

The above issues are a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were able to visit family and friends, receive visitors and were supported and encouraged to maintain relationships with people who were important to them.

End of life care and support

- Care plans detailed support that people may need at the end of their lives and there was evidence of working with external health and social care professionals to ensure people's needs and wishes could be met. However, this was not always followed by staff and a robust system was not in place to ensure people were treated in a dignified manner at the end of their life.

Improving care quality in response to complaints or concerns

- There was no effective system in place to ensure better oversight of complaints received and monitoring to learn from complaints.
- A complaints file was in place which contained the complaints management policy and blank templates for recording complaints and an audit tool.
- There were no other documents in the file to show a clear record of complaints and actions taken in response to complaints received. There have been three complaints received about the service, although these had been responded to by the registered manager, there were no contemporaneous records kept in

the file in relation to these complaints and recording of any lessons learnt.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans.
- The registered manager told us there was currently no one using the service that would need information to be tailored to their needs.
- We discussed with the registered manager that this could be useful for people who may lack capacity or have visual impairments. The registered manager told us he would review the Accessible Information Standard for the service.

We recommend the provider seeks and follows best practice guidance on ensuring they meet their obligations under the Accessible Information Standard.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection, systems to manage and monitor the quality and safety of the service had not been robustly managed.

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

- The systems in place had failed to effectively monitor or improve the quality of the service.
- The systems in place had failed to address that staff had not completed their training as the provider required.
- The systems in place had failed to identify and address issues with infection prevention and control found during the inspection.
- The provider had failed to improve the systems for responding to complaints despite this being identified as an issue by external monitoring, including the ombudsman.
- A medicines audit dated 7/11/2022 had been completed which made reference to room temperatures as not being checked on some days, the medication fridge temperature needed to be changed and counting of medication to be more accurate. However, there was no further information detailing what actions were to be taken in response to these issues. The audit also failed to identify the other concerns identified during this inspection. Therefore, the medicines audit was ineffective.
- The systems in place had failed to identify or address that staff did not know or follow the contents of people's care plan and risk assessments.
- On the first day of our inspection the Registered Manager was not available. The interim arrangements were unclear and there were not effective processes in place for the escalation of risk. The nurse in charge told us, "There was no on call system in place for staff to call and I am in charge." Although they did try to call the registered manager during the inspection, they were unsuccessful in doing so.
- We asked another member of staff, what they would do if the registered manager was away and staff were not able to attend shifts, they told us "I would rely on the nurse in charge, we would call round staff to get some to come in, there isn't really any cover when the manager isn't around if there was an emergency."
- We raised this with the registered manager who told us he had placed another nurse in charge whilst he was away. However, nurses at the service only worked particular days during the week, therefore could not

provide continuous oversight and management of the service.

The above issues are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager had failed to promote a positive culture within the home.
- There were no systems in place to identify or address the issues we identified with staff attitudes towards people. The systems in place had not identified the inappropriate language being used in care records.
- The quality assurance processes had failed to identify that staff were not supporting people in a person centred way.

The above issues are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Continuous learning and improving care

- Management staff understood their responsibility under the duty of candour by responding to concerns and notifying healthcare professionals and CQC of any significant events at the service.
- However, the registered manager did not take full responsibility for the issues with the quality and safety of the service identified during the inspection. For example, when asked about staff training he told us, "I have assigned it to them [staff] but they have not done it." The registered manager did not recognise their role in facilitating staff to complete their training.
- There were no systems in place to ensure lessons were learnt and improvements sustained. The local authority had been heavily involved with monitoring and assuring the service. When their involvement reduced the quality and safety of the service declined.

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

- Records showed some resident meetings were held with people which provided them opportunities to speak about the service and express their likes and dislikes.
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice.

Working in partnership with others

- The service worked in partnership with organisations including the local authorities that commissioned the service and other health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People did not receive appropriate support in accordance to their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People using the service were not treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Systems in place were not operating effectively to safeguard people and manage concerns of abuse

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff were not trained and assessed to enable them to carry out their roles effectively.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks were not appropriate identified and mitigated. Regulation 12(1)

The enforcement action we took:

we issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	systems and processes had not operated effectively to monitor and improve the quality of the service. Regulation 17(1)(2)

The enforcement action we took:

we issued a warning notice