

BM Care Limited

# Albany House - Tisbury

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service: Albany House – Tisbury is a residential care home, registered to provide personal care for up to 19 older people. At the time of the inspection, 15 people were living at the home.

People's experience of using this service:

At our previous inspection of Albany House – Tisbury, the service was rated as Requires Improvement. There were four breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were because people's needs were not assessed when they were admitted to the home. Care plans were not developed in a timely manner. The care plans did not include enough information regarding people's preferences, risk assessments and risk related records, and medicines administration. People had not been consulted with about their care, to gain their informed consent. Mental capacity assessments were not always completed where required. Also, staff training, and supervision meetings were not up to date.

At this inspection we found that there were some continued shortfalls at the service, as well as identifying other concerns. There was a failure to take timely and appropriate action to address concerns raised at previous inspections and to ensure that there was a managerial oversight monitoring the improvements. Because of this, the service is now rated as Inadequate for Safe and Well-Led, and this makes the service Inadequate overall.

The registered manager had a vision for the future of the service, however did not have a plan on how to achieve this. The lack of planning had resulted in continued areas for improvement, which had not been addressed. The registered manager felt they had been working in an insular manner and that they needed some peer support to understand how to better manage the service. The registered manager did not take accountability for their legal responsibility to lead improvements at the service. They shifted blame to staff and to the nominated individual. However, they had not discussed with staff or the nominated individual a plan of action and who should be accountable for what.

There were quality assurance systems in place to monitor different areas of the service, however these were not being used at all or utilised effectively. The registered manager had a quality assurance system to monitor the whole home. They informed us they had read the information however we saw that the audits involved had not been completed or followed up.

There were records of accidents at the home. However, a monitoring system to identify patterns and trends was only implemented after this was raised with the registered manager on day one of the inspection. One incident was not recorded in the accident log, and this meant that any overview would not give an entirely accurate picture of the service.

Medicine administration records contained gaps in records, without reasons for this recorded. Medicine audits were in place but were not being completed consistently. This meant that previously identified

shortfalls had continued, and improvements were not always sustained.

The medicines fridge was not locked. The medicines policy and CQC guidance states that this should be locked and stored in a locked room. The room was accessed by staff who are not responsible for medicines administration. There was potential for people living with dementia who may not understand the risks associated with medicines stored in the fridge. We saw that the room was unlocked and open at times where no staff were present. The fridge temperatures were not consistently recorded daily to ensure creams and insulin were stored at safe temperatures.

Staff continued to not receive supervision meetings with their senior or the registered manager in a timely manner. The registered manager told us they aim for each staff member to have six supervision meetings per year. Supervision meeting records evidenced that this was not being achieved and some staff did not receive more than one supervision meeting per year.

Risks were not always identified and assessed. Records showed that water temperatures in people's bedrooms were routinely above 50 degrees Celsius (°C). The Health and Safety Executive guidance recommends that water temperatures in older people's care services should not exceed 43°C. This meant there was a risk of scalding in bathrooms and bedrooms that had not been identified. One person smoked and was prescribed paraffin-based creams, which are highly flammable. The risks had not been discussed with the person. There was no risk assessment in place.

At this inspection, there were some improvements in the care plans, however further work was needed to ensure these included all important information about the person and their needs.

Additional improvements included that where people lacked the mental capacity to consent to specific decisions, a mental capacity assessment and best interest decision had been completed. Deprivation of Liberty Safeguard (DoLS) applications were made to the local authority for authorisation. Records were kept of correspondence with the local authority to monitor the DoLS application process for each person.

We also saw that a new training system had been implemented and staff were getting accustomed to accessing the online training resources. Records showed that staff had completed their required training. The training system allowed the registered manager to monitor when staff had accessed and completed training.

People chose where they wanted to spend their time. We saw people spending time in the garden, enjoying the good weather. At lunch, people sat with their friends.

People told us staff were kind and caring. We saw people and staff interacting and conversing with one another in a respectful and friendly manner.

The home was clean and free from odours throughout.

The service continued to be rated as Requires Improvement overall and for Safe, Effective, Responsive and Well-Led. The service continued to be rated as Good for Caring. More information is in the full report.

Rating at last inspection: The home was rated as Requires Improvement at the two previous inspections. This is the third consecutive time the home has been rated as Requires Improvement.

Why we inspected: This was a scheduled comprehensive inspection, based on the rating at the previous

inspection.

Enforcement and follow up: This is the third time the service has failed to achieve a rating of Good. In line with our published guidance, we met with the provider. We asked the provider to supply an action plan to tell us how they would improve. We also asked for regular updates about their progress. This service will be monitored and inspected again within six months.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

**Good** ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our Responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our Well-Led findings below.

# Albany House - Tisbury

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was completed by one inspector.

#### Service and service type:

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

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

#### Notice of inspection:

This was an unannounced inspection. The inspection took place over two days, we started the inspection on 21 March 2019 and returned on 26 March 2019.

#### What we did:

Before we inspected, we reviewed information that we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with three people who live at the home. We spoke with the GP while they were visiting the home. We also spoke with the registered manager, the nominated individual, the owner, and five members of staff who work in different roles. We reviewed documentation and records relating to people's care, including care plans for six people, food and drink records, medicine administration records,

and daily notes. We also looked at documentation relating to the management of the service, including four staff recruitment files, staff supervision and training records, medicine and quality assurance audits.

# Is the service safe?

## Our findings

At our last inspection in November 2017, we found the service was not always safe. We rated the key question Safe as Requires Improvement because we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we have not seen enough improvement to address the breach of Regulation 12. In addition, at this inspection, the service was in breach of Regulation 17, due to poor governance of recruitment processes. Risks continued to not be identified and managed sufficiently and because of this, the service is now rated as inadequate for Safe.

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse; assessing risk, safety monitoring and management

- At our last inspection risks to people's safety were not always identified and assessed. At this inspection, risks continued to not be identified and assessed sufficiently.
- People had some risk assessments in place, but we identified risks to people's safety that had not been assessed.
- One person was prescribed two highly flammable paraffin-based creams. The person was a smoker and we observed them to regularly smoke at different times throughout the day. The registered manager told us the person had not been informed of the risks, despite them having the mental capacity to make decisions around their own safety. Flammable creams present risks to people who smoke, but also the person and property in the event of a fire in the home. Clothing and bedding that has been in contact with the cream will burn at an accelerated rate. The registered manager told us they had requested non-flammable alternatives. However, the measures to protect the person's safety, or to equip them with the knowledge to make an informed decision in the meantime were insufficient.
- Another person was being supported to administer their insulin as independently as possible. However, there was no guidance or instructions in place for staff to follow. The person was registered blind and required staff to read out the blood sugar reading, before they told staff how much insulin to prepare. Staff had no assurances that they were supporting the person in a safe way to manage their diabetes. There was no guidance in place from a healthcare professional confirming the safe diabetes management for this person. There was no risk assessment in place regarding the way in which the person was being supported with their insulin administration. If the person was to become unwell, staff would not have accurate guidance to follow in supporting the person to continue with their diabetes management.
- Despite being advised of the concerns regarding risk management on the first day of the inspection, when we returned five days later, no action had been taken to address this.
- There were no monitoring systems for when people were supported to bathe, to ensure that temperatures protected people from the risk of scalding. In the event of scalding occurring, the home would not be able to evidence that they had supported people to bathe safely.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

#### Using medicines safely

- At our last inspection, safe medicines management systems were not always in place. At this inspection, the required improvements had not always been made, and where they had, these had not been sustained.
- Not all medicines were stored safely. The medicines fridge was not lockable, despite the home having a policy in place stating that the medicines fridge should be locked and stored in a locked room. The staff office where medicines were stored was at times open and unattended. This left the medicines and records accessible to non-medicines trained staff, but also to people at the home. There were people living with dementia who may not have been able to understand the risk of accessing medicines.
- Temperature readings for the medicine's fridge were not consistently made on a daily basis, to ensure that medicines requiring refrigerated storage were stored safely. Insulin was stored in the medicines fridge and this must be stored between 2°C and 8°C. We found seven days in February 2019 where temperatures were not recorded and eight days in March 2019. Without records being made, there were no assurances that these medicines had been stored safely.
- Where people's medicine administration had been recorded as 'R', this was to indicate the person had refused their medicines. However, there were no reasons recorded as to why this was.
- There were gaps in the medicine's administration records (MAR's), without reasons recorded as to why these gaps were present. We found 19 gaps in the MAR's for four people, between 26 February and 21 March 2019. There were no reasons recorded for these gaps and these had not been identified and investigated at the checks that the registered manager told us took place each week on a Monday. This meant that regular checks to ensure people received their medicines as prescribed were not taking place. Also, staff administering medicines were not taking accountability for completing the records accurately and checking their own records following medicines administration.
- Although there were medicine audit systems, these were not being used consistently or completed with enough detail. This meant there were no assurances that shortfalls were being identified and addressed, which would then lead to the likelihood of recurrence being reduced. The Nominated Individual told us they had identified shortfalls in medicines management and administration, which could be easily addressed, but were not being acted upon by staff.

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

#### Staffing and recruitment

- Processes to ensure safe recruitment were not being followed and staff recruitment files had required documentation missing. We saw that two members of staff had begun work at the home without employer or character references being received. We asked the registered manager why these checks had not taken place prior to staff working at the home. They explained that were waiting for the reference checks to come back, but that they would dismiss staff where poor references were received. They lacked accountability and understanding of the potential risks of employing staff where their character and prior work conduct had not been checked.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff were subject to satisfactory Disclosure and Barring Service checks (DBS). DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.
- The home had successfully recruited new care staff, however there were some ongoing care vacancies.

Agency staff were used to cover shifts where required. When agency staff were new to the home, they were given an informative overview document about each person and their needs.

#### Learning lessons when things go wrong

- Accidents, but not all incidents, were recorded in a manner that did not provide a clear overview or analysis. We saw brief daily records referring to one person experiencing a seizure and needing to be admitted to hospital. An incident form containing the full information of what happened and what action staff took was not completed. This meant that there was a lack of evidence stating what action staff had taken and how other staff could learn from the incident. For example, how to reduce the likelihood of recurrence, or to discuss what could be done better or different in the future.
- Following feedback on day one of the inspection, the registered manager implemented a monitoring system of accidents in the home. Prior to this, there had been no formal identification or analysis of themes and trends. For example, how frequent a person had fallen, and what action had been taken to support them. A system was introduced to monitor accidents monthly was implemented for the second day of the inspection.

#### Preventing and controlling infection

- The home was clean and free from odours throughout.
- The kitchen had achieved a 5-star rating from the Food Standards Agency.
- Staff received training in infection prevention and control.

# Is the service effective?

## Our findings

At our last inspection in November 2017, we found the service was not always effective. We rated the key question Effective as Requires Improvement because we found breaches of Regulations 9, 11, 12, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we have not seen enough improvement to address the breach of Regulation 18. In addition, the service was found to be in breach of Regulation 17, due to shortfalls in record keeping.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- At our previous inspection in November 2017, we had concerns that records of people's food and drink intake were not documenting vital information. The records did not provide an overview of how people's nutrition and hydration needs were being met. At this inspection we found that the required improvements had not been made.
- Where people were assessed as being at risk of dehydration records of people's fluid intake did not include the target fluid goal to support the person in accordance with their needs. The records also did not include how much the person had drank. Staff documented the type of drink, but not all records stated an estimated amount. It was not possible from the records to identify how much fluid the person had and whether their hydration needs were being met.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: supervision with their supervisor

- At our previous inspection we had concerns that staff did not receive supervision meetings and an annual appraisal. At this inspection we found that the required improvements had not been made. The provider wrote to us following their last inspection to tell us how they would meet the breach of Regulation. They told us that all staff would receive six supervision meetings per year, and that an impact assessment would be completed to understand if staff felt better supported. At the inspection, we found that this action had not been taken.
- We checked supervision records for all staff and found large inconsistencies in how often these took place. For example, two longstanding staff members received one appraisal in April 2018, and then did not receive a supervision meeting again until February 2019. Given that repeated concerns and shortfalls were found at this inspection, the service had not ensured that staff had been monitored to ensure their performance contributed to the required improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Staff support: induction, training, skills and experience

- At our previous inspection had found that there was no overview of the staff training completion. At this inspection, improvements had been made.
- An electronic training system had been implemented. This allowed the registered manager to maintain an overview who which staff had accessed their training. The registered manager could also see what training had been completed and what training was due. Staff spoke positively about the training they had received.

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

- The home had a good relationship with the local GP. The GP told us that staff contacted them when they needed advice. They said, "I trust the clinical judgements of the [registered manager] and [the deputy manager]."
- The GP visited the service one to two days per week. They advised us that they completed an annual review of each person and six-monthly medicine reviews.
- Although records did not adequately provide an overview of the care, we spoke with the visiting GP who felt that the home were meeting people's hydration needs. They told us, "I don't feel they could do any more." We also saw people being offered and having access to drinks in communal areas and their bedrooms. Because of this evidence, it was clear that the shortfalls related to record keeping.
- Records in one person's care plan evidenced that a healthcare professional felt that the home was supporting a person well in their recovery from a stroke.

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

- At our previous inspection we found that people's needs were not assessed prior to moving into the home. While some improvements had been made to people's assessments and care plans, we still found that further improvements were needed.
- A new assessment form had been implemented and people's care plans had an overview assessment of their needs and preferences. However, the care plans were not always developed beyond the initial overview. For one person, their needs assessment stated that they had diabetes, had fragile skin and that they were very sociable. There were no care plans for the person's skin care or social needs, to provide more detail about the support the person requires.

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

- At our previous inspection we had concerns that the service did not consistently assess people's capacity to consent to their care. At this inspection, we found that the required improvements had been made in this area.
- 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 with appropriate legal authority. 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. We found that mental capacity assessments and best interest decisions were in place. There was a record of DoLS applications made to the local authority, awaiting authorisation.

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

- There were areas of the home that had been adapted to meet people's needs. This included additional handrails in areas where people had been experiencing difficulty with their balance.
- Some people benefitted from signage around the home, directing them to their own bedrooms, or to find the dining room. In the dining room there was a large wall clock and the date was written in full in large print. This helped people to orientate to time and date.

# 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

Good: ☐ 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

- People told us the staff were kind and helpful.
- One person said, "Oh yes they're very good." They were being brought a drink of their preference and a snack, while reading their newspaper in their preferred chair.
- We observed friendly and respectful interactions between staff and people.
- Staff told us that they enjoyed working at the home and spending time with people.
- People's religious choices were respected. Some people chose to attend religious services, and there was a visiting Priest and Vicar.
- The provider and nominated individual were present at the inspection, we observed them interacting with people and checking that people had their needs met.
- There was a sense of community in the home. A lot of people had lived locally, and the staff team were also largely from the local area. People had formed friendships in the home and chose to spend time or sit with one another.

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

- There were quarterly meetings for people living at the home. The registered manager explained that people had chosen to have the meetings take place every three months.
- In the dining room and reception, there were comment cards and boxes for people to submit their feedback about the service. We saw that two compliments had been received, and both thanked the care staff for their approach. One said the staff were 'irreplaceable'. The second compliment card said staff were 'wonderful'.
- People were involved in deciding the four-week rolling menu. We saw that people were supported to make decisions about what they would like to eat and if they would prefer an alternative.
- People chose where they wanted to spend their time. We saw people choosing to go for walks or to sit and relax in the garden and conservatory areas.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and spoke to people with dignity. We saw staff knocking people's doors. Staff also spoke to people using their preferred name or title.
- Some people were independent with aspects of their care needs. This included for some people, their personal care. Other people accessed the local community and went for walks independently.
- People were asked if they minded visitors being present while their medicines were given, or if they would prefer to take them in private in their room.
- When people were given their meals and drinks, staff explained to them what was being served and where things were on the table. This helped people with impaired eyesight and perception to be involved in the

dining experience more independently.

# Is the service responsive?

## Our findings

At our last inspection in November 2017, we found the service was not responsive. We rated the key question Responsive as Requires Improvement because we found breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to address the breach, however the service was now in breach of Regulation 17. This was because systems in place to monitor the quality of care plans were not sufficient to identify and take action on areas that require further improvements.

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, and give them choice and control

- At the previous inspection we found that people's care plans had not been developed to reflect their needs and preferences. At this inspection we found that some improvements had been made.
- There had been improvements to the amount of information recorded in care plans. Care plans contained more detail about the person, their preferences, wishes, and needs.
- The improvements made were not consistent in all areas of people's assessed needs. For one person, their daily records made reference to behaviours that staff found challenging to manage. There were no care plans for that person regarding their behavioural support needs. Another person's assessed needs explained that they 'thrive' on structure and mental stimulation. However, these were not expanded upon in their care plan.
- Improvements in care planning was inconsistent and care plan audits were not identifying where there were shortfalls. Because staff were observed to know people well, the shortfalls identified relate to documentation. New staff told us that they learned more from other staff and meeting people, because the care plans did not always contain enough information.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Provision of activities and opportunities for people to follow their interests

- There were some activities provided. These included an activities leader visiting the home for singing sessions. Also, a pet therapy dog was brought into the service one day per week to see people. During the inspection, the owner identified a member of staff who had an interest in art and painting. They discussed introducing an art-therapy session as an activity.

End of life care and support

- Some people had end of life care plans in place. For one person we saw that they had been consulted with to share their wishes and preferences for their end of life care. For other people however, their end of life care plan had been crossed through, with a written note stating, 'To be discussed at the time'. This did not prompt staff to have the discussions while people were potentially more able to share their wishes.

- The registered manager explained that the area of care they were most proud of was the standard of care delivered to people at the end of their life. They explained that one person had always loved seeing the view of the church from their bedroom. When the person was being nursed in bed, their bed was moved to the bay window. This was so the person had the view that staff knew they had always enjoyed.

#### Improving care quality in response to complaints or concerns

- There was a policy in place for responding to complaints and concerns.
- Since the previous inspection, there were no records of any complaints having been received.
- The registered manager explained that while no formal complaints had been received, they did try to address any concerns people may have with immediate effect.

# Is the service well-led?

## Our findings

At our last inspection in June 2018 we found the service was not well-led. We rated the key question Well-Led as Requires Improvement because we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we have not seen enough improvement to address the breaches of Regulation 17.

The service had been rated twice at previous inspections as Requires Improvement overall and both times we asked the provider to write to us to tell us how they would make the necessary changes. Following the two previous inspections we asked the provider to write to us and tell us how they would make improvements. At the last inspection we asked the provider to submit a monthly report to us to tell us how they were sustaining the improvements. The requirement notice for this is called a Notice of Decision. In this we stated that that action plans and progress updates should refer to the management of risk, care planning and assessments, staff training and supervision. The notice was issued to the registered provider and the registered manager and related to breaches of Regulations 9, 11, 17, and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. While there had been a change in nominated individual, the same registered manager had remained in post during these inspections. The registered manager had not ensured that actions were implemented and consistently monitored, as per the action plans.

Because of the repeated breaches and overall Requires Improvement rating, the rating for Well-Led is now Inadequate.

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

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- At the last inspection we had concerns that there was a lack of systems in place to monitor the quality of the service. At this inspection we found that although systems had been purchased, these were not being used to monitor the service and provide a managerial overview.
- The registered manager showed us the quality assurance system that had been purchased but explained that it had not been completed. We looked at the documentation for this and saw that few of the audits in the system had been used.
- The provider and nominated individual completed monitoring forms following each of their two weekly visits to the service. The provider and nominated individual were aware of shortfalls in medicines management, care planning and records.
- The registered manager told us they had an action plan in their head, but they had not discussed with the staff, provider and nominated individual to put these plans into action. This had resulted in action not being taken to address shortfalls identified at the two previous inspections.

- The registered manager had a negative outlook regarding their role. We asked them how they would describe their management style. They told us it was poor. The registered manager provided sarcastic responses when concerns about risks management were raised with them during the inspection. The severity of concerns raised were not taken seriously enough to ensure prompt action was taken.
- The registered manger spoke of wanting to increase staff accountability for improving areas of the service but failed to take accountability in their own role and shifted blame to staff members. The registered manager was not able to ensure staff were on board with their vision for the future of the service, because they were unclear and disorganised on how to get there. They explained that if their role had five responsibilities, they would only focus on two of those. They said that the nominated individual and provider should be responsible for chasing them up with their work and ensuring that things were completed. We reminded the registered manager that they held a legal responsibility for the management of the service.
- There were continued breaches in Regulations. Action taken by the service was not enough to address these and the registered manager was not always aware of the concerns prior to us identifying them. Where some improvements had been made, the monitoring systems in place to ensure that quality continually improved were not effective. The registered manager had been unable to drive improvements following our two previous inspections.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager understood and acted upon their duty of candour responsibility. The service had good relationships with people and their families. On day two of the inspection we saw the registered manager in regular contact with a person's family, following the person being admitted to hospital.
- While people spoke positively about their care and we observed caring interactions, there were ongoing shortfalls in the planning and record keeping.
- The deputy manager had been assigned time to complete care plans, as a 'paperwork day', however there was uncertainty over whether this had been stopped. The deputy manager, registered manager, and nominated individual all provided different responses regarding this. There was a lack of collaborative working and planning amongst the leadership of the home.

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

- The views of people and staff involved in the service were sought at resident and staff meetings. However, people were not always engaged with about their care plans and associated risk planning. Also, staff continued to not receive timely supervision meetings with their supervisor. This meant that the views of people and staff were not being sought at each available opportunity.

Working in partnership with others

- The registered manager explained that they felt the service was "very insular". This meant that they worked independently, without sharing and learning from practice of other similar services.
- On day one of the inspection we asked the registered manager if they had formed any connections with other care services locally. They had not, but when we returned for the second day of the inspection they explained that they had contacted the registered manager of a local nursing home. The registered manager spoke positively about this experience and was keen to visit the other service to learn more about how other managers monitor care quality.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's safety and wellbeing were not being identified or assessed.  Medicines were not managed safely.  Checks of water temperatures were not completed consistently.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to monitor and improve quality were not being used effectively.  Improvements we were told were to be taken following the previous inspection had not been maintained.  The registered manager lacked managerial oversight of the shortfalls at the service.  Records about people's care were inconsistent and not monitored.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment checks before staff started work were not satisfactory and references were not always obtained.

