

Silvermead Plymouth Ltd

Silvermead Residential Home

Inspection report

262 Fort Austin Avenue
Plymouth
Devon
PL6 5SS

Tel: 017520709757
Website: www.silvermeadplymouth.co.uk

Date of inspection visit:
29 November 2019
03 December 2019
23 December 2019

Date of publication:
23 June 2020

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
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:

Silvermead Residential Home, hereafter referred to as Silvermead, is a residential care home that provides personal care and support for up to 13 people with a learning disability, autism or who have complex needs associated with their mental health. At the time of the inspection there were 12 people living at the service.

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

People told us they liked living at Silvermead. We found the service was not operating in accordance with the regulation and best practice guidance. This meant people were at risk of not receiving the care and support that promoted their wellbeing and protected them from harm. Although the provider demonstrated a strong commitment to people living at the service. They did not have sufficient oversight of the service to ensure people received the care and support they needed that promoted their wellbeing and protected them from harm.

The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Systems and processes to monitor the service were not effective and did not drive improvement. These included concerns with records, risk management, medicines, a lack of person-centred care, and the environment.

People were not always protected from the risk of avoidable harm. We found where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe.

Other risks were well managed, for example, risks had been identified in relation to people's health care needs and records demonstrated that action had been taken to minimise these.

Whilst we did not find people were being disadvantaged, people were not supported to have maximum choice and control of their lives and staff were not supporting people in the least restrictive way possible.

The service did not have good systems or processes in place to help ensure people received the care and support they needed in accordance with their wishes.

Whilst it was clear that staff care deeply for people, their right to privacy was not always understood or respected.

Staff told us they felt supported and appreciated by the provider and manager. We found the service did not have an effective system in place for recording what training staff had received. This meant that neither the provider or manager could be assured that staff had the necessary skills to carry out their roles.

People were not protected by safe recruitment procedures. We looked at the recruitment files for four staff members. Whilst some recruitment checks had been carried out, others had not.

People were encouraged to share their views through regular reviews and relatives felt comfortable raising complaints and were confident these would be acted on.

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

Rating at last inspection

The last rating for this service was requires improvement (published on 7 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in regulation in relation to safe care and treatment, safeguarding people from abuse, the need for consent, dignity and respect, person-centred care, training, recruitment, notifications, and governance.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 work with the local authority to monitor progress and continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

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?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

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.

Silvermead Residential 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an inspection manager on the first day. One inspector and an Expert by Experience on the second day and one inspector on the third day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Silvermead Residential Home 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. A manager had recently been appointed by the provider to oversee the running of the home and had made an application to register. The manager was only present for part of the inspection. However, following the inspection, we were informed the manager had resigned. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

The inspection took place on 29 November, 3 and 23 December 2019, the first day was unannounced

What we did before the inspection

Before the inspection we reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with eight people living at the service, seven members of staff, the manager who managed the home on a day to day basis and the provider. To help us assess and understand how people's care needs were being met we reviewed four people's care records. We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and updated copies of the service's improvement plan. We sought views from relatives and asked the local authority, who commissions care services from the home, for their views on the care and support provided. We received feedback from two relatives. We also spoke with Plymouth City Council's quality assurance and improvement team (QAIT).

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always protected from the risk of abuse or avoidable harm.
- Some people told us they felt safe living at Silvermead. However, one person told us they did not always feel safe because of the actions of another person living at the service. They said, "Sometimes [person's name] throws cups at us or kicks me." When we asked what action, staff took. The person said, "Sometimes they do nothing, sometimes they tell [person's name] to stop it."
- Staff confirmed they attended safeguarding adults training and demonstrated an understanding of how to keep people safe. However, we found not all staff had attended this training or were able to tell us the correct action to take if they suspected people were at risk of harm or abuse.
- Systems had not been effectively established to ensure the manager and/or provider were made aware of all safeguarding incidents. This meant appropriate action may not have been taken to safeguard people or reduce the risk of reoccurrence. For example, records showed staff were recording incidents where people had been physically assaulted by another person living at the service. Following the inspection, the provider confirmed that a new system was now in place.
- These incidents had not been reported to the local authority's safeguarding team or the Care Quality Commission as required. There was no evidence to show action had been taken to prevent reoccurrence. When asked, senior staff had been unaware that some of these incidents had taken place. We asked the service to carry out a review and following the inspection, senior staff confirmed four incidents had been referred to the local authority for further follow up.
- Records showed accidents and incidents were being recorded. However, we found this information was not being analysed or reviewed. This meant the provider could not be assured that lessons had been learnt or sufficient action had been taken to keep people, staff and others safe from harm.

The systems to investigate and report allegations of abuse were not effective and put people at risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other referrals had been made to the local authority's safeguarding team when appropriate.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found the provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been

made and the provider was still in breach of regulation 12.

- People were not always protected from the risk of avoidable harm as risks to people's health, safety and well-being were not being effectively assessed, managed or mitigated.
- People were not always protected from risks associated with their complex care needs. Where risks had been identified by staff, action had not always been taken to minimise the risks of reoccurrence or protect people from harm. For example, staff told us that some people regularly displayed physically aggressive behaviour towards themselves, other people living at the service and staff. We found care records continued to lack detail about the circumstances that might lead to this behaviour or contain clear guidance for staff on how to manage the behaviour. This potentially placed the person, people and staff at risk of harm.
- People were potentially placed at an increased risk of harm as the system in place to summon assistance or seek help was ineffective. Some people had a call bell system in their room to alert staff within the main house/office if they needed assistance. One person told us, this gave them reassurance knowing that if they needed assistance especially at night, someone would come. However, we found nothing happened when we pressed people's call bells, and one person's call bell was located behind their wardrobe, making it inaccessible.
- We asked staff if they were ever checked to ensure they worked. Some staff didn't know that people had call bells in their rooms, while others told us it rang in the main office. When we checked we found the batteries had been taken out. We discussed what we found with senior staff who assured us they would obtain new batteries and speak with staff.
- Fire safety records showed routine checks on fire and premises safety were taking place. However, we found a number of the fire doors within the service did not close properly, two doors did not have door closures. We brought this to the attention of the provider and manager who told us a recent fire risk assessment had taken place, they were aware of the concerns, but at the time of the inspection had not taken any action to address them. On the third day of the inspection the manager confirmed that action had been taken. We have shared our concerns with Devon and Somerset Fire and Rescue Service.
- People had individual evacuation plans for emergency situations (PEEP's). However, we found these were generic, and did not reflect people's individual needs. For example, one person's PEEP stated that staff should use verbal prompts to reassure and support this person to leave the building in an emergency. Records showed, and staff confirmed, this person was deaf and would not be able to understand verbal instructions.
- People's medicines were not always stored or managed safely.
- We found one person's medicines were not being stored in accordance with the regulations. We discussed what we found with a senior member of staff who arranged for this person's medicines to be stored securely.
- People did not always receive their medicines as prescribed. For example, staff told us one person had not received a particular medicine as they did not have the skills to administer this and had not received any additional training. We brought this to the attention of senior staff and asked them to contact the person's GP/district nurse for advice.
- We found prescribed medicated creams in communal bathrooms, it was not possible to tell when these were opened, if they were still in date or who they belonged to as the information was no longer visible.
- Records did not contain clear guidance for staff as to when variable dose medicines should be used.
- Staff confirmed they had received training in medicine management, and their competency to administer medicines was being regularly assessed. However, the provider was unable to locate evidence of staff competency checks being carried out and were unable to tell us when staff last completed medication administration training. Following the inspection, the provider sent us a copy of the home training matrix which showed staff had received medicines training.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate people's safety was effectively managed or that people received their medicines as

prescribed. This placed people at risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Other risks were well managed.
- People were protected from risks associated with their mobility and/or specific health care needs such as, Epilepsy. Risk assessments guided staff to support people in a way that mitigated those risks and records showed specialist advice from healthcare professionals was sought where necessary and acted upon.

Staffing

- The provider and manager told us staff were employed in sufficient numbers to meet people's changing needs and were regularly reviewed. For example, if they became unwell.
- We found staffing levels were not always planned or deployed in a way that met people's specific funding or health care needs. For example, one person had been funded with additional one to one support as part of their care package. This was not always being provided. On the second day of the inspection we found this person was regularly being left on their own, while their support worker attended training in another room.

Whilst the provider gave us assurances staffing levels were suitable, we recommend the provider reviews the system in place and takes action to ensure the rota is reflective of the hours being delivered.

Recruitment

- People were not always protected by safe recruitment procedures.
- We looked at the recruitment files for four staff members. Whilst some recruitment checks had been carried out, others had not. For example, records for two of the people we looked at contained limited information about previous work history and the registered provider had failed to obtain previous employment or character references for one person. This meant the provider was unable to demonstrate they had followed a thorough recruitment process in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider confirmed staff references had been obtained.

Whilst we found no evidence that people had been harmed. The failure to establish and operate effective recruitment procedures is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records confirmed disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work.

Preventing and controlling infection

- The service was clean, tidy and free from unpleasant odours.
- Staff confirmed they had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

At the last inspection we recommended that staff should be provided with further training in communication and equality and diversity. At this inspection we found improvements were still needed as although further training had been identified this had not been completed by staff.

- Staff were not provided with appropriate training, necessary for them to undertake their role. The manager told us all staff completed an induction and did not work unsupervised until they had been assessed as competent to do so. However, records showed not all staff had completed an induction and there was no evidence to show that staffs' competency had been assessed before they could work unsupervised. For example, records showed two new members of staff, who had not come from a care background, had not completed an induction or any mandatory training.
- The service did not have an effective system in place for recording what training staff had received. This meant that neither the provider or manager could be assured that staff had the necessary skills to carry out their roles. For example, the manager was unable to tell us if staff had up to date training in medicine administration, safeguarding, mental capacity, communication, person centred care, first aid, health and safety, food hygiene or fire safety. When we returned on the third day of the inspection, we were informed by a senior member of staff that a training matrix was now in place.
- We found staff did not recognise poor practice. For example, in relation to maintaining people's privacy, treating them with dignity, infringing on their human rights, protecting them from harm, institutional practices and depersonalising language.
- Staff told us they felt supported and said the manager was always available should they need to speak with them. However, none of the records we saw contained sufficient evidence to demonstrate that staff were receiving regular supervision, annual appraisals or the opportunity to debrief following incidents. We discussed what we found with the manager who explained this had been due to changing roles. However, they had identified this was an area that needed improvement.

Whilst we found no evidence that people had been harmed. The failure to ensure staff had been provided with appropriate training, potentially placed people and staff at an increased risk. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 were not always supported to have maximum choice and control of their lives. For example, where the service held or supported some people to manage their finances. There were no mental capacity assessments to show that people did not have capacity to manage their finances or that the decision to hold their monies had been made in a person's best interests.
- People's records did not always show their consent and/or views had been sought in relation to decisions being made on their behalf. This indicated the service was not working in line with the principles of the MCA. For instance, the provider told us they had made the decision to pay large sums of people's savings to their family members for safe keeping. There were no records to show the rationale for this decision, who had been involved/consulted or any information to indicate that the relatives who received these monies held a legal power of attorney for the person's finances.

Whilst we found no evidence that people had been placed at a disadvantage. The failure to assess people's capacity and record best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found where some restrictions had been placed on people's liberty to keep them safe, the provider had worked with the local authority to seek authorisation to ensure this was lawful.

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

At the last inspection we recommended that the provider seek advice in relation to increasing people's independence, choice and improving the overall meal time experience. At this inspection we found improvements were still needed.

- Although staff received training in diet and nutrition. It was not evident that staff used this knowledge/information to improve people's mealtime experience, increase their independence or fully supported people to maintain a balanced healthy diet. For example, on the second day of the inspection we saw staff and people were engaged in a training session looking at how to support and encourage people to make choices and designing a new healthy eating menu. Following this training we saw staff prepare lunch and noted that no one was asked what they would like for their lunch or were offered a healthy alternative.
- When we returned on the third day of the inspection and asked what changes they had made in relation to the menu. Senior staff told us that no changes had been made nor had they been aware that people and staff had been involved in designing new menus.
- On all three days of the inspection we did not see or hear people being supported or encouraged to take part in any form of meal preparation.
- Staff told us people could help themselves freely to food and snacks throughout the day and we saw the kitchen was well stocked with tea, coffee, and soft drinks.
- Staff were knowledgeable about the extra support that some people might need. For example, where

people needed their food prepared differently because of a medical need or problems with swallowing, we saw this was being provided.

- Where people needed support with their meals, this was provided appropriately. We observed staff sitting on chairs and maintaining eye contact with people. They spoke softly and allowed people to eat at a pace that was comfortable for them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support.

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met.
- People were encouraged and supported to use a range of healthcare services and staff supported people to attend appointments. Referrals were made to healthcare professionals when needed and people had opportunities to see a dentist, or optician regularly.
- Each person had a 'Hospital Passport', which contained important information about them and their needs. This information went with the person when they went into hospital to help ensure their needs were understood and met. However, we found these had not been fully completed for everyone living at the service.
- Records also contained easy read information about well women and well men checks. However, staff were unable to tell us how this information was being used to support people to understand their bodies or health care needs.

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

- Silvermead is a large spacious building set over two floors with bathroom and toilet facilities. There was a lounge where people could relax and watch television, which led into a conservatory where people were able to take part in arts and crafts and could freely access the large well-kept grounds.
- People told us they liked spending time in the garden especially in the summer. There was a large dining room and kitchen, which was fully accessible to all the people living at the service.
- Within the grounds there were four separate bedrooms each with their own en-suite facilities.
- The service was maintained and had just been decorated ready for Christmas, which people told us they helped with.
- The provider told us they had recently ordered and replaced a number of lights as it was noted at the previous inspection that many parts of the building did not benefit from an abundance of natural light. The provider had also purchased a number of new pictures for the walls.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At the last inspection, we found the service had failed to promote people's privacy, dignity and independence. This was a breach of regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had not been made and the provider was still in breach of regulation 10.

- People's right to privacy was not always understood by staff or respected.
- Whilst staff understood the importance of confidentiality, we found people's personal records had been left unattended in the main lounge. This meant people's confidential information was not being stored in accordance with the General Data Protection Regulation 2018, (GDPR). We brought this to the attention of the manager.
- Although we observed many positive interactions between people and staff. When we spoke with staff about people's needs the language they used to describe the people they cared for was disrespectful, depersonalising and did not always promote people's dignity and rights as an individual. For example, one staff member referred to people as, "feeds" meaning people that needed help or assistance from staff with their meals to maintain a balanced healthy diet. Another staff member referred to people as "SALTs" meaning people who had been assessed as needing a modified or textured diet to prevent them from choking. the provider referred to people living at the home as "Ressie's".
- Support plans contained some information about what each person could do for themselves, although they were less clear about the support people needed to increase their independence and/or to develop their life skills.

This continues to be a breach of Regulation 10 of the Health Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to maintain and develop relationships with those close to them and relatives told us they could visit whenever they wished and were always made to feel welcome.

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

- People who wished to share their views with us, said they were happy living at Silvermead. One person said, "I like living here, I can watch TV and go to the shop." Another said, "I like it here."
- People who were not able to communicate with us verbally, looked comfortable with staff and showed in

their expressions and behaviours they enjoyed the company of the staff supporting them.

- Staff knew people well and were pleased to share with us, people's achievements. It was clear staff we met cared deeply for the people they supported, even though some of their actions may have been misguided.
- Support plans included information about people's personal, cultural and religious beliefs.

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

- People who were able to participate in the planning of their care met with staff to discuss their needs and were involved in creating and reviewing their support plans.
- Staff told us people were encouraged to make decisions about day to day matters such as what they wanted to wear, and staff offered people opportunities to spend time, where and how they wished.
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular reviews and meetings.

Is the service responsive?

Our findings

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

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

At the last inspection, we found people were at risk of not receiving care and support that was personalised because support plans lacked sufficient detail. This was a breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection whilst we found improvements had been made, the provider was still in breach of regulation 9.

- Following the inspection in November 2018, staff had spent time with people updating their care and support plans. Whilst we found improvements had been made, work was still needed to ensure people's care plans were fully reflective of people's needs and provided clear guidance for staff to follow. For example, in relation to positive behavioural support, management of diabetes, people's 'Hospital Passport' and/or working towards future goals and aspirations.
- Some of the care records we viewed were personalised, detailed and provided staff with the information and guidance they needed to care for people safely and in a consistent way. However, we found people's support plans continued to lack detail of the support people needed to develop life skills and increase their independence.
- People's care records contained more information about people's goals and future aspirations; however, we found there was little information to show how people were being supported to achieve and develop them.
- People's care records were regularly reviewed and updated; however, we found these did not always consider all the information available. We discussed what we found with senior staff who acknowledged that people's support plans were still being developed, updated and embedded.

Meeting people's communication needs

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

At the previous inspection in November 2018, we found records relating to people's communication needs lacked detail and needed to improve. At this inspection we found improvements were still needed.

- People had a range of communication needs. Some people due to their disability, were not able to communicate verbally. Some staff knew people well and were familiar with people's different

communication methods and how they made their wishes and needs known.

- The provider had developed and provided some information in an easy read format, for example, in relation to complaints, fire, as well as important information relating to people's health. This helped to ensure that people had access to the information they needed in a format they could understand. However, staff were unable to tell us how they used this information to support people.
- Following the previous inspection, the provider had booked staff onto a sign language course. However, the manager told us only one person had completed this training.

End of life care and support

- The service did not have good systems and processes in place to help ensure people received the care and support they needed to ensure they had a pain free dignified death.
- Each person had an end of life care plan, however, we found none of these had been completed and people's care records contained limited information about people's wishes.
- Staff had not been provided with training nor did they have the information they needed to care and support people during this stage of their life.

We recommend the provider reviews the systems in place to ensure people receive appropriate end of life care and support.

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

- The manager described how they worked with people to ensure they were not socially isolated, but also respected some people needed to have time to themselves.
- Each person's support plan included a list of their known hobbies/interests and staff described how they supported people to take an active part in the local community. For example, going into town shopping or for a meal, going to church, or on holiday.
- People were also supported to gain valuable work experience and we heard how some of the people living at the service attended day centres, where they could develop their skills and meet up with friends.
- People were supported and encouraged to maintain relationships with friends and family and we saw during the inspection, relatives and most people were able to come and go without any restrictions.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was freely available, and in an easy to read format.
- People told us, they would talk to [managers name] or [providers name] if they were unhappy.
- Staff told us they regularly checked if people were happy with their care through meetings, chatting with people informally and by seeking feedback from other people who knew them well.
- Relatives we spoke with knew who to raise any concerns with. One relative said, "I have never needed to complain, but if I did, I'm confident they would deal with any concerns. They are the best home in Plymouth".

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found the provider had failed to ensure systems were effective in assessing, monitoring and improving the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and the provider was still in breach of regulation 17.

- The registered provider did not demonstrate they had sufficient oversight of the service to ensure people received the care and support they needed that promoted their wellbeing and protect them from harm. For example, the provider did not know where records were kept or how to access them.
- The provider confirmed to us they were not fully aware of the service's action plan or what action had been taken by the previous manager and senior staff to address the concerns following the previous inspection in November 2018.
- Systems and processes to monitor the service were not undertaken robustly or always completed. This meant they were ineffective, did not drive improvement and did not identify the issues we found at this inspection. These included concerns with regards to care planning, management of risk, MCA, end of life care and the management of people's medicines.
- People were not always protected from the risk of abuse or avoidable harm and systems were not in place to ensure the manager and/or provider was made aware of all incidents. This meant they could not be assured that appropriate action had been taken to safeguard people or reduce the risk of reoccurrence.
- The home did not have effective systems in place to assess or to monitor staff competence and/or skills to carry out the role required of them. This meant the provider could not be assured staff had the necessary skills and knowledge to meet people's assessed needs in a safe way.
- Poor judgements/decision making potentially placed people at risk of harm. For example, in relation to risk management, end of life care and the management of people's medicines.
- Whilst it was clear that staff cared about people the culture of the home was not one where people were encouraged and supported to be the best version of themselves, by supporting people to develop new skills and increase their independence.
- Audits carried out by senior staff contained limited information and could not be relied upon.
- Records were not always accurate, complete or stored securely.
- Although the provider and senior staff had made a number of improvements these had not been effective

in addressing the concerns identified by the Care Quality Commission during this and the previous inspection.

- The service did not have a manager registered with the Care Quality Commission at the time of the inspection. A manager had recently been appointed by the provider to oversee the running of the home.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was being effectively managed. This potentially placed people at an increased risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider and senior staff were aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. However, we found the provider had not notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. This included the notification of safeguarding concerns.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

- We discussed what we found with the provider who was open and honest throughout the inspection and described the circumstances that had led to them not being able to demonstrate that they were providing sufficient oversight of the service. The provider told us they recognised that a number of changes needed to be made. They had engaged the services of an external company who had recently carried out an audit of the service and identified areas for improvement. We reviewed this plan and found that it had identified many of the concerns we found at this inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others: Continuous learning and improving care

- Relatives had confidence in the service and told us the home was well managed. One relative said, "The service is very well run, I wouldn't have my relation anywhere else."
- The manager was supported by two-part time administrators/senior support staff and a team of support workers. Each had recognised responsibilities and there were clear lines of accountability.
- The provider and manager told us they had good working relationships with partner agencies. This included working with commissioners and other health and social care professionals.
- Staff told us regular staff meetings took place to ensure information was shared and expected standards were clear. Staff felt listened to and appreciated by the provider and were proud of people's achievements and described the new manager as open, honest and approachable.
- Following the previous inspection, Plymouth City Council's quality assurance and improvement team (QAIT) met with the service on three occasions to offer advice and support.

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 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not notified the CQC of significant events in line with their legal responsibilities. Regulation 18 (2)
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. People's right to privacy was not always respected or understood by staff. Regulation 10 (1)(2)(a)
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11 (1)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider must ensure that recruitment

procedures are established and operated effectively.

Regulation 19 (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured staff received the necessary skills required to carry out their duties.

Regulation 18 (2)(a)