

Newlyn Court Limited

Newlyn Court

Inspection report

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Date of inspection visit:
26 March 2019
28 March 2019
29 March 2019

Date of publication:
15 October 2019

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?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: Newlyn Court is a nursing home that was providing accommodation and personal and nursing care to 80 people. At the time of the inspection there were 67 people using the service.

People's experience of using this service:

- Actions taken to always ensure risks to promote people's safety in the home environment were not always effective.
- Action required by the Fire Authority was not fully actioned prior to our inspection.
- No action had been taken when checks had identified people could be exposed to a risk of scalding from hot water.
- There was a lack of evidence to demonstrate all portable electrical appliances were tested to ensure their safety.
- Items of potential risk were found unsecured within communal bathrooms and toilets.
- The providers quality checks were not fully effective in identifying potential risks to people living at the service.
- The registered provider had not achieved a rating above Requires Improvement for the fourth consecutive inspection.
- People confirmed they received their medicines however improvement was needed in areas of recording people's medicines.
- People did not always receive the support they needed at meal times.
- Improvements were needed to ensure people's personal care records were completed showing the care provided.
- Care records needed to be secured to prevent unauthorised access.
- Risks to people's personal care needs were assessed, reviewed and equipment was in place.
- People felt safe and relatives believed their family member to be safe living at the home.
- Staff were aware of their responsibilities regarding safeguarding of people.
- People were supported by staff who were kind and caring.
- People had their privacy and dignity respected.
- Staff received training and support to ensure they had the skills and knowledge to perform their role effectively.
- People could make choices about their daily living.
- Relatives and staff spoke highly of the registered manager and the work they had done since becoming manager.

We found the service met the requirements for 'Inadequate' in two areas and 'Requires Improvement' in the remaining three area. The overall rating of the service was 'Inadequate'. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (report published 21 September 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: The overall rating for this service is 'Inadequate' and the service has therefore been placed in 'Special Measure'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within his timeframe.

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

Follow up: If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. This will lead to cancelling their registration or to varying the terms of their 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?

The service was not safe.

Details are in our Safe findings below.

Inadequate ●

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 ●

Newlyn Court

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

The inspection was undertaken to follow up on our previous comprehensive inspection in May 2017 when we rated the registered provider as 'Requires Improvement' in three questions as well as overall.

Inspection team:

On 26 March this inspection was carried out by one inspector plus an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 28 and 29 March the inspector returned to complete the inspection.

Service and service type:

Newlyn Court 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, both were looked at during this inspection.

Newlyn Court can accommodate up to 80 people across two floors. Communal living facilities such as lounges and dining rooms are located on the ground floor. The service specialises in providing care to people living with dementia.

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:

The inspection was unannounced on the first two days. The final day was announced to primarily provide feedback to the registered manager.

What we did:

We reviewed the information we held about the service and the registered provider. This included any notifications and safeguarding information we were told about. Statutory notifications are information the registered provider is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding notifications.

We used information the registered provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority to gather their feedback about the service.

We spoke with seven people who lived at the home and nine relatives or friends of people. As some people were unable to share their views with us, we completed the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care for people who may not be able to speak with us. We also spoke with the registered manager, the deputy manager, the provider and their nominated individual, two nurses, seven senior care and care staff, the activities coordinator, a cook, a maintenance member of staff and a housekeeper.

We looked the care records for four people as well as medicine records, three staff recruitment records, records of accident and incidents and systems to monitor the quality of the service such as complaints.

Is the service safe?

Our findings

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

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

At our last inspection in May 2017 we rated this question as, 'Requires Improvement'. This was because although there were sufficient staff to meet people's needs they were not always deployed effectively. This meant some people had to wait a long time for support to eat their meal.

We identified concerns which could potentially have placed people at the risk of harm. We brought these concerns to the attention of the registered manager at the time of our inspection.

Assessing risk, safety monitoring and management

- There was a failure to ensure people were fully protected from risks associated within the environment.
- Hot water temperature records were maintained as part of the provider's maintenance checks. The most recent records [February 2019] showed some bedrooms where hot water was recorded as up to 49 degrees Celsius. The Health and Safety Executive [HSE] state providers should ensure hot water is not discharged from outlets hotter than 44 degrees due to the risk of scalding. We saw records from November 2018 showed similar recordings in some of the same bedrooms. No measures had been taken to reduce the water temperature at the point of delivery to these bedrooms so risks of potential avoidable harm to people could be mitigated. The provider assured us they would act to address our findings.
- Maintenance records showed most electrical appliances within bedrooms were tested to ensure they were safe to be used. However, no register of items tested was in place although we saw a label on these items showing when they were tested and when next due. Not all items within communal lounges and dining areas were labelled to demonstrate these had been tested, these items included extension leads. Where labels were in place one had faded and was unable to be read clearly while another showed the last test taken place almost nine years ago. Following our inspection, the registered provider told us they had revised their PAT testing policy.
- We found two large chairs blocking a corridor door leading to an area containing a fire exit. In addition, the chairs restricted access to a fire extinguisher and a fire break glass. These chairs could have hampered people's means of escape in an emergency. These were removed and the registered manager assured us they would make sure this did not happen again.
- We noted the provider had no equipment such as chairs or sheets near to stair cases to be used to assist in evacuation in the event of an emergency. We looked at the emergency evaluation plans which were in place. Some of these referenced a piece of equipment held within the reception area and therefore not close to stairwells. These plans lacked details on the action to be taken in the event of emergency and were unclear on how some people who were unable to stand on their own and not mobile would be evacuated. We saw a letter dated 27 November 2018 from West Midlands Fire Service detailing several shortfalls following their inspection at the service. This letter made mention to the need to have these items of equipment available. The registered provider told us they had looked on line for these items, however these were not purchased following the inspection carried out by the fire service. Following our inspection three pieces of equipment

were ordered. The registered provider assured us other shortfalls identified by the fire service had been addressed.

- We found a bottle of toilet cleaner on a shelf in an open cupboard in a ground floor communal toilet. We saw several people living with dementia walking around the area where this toilet was situated. In addition, we found other items in other communal bathrooms and toilets. For example, we found used disposable razors and prescribed creams. These creams were not always named and did not always have a date of opening recorded upon them.

The above concerns demonstrated a failure to prevent the risk of harm which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments associated with people's care and support were in place. These risk assessments were regularly reviewed to ensure they were up to date and contained information required to enable staff provide care to support people's needs. One relative told us a piece of equipment was provided for their family member to assist in keeping them safe.
- Equipment to reduce the risk of injury was available. For example, bedrails and hip protectors. Risk assessments for bedrails were in place and reviewed.
- Regular testing of the fire alarm took place to ensure it was in working order.
- The registered manager told us of plans to obtain lockable trolleys for housekeeping staff to use while carrying out their duties to keep cleaning materials safe at all times.

Using medicines safely

- People's medicines were usually signed as administered by nursing staff although this was not always the case as we saw gaps in the records. We saw occasions where staff had recorded the number of medicines remaining. These counts were not always subtracted correctly although the balances held were correct. This indicated staff were not always counting the number of tablets remaining this practice could increase the risk of errors.
- There was a delay in obtaining a prescribed ointment for one person to help with pain relief. Staff had not followed this up with the pharmacy for six days until we brought it to the registered managers attention. Immediate action was taken by registered manager.
- People and family members told us medicines were administered on time. Nursing staff were aware of the importance of administering medicines at their prescribed time or on certain days in line with a doctors instructions.
- Nursing staff were seen spending time with people to ensure they had taken their medicines.
- Medicines were held within their original container. Nursing staff had recorded the date of opening on these boxed medicines.
- Medicines requiring additional recording to take place were in order and balanced. Nursing staff could describe how they disposed of medicines safely.
- Staff had been provided with guidance on the expected use of people's 'as required medicines' (PRN).
- Medicine trolleys were securely locked when not in use during times when the nurses were administering medication to people.
- Body maps were in place to indicate the location where medicine administered through a patch were applied. Care staff recorded when creams and ointment were applied.

Staffing and recruitment

- At our previous inspection we saw people were kept waiting at lunch-time. Within the Provider Information Return [PIR] submitted in November 2018 we were told, 'Staff deployment has been addressed and kitchen staff now directly serve lunch direct from the hot trolley'. Although we saw these arrangements

to be in place, there were occasions when these needed strengthening further as people had to wait between courses. In addition, people waited for staff to assist them to leave the dining room. We heard people repeatedly asked staff for assistance or started to knock on the table to attract staff's attention. The registered manager gave assurance they would address this as they were aware of the previous concerns at the time of the last inspection.

- Staff on duty were split into teams and were allocated duties during their shift to ensure people's needs were met. These duties ensured people received regular drinks and pressure relief to prevent sore skin. Most staff believed staffing levels to be sufficient.
- The registered manager was confident they could have extra staff on duty if people's needs increased.
- Agency staff were used when needed. These were regular agency staff members to provide consistency in care.
- The provider had followed procedures for safe staff recruitment. Checks were undertaken including a DBS. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.
- Checks to ensure nurses were registered with the Nursing and Midwifery Council (NMC) were made. Nurses were supported to maintain their registration with the NMC with regular training updates.

Preventing and controlling infection

- Most areas seen were clean and tidy. We did however bring to the attention of the registered manager one bath hoist seat in need of cleaning and a chair within a shower room which was rusty.
- Some communal facilities had broken toilet roll holders or no holders and toilet paper available for people to use increasing the risk of cross infection.
- Relatives told us they believed the home environment to be clean. One relative commented, "The home is clean, very clean. Bins are emptied every day."
- A member of the nursing team was the infection control lead and had developed contacts within the local health authority.
- The provider held achieved a gold award for infection control. They told us of occasions whereby they had sought guidance to prevent potential infections from professionals.
- Housekeeping staff were seen throughout our inspection. They confirmed housekeeping duties were provided seven days per week. Housekeeping staff were seen cleaning lounge chairs each morning of the inspection prior to people getting up and coming into the communal areas.
- Staff were seen to use disposable personal protective equipment such as gloves and aprons for personal care tasks as well as when involved in serving food and drinks. Hand gel dispensers were around the home and within communal facilities. We saw staff using these dispensers.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and relatives we spoke with believed their family member to be safe from harm and abuse. One person told us, "I'm not worried about anything. I've got everything I want. It's a nice place." A family member told us they could sleep at night knowing their family member to be safe. Another family member told us, "I'm not worried about anything and I know [relative] would let me know if there was anything wrong."
- The registered manager was aware of their responsibility to report actual or allegations of abuse to the local authority and the Care Quality Commission.
- Staff told us they would report actual or suspected abuse to management or the nurse on duty. Staff were confident suitable action would be taken in the event of abusive practice taking place and believed no abuse had taken place at the home. One member of staff told us they believed staff to be an advocate for people and therefore to ensure they were safe and well cared for.
- Within the PIR we were told, 'All staff at Newlyn Court receive accredited training' and, 'Our robust

safeguarding policies and procedures are read by all staff and reviewed regularly.

- Staff members told us they were aware of the provider's whistleblowing procedure.
- The registered manager and a member of staff had recently attended more advanced training on safeguarding.

Learning lessons when things go wrong

- The registered manager analysed accidents and incidents to reduce the risk of similar incidents reoccurring. In the event of incidents such as a medicine error these were investigated and action taken to prevent a reoccurrence.
- The registered manager maintained an ongoing action plan of improvements needed. The concerns brought to the attention of the registered manager on the first day of our inspection were seen to be added by the time we visited for our second day.

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

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

At our last inspection in May 2017 we rated this question as, 'Requires Improvement'. This was because some people who required support to eat did not have a positive meal time experience. In addition, we found people's capacity to make specific decisions about their care and support had not always been assessed.

We found some similar concerns regarding people's meal time experience. We found improvement regarding people's capacity to make specific decisions. The rating remains 'Requires Improvement'.

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

- We have previously reported on people's experience at meal times and found these required improvements. We saw some similar concerns as part of this inspection. People were seen to be seated on separate tables in the dining room and often facing the wall rather than enabling people to see others. Some staff and the registered manager told us this practice should not have happened.
- People told us they liked the food provided. One person said staff prepared their breakfast just how they liked it. Another person told us they had what they wanted to eat. A further person told us, "The food is really good here." Another person commented, "That looks lovely, beautiful" when staff presented them with a cooked breakfast.
- Relatives told us they believed the food their family member received to be good.
- Staff members, including catering staff were aware of people's dietary needs including any cultural needs. For example, they were aware of people who required their food to be prepared in a special way and whether thickener needed to be added to drinks to prevent the risk of choking. Information on people's dietary needs was included with care records.
- The registered manager told us they intended to make more snacks available to people.
- Staff were seen sat alongside people while they assisted people with their dietary needs and were seen to encourage people to eat in a positive way.
- To ensure food was served hot to people it was plated direct from a heated trolley.
- Food served to people in their bedrooms was seen to be covered while staff members took this to them.

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

- Relatives confirmed an assessment of care needs was undertaken prior to their family member moving into the home to ensure their individual care needs could be met.
- Assessments were seen to be recorded and held within people's records.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other

agencies to provide consistent, effective, timely care

- Care records evidenced healthcare professionals regularly visited the home and had offered advice to the nursing staff. Specialists included those involved with skin integrity and speech and language therapist [SaLT].
- The provider had received an award for clinical excellence for their joint working with local doctors.
- Relatives confirmed their family member's received healthcare provision as required to meet their needs. One relative told us staff were aware of signs indicating their family member could be unwell and in need of medical input. Another relative told us, "Staff are aware of everything" in relation to their family member's healthcare needs.

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

- Accommodation and communal facilities were located on the ground and first floor of the building. A passenger lift between these floors was available.
- People could personalise their own bedroom to take into account their preferences and choices..
- Since the previous inspection pictures and art work were displayed along corridors and communal facilities. The registered manager told us of plans to develop further some communal lounges including additional murals.
- One dining room contained pictures and art work related to food. Another dining room resembled an American dinner with suitable pictures of the 1950's.
- There was an accessible garden which people could walk around with seating to enjoy warmer weather.

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

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

People can only be deprived of their liberty to receive care and treatment 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people were deprived of their liberty the nominated individual had worked with several local authorities to seek the required authorisation.
- Capacity assessments relating to different decisions were recorded.
- Best interest decisions were in place. These had involved relevant people for the decision to be reached.

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

People did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection in May 2017 we rated this question as, 'Good'. The rating following this inspection is 'Requires Improvement.'

Respecting and promoting people's privacy, dignity and independence

- People's personal records were not always held securely. Daily records showing people's care such as toileting, turn records and food intake were frequently left in communal areas such as the dining room and garden room. Information about people's dietary needs were also on show when a hatch in the kitchen was open. We brought these to the attention of the registered manager.
- Communal toilets were at times seen to be locked. We received conflicting accounts as to the reason for this. Some staff told us it was to prevent toilets getting blocked while other told us this only happened when the floor was in the process of cleaning.
- Staff described ways they ensured people's privacy and dignity was maintained such as ensuring doors and curtains were closed while personal care was undertaken.
- Staff were seen knocking on bedroom doors before entering.
- Equipment such as plate guards were seen to be used to enable people retain their independence while eating.

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

- People were treated with compassion by all members of staff including housekeeping. Staff demonstrated they cared for the people they were supporting. We saw people were comfortable in the company of staff. One person told us, "I get looked after very well." Another person told us, "They are brilliant, these nurses. They care for you. They are smashing. They make you laugh when you feel a bit down."
- Staff were seen holding people's hands and showed respect while communicating with people.
- We saw staff smiling and engaging in friendly and appropriate banter with people.
- Staff were sensitive to the mental health needs of people. They were seen to be gentle and encouraging with people while supporting and guiding them to maintain individual's wellbeing.
- Relatives we spoke with confirmed they were happy with the support their family member received. One relative told us, "Really impressed with the care" and, "Nothing is too much trouble." Another relative described the care as, "Spot on" and added, "I can't fault anything."
- Every member of staff we spoke with confirmed they would be happy to have a family member of theirs live at the home due to them believing people were well cared for. One member of staff told us, "The care is good. We have a good care team."
- The registered manager and staff members could tell us about equality and diversity needs and how these were able to be met.

- Recorded compliments from professionals were seen. These included, 'Kind and compassionate', 'Incredibly special people' and, 'Kind and patient.'

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

- People were offered a choice at meal times such as what they wanted on their toast at breakfast and their sweet.
- One relative told us their family member was afforded choice such as when they got up in the morning. Another relative told us their family member could do what they wanted when they wanted.

Is the service responsive?

Our findings

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

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

At our last inspection in May 2017 we rated this question as, 'Good.' We identified areas needing improvement as part of this inspection and have therefore now rated this question as 'Requires Improvement'.

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

- We saw examples of staff seeking consent from people regarding their care and support. For example, nursing staff administering people's medicines. However, we saw other examples when people who lived at the home were not consulted prior to staff pulling back a chair or the use of disposable aprons at meal times. People were not always offered a choice of where they sat in the dining room for meals.
- On the first day of our inspection we saw some men were unshaved with hair growth which looked more than one or two days. One relative told us they wished staff would shave their family member more regularly. Staff told us some people declined to have a shave. On the second day of our inspection we noticed an improvement in how some people appeared. Personal care records did not evidence people had repeatedly declined or refused personal care to be undertaken.
- Staff recorded people's dietary and fluid intake. We saw the records of one person stated the amount of fluid intake required and in the event of three consecutive days of not achieving this amount medical advice needed to be sought. We saw occasions when people had not drunk the desired amount for three consecutive days. The nurse told us this would be identified and discussed at staff handover. The handover records for this period did not show these concerns. Staff were however aware of the continual need to encourage fluids and the nurse was aware of other known medical concerns regarding the person's fluid intake.
- Within the PIR submitted in November 2018 the registered provider told us they had links with a centre for people with a visual impairment and, 'We borrow audio books that are used with residents who have visual impairment.' In addition the PIR contained 'We can make information available in various formats for example if we need something in Braille, this is through a local charity who also provide training.' During our inspection it was confirmed documents could be made available in Braille if needed.
- The registered manager was however aware of the need to make further improvement in how they meet the needs of people with sensory loss and the way staff communicated with them. Pictorial menus were seen to be available for breakfast although these were not used. The registered manager was aware similar pictorial menus or developing the practice of showing people food available would ensure people were afforded a better choice of meals.
- One member of staff told us the level of activities provided within the home had increased since our previous inspection.
- Staff told us they were encouraged to spend time with people who stayed in their bedrooms throughout the day. People who spent most of their time within their bedroom were identified by a bird the door.

- Information on people's hobbies and interests were included within people's care records and known to the activities coordinator.
- The service users guide stated religious needs of people were met by contact with local churches and a number of denominations visited the home. We were told visits took place to individuals to meet their religious needs although no regular in-house services were currently taking place.
- A portable unit with a bubble tube and light fibre optics was seen to be in place and used during our inspection to provide people with sensory stimulation and relaxation.
- Newsletters for people living at the home and their family members showed photographs of parties such as at Halloween and Christmas.
- Photographs of people engaging in fun things such as activities and entertainment were displayed on a television monitor.
- A gardening club had planted seeds and we saw these items had started to grow.
- People were seen engaging in fun things such as making bird feeders, playing cards and involved in crafts.
- We saw entertainment taking place. We were informed entertainment took place regularly and a list of these events was displayed in the reception area.
- Plans were in place for a pony to visit the home the week following our inspection. We were told dogs visited the home and of plans for a 'chicken experience' [where chickens would be hatched in the home] in the foreseeable future. Other planned events included a Mother's Day lunch and Easter bonnets.

Improving care quality in response to complaints or concerns

- Relatives told us if they had raised any concerns or requests about their family members care and support they were dealt with. One relative told us, "I've got no complaints at all." Another relative told us, "I would tell you [CQC] if I had any issues but everything is fine." A further relative told us they would tell the registered manager if they had any concerns and was confident they would be able to do this.
- We saw written complaints received were taken seriously and addressed.
- Information regarding making complaints was included within the provider's service user's guide and displayed in the reception area of the home.

End of life care and support

- Comments seen in cards sent to the registered manager from relatives following the death of a family member included, "A big thank you for all your care you gave", "My sincere thanks for all your help and kindness" and "You will be in my heart forever".
 - Care plans were seen to include details of people's end of life wishes.
 - Within the PIR the registered provider told us, 'Where a resident is gravely ill or on an end of life care pathway, relative/ next of kin will be accommodated overnight where possible.
- Are there any restrictions or special arrangements on friends or relatives visiting

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

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.

At our last inspection in May 2017 we rated this question as, 'Requires Improvement'. This was because of the continual need to make improvement overall at the time of that inspection. Due to concerns highlighted as part of this inspection regarding the management and oversight of some health and safety concerns the rating is now 'Inadequate'.

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

- There was a new manager in post since our last inspection. Having been in post since September 2018 they had become registered with the Care Quality Commission three weeks prior to our inspection.
- The previous registered manager continued to have input at the home working as the nominated individual [providers representative] three days per week.
- Systems to ensure people lived in a safe environment were not always effective. During our inspection we identified areas whereby people were not always protected against potential risks.
- The fire service had identified the need for the registered provider to provide additional equipment to assist people to be evacuated in the event of a fire. The provider had failed to acquire the equipment and ensure the continuous improvement of the service. Audits and checks had failed to account for the risk and ensure improvements were made.
- The registered persons had not acted upon risks and ensure continuous improvement when shortfalls had been noted by staff members. Tests to water temperatures were in place and in some cases found to be too hot. The provider did not have any systems in place to ensure they could identify these shortfalls and drive improvement.
- Audits had failed to highlight the lack of portable electrical testing for items in the communal areas of the home. No register of items was maintained to ensure checks were carried out and suitable action taken in the event of faults found.
- The registered manager acknowledged audits and checks of communal areas such as toilets and bathrooms were not taking place. During our inspection items of potential risk and cross infection were found within these communal areas.
- The registered provider had not achieved a Good rating following the previous three consecutive inspections and continued to fail to achieve this at this inspection.

The above concerns demonstrated a failure which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- The registered manager was open and responsive regarding the shortfalls identified during our inspection

and supplied additional information as requested.

- The registered manager told us they were aware improvements were needed and told us they were, "Trying to put a lot in." We saw they had an improvement plan in place and had added concerns identified on the first day of our inspection prior to the second day commencing. The action plan showed improvements they had made since becoming manager such as within care documents and obtaining equipment to enable people to be weighed.
- Relatives we spoke with were complimentary about the registered manager. One described them as, "Brilliant". Another described them as, "Beautiful" and, "Amazing." A further member of staff told us, "I really like her."
- Staff described the registered manager as, "Approachable"
- The registered provider was involved in the Safer Provision and Caring Excellence (SPACE) programme. The programme aimed to strengthen safety culture and reduce incidents such as people developing sore skin. The provider had won an award for their dementia friendly environment. They had photographs available to show the improvements made in relation to the environment such as art work within the dining room.
- Audits such as care planning, medication and accidents were carried out. Where improvements were required such as within care plans these were identified and followed up to ensure they were actioned. Audits to check mattresses to ensure they were on the right setting for people's weight were regularly undertaken.
- Safety crosses were used. These showed the number of days during which no water infections were diagnosed and the days where no pressure ulcer had occurred. These showed nobody at developed sore skin while receiving care and support at the home.

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; Continuous learning and improving care

- The rating and the inspection report following our previous inspection in May 2017 was displayed within the reception area of the home to ensure this information was available to people.
- The registered manager was seen throughout the inspection interacting with people. Relatives and staff members confirmed the registered manager was regularly seen working alongside staff.
- The registered manager was aware of duty of candour and had spoken with appropriate people in the event of things going wrong.

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

- Staff told us although busy they enjoyed working for the registered persons. One member of staff told us, "We all get on together. It's a nice place."
- Staff felt well supported by the registered manager and nursing staff. One member of staff told us they felt listened to and believed if they requested additional items such as equipment it would be supplied. Another member of staff told us managers were, "Willing to explain" if they had any questions.
- Staff confirmed meetings took place during which they could raise any concerns they had and discuss how improvements could be made in the care provided to people.
- Comments from relatives were received within a recent satisfaction survey. Answers to questions were seen to be mainly either 'Good' or 'Excellent'.
- The registered manager had commenced holding coffee mornings for relatives to attend as a means of seeking views on the care provided for their family member.

Working in partnership with others

- The registered manager and others such as the deputy manager had worked with healthcare professionals and others. We saw they had worked in collaboration with external professionals to provide advice and support for staff members to enable needs to be met.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not adequately assess and protect against risks by doing all that was reasonably practicable to mitigate any such risks. The lack of risk management related to the management of the premises fire safety, electrical safety and hot water.</p>

The enforcement action we took:

A condition on the providers registration was imposed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust quality systems or processes were in place.</p>

The enforcement action we took:

A condition on the providers registration was imposed.