

Heritage Care Homes Limited

Georgiana Care Home

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Georgiana Care Home is a residential care home providing personal and nursing care to up to 72 people. The service provides support to people who may be living with a physical disability, mental health needs or dementia. At the time of our inspection there were 54 people using the service.

Georgiana Care home is split across two floors and three wings. People have access to their own personalised bedrooms and en-suite toilets and share communal areas such as lounges, bathrooms, dining areas and a garden.

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

People were not always kept safe using the service. Risk assessments were not always completed for known risks to people or were not detailed to guide staff to support people safely. People's medicines were not being managed safely and systems were not effective in identifying where errors were being made. Some information from staff recruitment checks were missing. Whilst there were enough staff to support people safely, staff did not spend time supporting people outside of essential care tasks.

Staff were not being supported with supervision and competency assessments to make sure their training had been effective. It was not always clear how people who required support to eat and drink were having this monitored effectively by staff. We have made a recommendation the provider ensures people are supported effectively with this. We could not be sure people were receiving support with oral care. People's needs were assessed before they started living at the service, but these assessments did not always focus on people's preferences, likes and dislikes. People were not always supported to have maximum choice and control of their lives and staff did not always support 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.

People were not always treated with kindness and compassion and staff did not always respect people's privacy and dignity. Staff did not always support people in a person-centred manner in line with their preferences likes and dislikes. People's support plans did not focus on how people would like to be supported as individuals with their own preferences. People were not being supported to take part in social pastimes or follow their interests and were not a part of the local community. People were not being supported in line with their communication needs. People did not always have detailed end of life care plans in place and we recommend the provider reviews these plans for people.

The management team were not effectively monitoring the quality of the service and audits were either not in place or did not pick up on areas where improvements were needed. People and relatives' feedback was gathered but not used to improve the service. The provider did not visit the service to ensure people were receiving good quality care. There had been a failure to learn lessons from inspections of the providers other services meaning improvements could not be made or sustained at the service.

Despite our findings people and relatives were happy with their support. One relative said, "I cannot fault the staff team. [Family member] has gone from strength to strength and has their life back since they started living at Georgiana Care Home."

People and relatives felt they/ their family member were safe living at the service. The service looked and smelled clean and staff followed good infection control measures. People were supported to see health professionals if this support was necessary. Plans were in place to continue to improve the environment for people living at the service.

We also saw some kind and caring interactions between people and staff. Some staff knew people well and staff wanted what was best for people. People's complaints were listened to and taken seriously. The manager was passionate about improving the service and took immediate action in areas identified as needing improvement at this inspection.

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 (report published 16 April 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, people not being treated with dignity and respect, person centred care, and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 with the 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 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Georgiana Care 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 completed by three inspectors.

Service and service type

Georgiana Care 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. Georgiana Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a manager in post who had started the processing of registering with the CQC.

Notice of inspection

This inspection was unannounced. Inspection activity started on 01 February 2023 and ended on 16 February 2023. We visited the service on 01 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service and 7 relatives about their experience of the care provided. We spoke with 16 members of staff including care workers, senior care workers, housekeeping staff, the cook and members of the management team.

We reviewed a range of records. This included 4 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



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. The rating for this key question has remained requires improvement. 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; Using medicines safely

- People were not always supported safely in line with their assessed risks. For example, one person required their food to be prepared in a specific way. Staff served this person their meal and it had not been prepared in line with their risk assessment. The person did not eat the meal however this put them at risk of choking.
- Another person had a health condition which had the potential to cause them harm. There were no care plans or risk assessments in place to guide staff how to support them with this health condition. This put the person at risk of harm. Another person was moved by a staff member whilst sitting on a dining chair, with no wheels to aid mobility. This put the person at risk of falling from the chair.
- One person showed how they were feeling by attempting to harm staff or other people using the service. The care plans and risk assessment for this person were not detailed and did not guide staff how to safely support this person or the people they may harm.
- People's risk assessments in areas such as mobilising, pressure area care, food and fluid monitoring and being supported with personal care lacked detail. They did not give staff guidance to support people safely with these tasks. Staff completed daily records to show how people were supported in these areas. However, these were not always completed or were not analysed to ensure that people were receiving support in line with their assessed risks.
- People's risk assessments relating to fire safety were not detailed and, in some cases, gave staff the wrong information about how to support people in the event of a fire. This meant people would be at risk of serious harm if there was a fire at the service.
- Medicines were not being managed safely. We found several examples of where the stock count of medicines was incorrect meaning people may have been given more or not enough of their prescribed medicines. The manager and staff team were unable to account for this as audits were not effective in monitoring if medicines have been administered correctly.
- People's topical medication and creams that had been prescribed were left out in the open in their bedrooms or in a communal area. There was a risk people would use these, not in line with how they are meant to be administered.

We found no evidence people had been harmed. However, staff were not always supporting people in line with their assessed risks and some risks to people had not been assessed thoroughly or at all. Medicines were not being managed safely. This is a breach of regulation 12(1) (4) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and area manager started to address some of these concerns immediately following our

inspection. This included updating people's care plans and risk assessments and creating new audits to monitor medicines administration.

- The operations manager and staff team completed health and safety checks of the building and people's equipment like hoists to make sure they were safe. One person said, "[Staff] always help me [use piece of equipment] and I see them have a good look over it before they use it."
- Despite our findings staff were able to explain how to use equipment and knew how to support people safely in areas such as personal care. One relative told us, "[Family member] has all the equipment in place to call for staff support or to alert staff when they stand up. This keeps them very safe."

Staffing and recruitment

- The provider completed recruitment checks on potential new staff members to ensure they were suitable for a job supporting people. However, staff files we reviewed were missing past employment histories which is an important check to make sure potential staff members are safe to work. The manager told us they would review staff files and add this information.
- There were enough staff to support people safely. People did not have to wait a long time for staff support and staff told us they had enough time to support people safely. People's comments included, "There are always enough staff around to help me." and, "There are a lot of staff here and they come and go but we have a good lot here and they are all nice. Never have to wait for any help."
- Whilst there were enough staff to support people, they were not always deployed effectively to ensure people were not at risk of social isolation and boredom. Staff did not utilise their time to speak with people or engage with them outside of essential tasks such as personal care or supporting people to eat and drink. The management team said they would start monitoring this and work with the staff team to improve in this area.

Learning lessons when things go wrong

- We were not assured system to learn lessons had been fully embedded by the provider. Some issues at this inspection were known to the provider from previous inspection activity. However, these issues had not been shared with the team at Georgiana Care Home to help ensure lessons had been learned.
- There were some systems in place to learn lessons when things went wrong. These included discussions with staff individually or in staff meetings to discuss incidents or accidents and take action to help ensure they were not repeated.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt they/ their relative were safe. People's comments included, "I feel safe and comfortable living here." and, "It is very safe here and I have excellent care. Everything I need doing gets done." A relative said, "[Family member] is very safe. The staff makes sure their needs are met when it comes to things like eating and drinking or helping them to walk without falling. I cannot fault the care."
- Staff were trained in safeguarding and knew how to report any concerns both in the service and to outside organisations such as the local authority safeguarding team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visitors at the service whenever they wanted to. One relative said, "I am able to visit [family member] whenever I want to, even if I just pop in unannounced. It feels like visiting [family member] at home."
- The service looked clean and was free from malodours. Housekeeping staff confirmed they had enough time to clean the service thoroughly. One person said, "It is always spotlessly clean here. [Staff] do a great job."

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 training in areas relevant to their job roles and this included training in supporting people living with dementia. However, staff, were unable to explain what they learned from this training or how they used it to support people. Staff were not always clear on how best to communicate with people living with dementia
- Staff were not receiving supervisions in line with the providers policy. The management team were checking staff competency in areas such as medicines and supporting people to mobilise. However, they were not checking staff competency in relation to supporting people in a person-centred way or engaging with people in a meaningful way. The management team were not spending time working with staff directly to see where improvements to staff practice could be made.
- Despite our findings, people and relatives felt staff were well trained and knowledgeable. We observed staff confidently supporting people to use equipment such as hoists. One person told us, "[Staff] definitely know what they are doing and seem to have the right training." A relative said, "[Staff] support [family member] well and seem to know how best to help them at any given moment."

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

- Some people needed their food and fluid intake monitored. However, people's care plans did not make it clear how much food or fluid a person needed to stay well. Daily records completed by staff did not always make it clear how much food or fluid a person had taken. This put people at risk of not having their nutrition and hydration needs met.
- People who required their food to be served in different ways such as soft or pureed were served meals that did not look appetising. Kitchen staff had access to equipment to make the food look appetising, but this was not being consistently used. One person said, "Food does not look very good and this puts me off, so I put tomato ketchup on everything so at least then I know what it tastes like."

We recommend the provider assesses the processes in place to monitor people's food and fluid intake to make sure they are effective. We also recommend the provider review how best to serve meals to people with specific diets to make them look appealing and appetising.

- Despite our finding's food looked and smelled appetising for most people. People and relatives were positive about their meals. People's comments included, "I love the food here and we always get a really good choice." and, "I think the food here is as good as any restaurant." One relative told us, "[Family member] adores the food at the service and since they have moved in, they have gained weight which is

really positive."

- Staff supported people to eat and drink frequently throughout the day and people always had access to a snack or a drink if they wanted one.

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

- People's needs were assessed when they started living at the service to make sure staff could meet them. However, assessments did not focus on people's holistic needs such as their likes, dislikes or preferences. If people were living with dementia or other health conditions, the impact these had on their life were not fully assessed and detailed care plans were not put in place. This meant staff did not have detailed guidance to support people when they started living at the service.
- Despite our findings people and relatives told us the assessment process was good. One person said, "Me and [another person] moved in together. It was a very smooth process." A relative told us, "Placing [family member] in a care home was a big decision but the assessment process was really simple and put us at ease."

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.

- In order to reduce the risk of people falling the management team had increased staffing levels and each person was now 'checked' every 15 minutes. Whilst people with capacity had consented to this, there had been no consideration to less restrictive options taken by the management team. Some people were not at risk of falling but had still given consent to these checks. Less restrictive options had not been considered by the management team.
- Staff asked people for consent with day to day tasks and made sure they were happy to be supported. One person said, "[Staff] always ask if it is OK to do something before, they do it, even if they have done it a hundred times before."
- Where people lacked capacity, assessments were completed, and decisions were made in people's best interests. DoLS had been applied for and were in place appropriately where these were necessary. One relative said, "I am always asked to take part in any decisions about [family member's] care. We had to do an assessment about them going to a health appointment recently."

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

- We could not be sure people were being supported consistently with oral care. People's toothbrushes were very dry, and staff had not recorded, nor could they tell us when people had been supported with oral care. Some people's care plans stated they could see to their own oral care when this was not the case. This put people at risk of harm as they may not have been supported to have appropriate oral care. The

management team took immediate action by speaking to staff and implementing toothbrush and daily record checks to ensure people were receiving oral care appropriately.

- People were supported to see health professionals such as district nurses, physiotherapists or GP's if this was necessary. One relative told us, "The relationship between the service and the GP service is excellent. Two days after [family member] moved in the GP service was in contact with us to make sure everything was in place."
- Staff supported people to stay healthy, for example by supporting them to eat and drink regularly or to complete exercises put in place by external professionals. One person said, "[Staff] help me walk regularly because they know this is good for [health condition]. I have not gone to hospital since I lived here."

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

- The service was large and spacious so people could walk or use wheelchairs comfortably. The management team told us about the plans in place to make the service more accessible for people living with dementia. This included, putting colours and signs around the service to help people orientate to their environment.
- People had been supported to personalise their own bedrooms. People were positive about the look of the service. People's comments included, "It is lovely here, a home from home." and, "What I like about it here is that I have the space to move around easily. I could not do this when I lived by myself."

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 kindness and compassion. Staff referred to people as 'he' or 'she' or by their room number rather than by their name. Some of the language used by staff such as, 'Oh, don't talk to [person], they are in a bad mood' or '[Person] is always like that, just help them anyway' did not ensure people were treated well. Staff did not use time when they were not busy with essential tasks, to speak with people about how they were.
- People's privacy and dignity was not always respected. Staff spoke with each other and visiting health professionals about people's health issues and appointments in front of them and other people. Staff did not understand that these were private to the person and could have been spoken about in a private area.
- Staff left some people's bedroom doors open when their dignity was compromised, for example, when the person was in bed not fully clothed. This did not respect people's privacy or dignity.
- Staff did not always treat people's personal belonging with respect. In people's bedrooms toiletries were left out of reach or were stored next to toilets. People's toothbrushes were dry and appeared to have not been used for some time. Some people's bedrooms had some wear and tear issues and would have benefitted from redecoration.
- People were not always supported to be independent if this was their choice. Staff did not take time to see if people wanted to do things for themselves. One person said, "I would like to do more for myself, but the staff do not always have the time, so they just do it for me." Another person told us, "It would be nice to do things for myself, but I do not like to ask as the staff are too busy."

People were not always being treated with kindness and compassion and their privacy and dignity was not always being respected. This is a breach of regulation 10 (1) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and area manager accepted these findings and told us they would spend more time supporting staff to understand how best to support people. The manager also developed a competency assessment to observe and support staff to improve in these areas.
- We also saw some examples of staff speaking with people kindly and with respect. People were mostly positive about their support. People's comments included, "[Staff] are good and you can speak with them about anything and it gets sorted out." and, "[Staff] are excellent and always there when you need them." People who could not speak with us were visibly relaxed being supported by staff.
- Relatives gave positive feedback about the way staff supported their family members. Their comments

included, "The standard of care is very good, and staff are approachable and always listen to [family member]." and "[Family member] loves the staff team and has built good relationships with them."

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

- People and relatives told us they were involved in reviews of support plans; however, this was not recorded clearly. This made it difficult to see how people's views had been used to update and inform the way people were supported by staff.
- People were offered day to day choices such as what to eat or drink and what to wear. One person said, "We get a lot of choice here. It is nice the staff always ask us." A relative told us, "[Family member] always wears certain clothes and whenever I visit, they have these on. This choice is important to them."

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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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; Meeting people's communication needs

- People's care plans and risk assessments were not personalised. Care plans had space to record information about people's preferences likes, dislikes and backgrounds however these were not completed. Staff did not know what people's preferences were. One person told us, "Some staff know me, but others do not really have a clue. I have to remind them how I like things done."
- People living with dementia or other health conditions had these noted in their care plans. However, there was limited information about how this impacted on their day to day lives. This meant staff could not support them in a person-centred manner. One person said, "I prefer things a certain way but sometimes staff do not have the time to do it, so I just make do."
- Staff did not utilise time when they were not busy supporting people with essential care tasks to spend quality time speaking with people. Instead they stood waiting until people needed essential support such as support to have a drink or to move around the service. One person told us, "It is OK here but a bit 'same things, day in day out' if you know what I mean."
- Staff completed daily records about people's support however these were not detailed and did not focus on how people were feeling. For example, 'interactions' with staff were recorded as a tick box with no indication of whether this was meaningful for people or not.
- People's care plans did not make it clear what relationships were important to them or how staff could support them to build new relationships. Most people's support plans in these sections were blank or not completed fully.
- People were not being supported to take part in social pastimes relevant to them. Staff were available to support people with this; however, we saw these staff only spend time with a few people throughout the day, playing dominoes or board games. Other people were not engaged with in a meaningful way. One person said, "[Staff] keep coming to me to ask if I want to take part in [pastime] but it does not interest me. I do not mind them keep asking me."
- People were not being supported to leave the service to pursue their interests if this was their choice. Some people had been out to a restaurant or to the shops however this was a one-off event. One person told us, "We went out for [social pastime] last year. This was lovely but we have not been since. I do not like sitting around so much."
- Staff were not reviewing social pastimes to see if these were what people wanted to do. The manager sent us an analysis of why people refused to take part in suggested pastimes. Reasons for refusal were documented as '[person] living with dementia', 'finds [pastime] boring' or 'unable to take part'. There was no evidence staff had worked with people to find out why this was or to see if there was a pastime they

would enjoy more. There was also no evidence of people being asked for feedback about pastimes on offer to see if these could be improved.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). 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 were not always supported in line with the AIS. Staff communicated and offered choices to people verbally or using written words. There had not been any consideration to using different forms of communication such as pictures or signing. Information such as menu choices or people's support plans and minutes of meetings were not available in accessible formats, although some people would have benefitted from this.

We found no evidence people had been harmed. However, people were not always receiving support in line with their preferences, likes and dislikes. People were not being supported to follow their preferred interests and social pastimes. This is a breach of regulation 9 (1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and area manager recognised more work was needed in relation to care plans and supporting people to follow preferred pastimes. They started working on care plans to make them more personalised and held meetings with staff so they could start working with people to identify meaningful pastimes.
- Despite our findings some people and relatives felt staff knew them well. One person said, "[Staff] know me as well as my family do." Relative comments included, "[Family member] is always dressed how they like to be dressed and only have female staff supporting them which is their choice." and, "Continuity is really important to [family member] and [management team] have made an effort to make sure they always see the same staff and follow the same routines. This has really helped [family member]."
- People were supported to have their spiritual needs met. For example, a service visited people in their home if they chose to follow a certain religion. A spokesperson for this service said, "We have been visiting people here for some time and it really is a lovely place."
- Despite our findings people and relatives felt staff spoke with them in ways they understood. One person said, "I cannot hear very well so staff speak slowly and clearly for me." A relative told us, "[Staff] get a lot out of [family member] and engage with them well. They have been much chattier since they moved into the service."

End of life care and support

- Some people had plans in place for the end of their life, however these were not always detailed. End of life plans were also not put in place in a timely manner when people reached this time of their life. This put people at risk of not having their preferences or needs met at this time.

We recommend the provider reviews end of life care planning for people to ensure plans are in place that fully reflect people's needs and preferences at this time.

- Relatives gave positive feedback about the support their family members received at the end of their life. One relative told us, "[Staff] show a lot of love and compassion when supporting [family member] and this is very reassuring."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place at the service and complaints were responded to in a timely and detailed way. One person said, "I have no problem speaking up and know things will get dealt with if I tell someone."

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; Continuous learning and improving care

At our last inspection, systems were either not in place or robust enough to fully promote the quality of people's care and daily experiences. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remains in breach of regulation 17.

- The manager and area manager were not effectively monitoring the quality of the service. Audits had not been effective in identifying where improvements needed to be made in areas such as people's risk assessments and care plans, medication administration, staff supervision and competency, staff treating people in a person centred way with dignity and respect and people being supported to follow their social pastimes and preferences.
- The management team were not supporting staff to be clear about all aspects of their job roles. Staff were not being supported to identify where they could be better supporting people with social engagement or to have a more fulfilled life at the service. The quality of people's care plans and risk assessments was poor and did not give staff the detailed guidance they needed to support people well.
- The manager had service improvement plans in place with actions to take to improve the service. However, a lot of these actions had not been completed and it was unclear how they would be achieved. Improvement plans did not focus on the poor quality of care plan, risk assessments and daily records meaning there were missed opportunities to make and sustain improvements.
- The provider had not been visiting the service or completing audits to monitor the quality of the service. Staff told us they did not see the providers representatives and we were not shown any evidence of the providers representatives visiting the service to monitor the quality of support people were receiving.
- The provider had not learned lessons from previous inspection activity and there were similar issues at this inspection. They had not used the issues at they experienced before to learn and drive improvements at this service.
- When improvements were made at the service, they had been put in place as a result of feedback from external services such as CQC or the local authority. We could not be assured the provider or the management team would be able to make or sustain improvements without this direct support.

We found no evidence people had been harmed. However, systems and processes were not in place or not effective to monitor the quality of people's support and the provider was unable to make or sustain improvements at the service. This was a continued breach of 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and area manager took the findings from our inspection seriously and started implementing improvements. This included reviewing care plans and support plans and improving auditing systems. However, the provider was still unable to give us assurance that they would support the management team to improve the service.
- Despite our findings staff had good understanding of some aspects of their job role. One person said, "You can trust the staff here. They are a good bunch and know what they are doing." A relative told us, "The staff have always been courteous and very attentive to [family member]. We have never had any concerns."

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

- People and relatives told us they were asked for their feedback and feed into people's care plans and support plans. However, it was not clear how this was used to make sure that people's preferences relating to their support were met by the staff team. People and relatives' thoughts and opinions were not recorded or used to update support plans.
- People and relatives were unclear who the manager and area manager of the service were. One person said, "I am not sure who the manager is. I only really see the same staff." and, "Never see the manager but I know they are in the office." A relative told us, "I have never spoken to the manager and tend to just deal with the staff."
- People, relatives and the staff team were invited to meetings to speak about the service and give feedback. However, minutes from these meetings were not made readily available to those who were not able to attend.
- The manager understood duty of candour and was honest with people if things went wrong. They spoke with people to see what could be done to resolve any issues.

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

- The manager and staff team wanted what was best for people and tried to instil a positive culture. However, in practice this was not always effective as staff were not interacting with people outside of essential care tasks and people were not being supported in line with their preferences. There was not a culture of supporting people to identify or achieve good outcomes for themselves as explained in the rest of this report.
- Despite our findings people and relatives were happy with their support for the most part. People's comments included, "I would say I am very happy here. It has become my home." and, "It is lovely here. I would not change a thing." A relative told us, "We are very fortunate [family member] has found a home here. I would say the staff go above and beyond."

Working in partnership with others

- The manager and staff team worked with health professionals to help achieve good health outcomes for people. The manager had plans in place to link with the local community such as churches and shops to help people be more engaged outside of the service.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence people had been harmed. However, people were not always receiving support in line with their preferences, likes and dislikes. People were not being supported to follow their preferred interests and social pastimes.</p>

The enforcement action we took:

Impose a condition on the provider's registration asking them to make improvements and send us monthly updates to show that improvements were sustained and maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People were not always being treated with kindness and compassion and their privacy and dignity was not always being respected.</p>

The enforcement action we took:

Impose a condition on the provider's registration asking them to make improvements and send us monthly updates to show that improvements were sustained and maintained.

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>We found no evidence people had been harmed. However, staff were not always supporting people in line with their assessed risks and some risks to people had not been assessed thoroughly or at all. Medicines were not being managed safely.</p>

The enforcement action we took:

Impose a condition on the provider's registration asking them to make improvements and send us monthly updates to show that improvements were sustained and maintained.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

We found no evidence people had been harmed. However, systems and processes were not in place or not effective to monitor the quality of people's support and the provider was unable to make or sustain improvements at the service.

The enforcement action we took:

Impose a condition on the provider's registration asking them to make improvements and send us monthly updates to show that improvements were sustained and maintained.