

Mapleford (Nursing Home) Limited

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Mapleford (Nursing Home) Limited is a nursing and residential care home which provides nursing and personal care to up to 54 people, including older people, younger adults, people with mental ill health and people living with dementia. At the time of the inspection, 35 people were living at the home.

People's experience of using this service:

People were happy with the care and support provided by the service. However, we found a number of areas that needed to be improved.

We have made recommendations about infection control practices, reviewing people's records, the management of complaints and the availability of activities at the home.

The provider had not ensured safety checks of the home environment were being completed regularly or that equipment had been inspected or serviced as often as necessary. Before the inspection we received concerns about levels of hygiene at the home and we found the home environment smelled stale and unclean. Staff had not reviewed people's risk assessments in line with the provider's timescales and people's emergency evacuation plans did not reflect the support they would need from staff if they had to be evacuated from the home. People were happy with staffing levels at the home. However, the service was short of permanent staff and relied heavily on agency staff during the day and at night. This meant that people were not always supported by staff who knew them and were familiar with their needs. The registered manager followed safe processes when recruiting staff to ensure they were suitable to support adults at risk. The service managed people's medicines in a safe way.

Staff did not always support people in a way which met their needs. Care documentation about people's dietary needs was not always clear and consistent. People's care plans and risk assessments were not always reviewed and updated regularly. This meant that staff did not always have access to accurate information about people's needs and how to meet them. Some staff refresher training was overdue. Most people felt staff had the knowledge and skills to support them effectively. Staff completed mental capacity assessments in line with the Mental Capacity Act 2005 and consulted people's relatives when people were unable to make decisions about their care. When people needed to be deprived of their liberty to keep them safe, the service applied to the local authority for authorisation to do this. Staff supported people with their healthcare needs and referred people to community professionals when they needed extra support.

People liked the staff who supported them. They told us staff were kind and treated them with respect. Staff considered people's diversity and provided people with any support they needed with their communication needs. Staff respected people's right to privacy and dignity and encouraged people to be independent when it was safe to do so. Some people and relatives told us staff had discussed their care needs with them and they were involved in decisions about their care. The service provided people with information about local advocacy services, to ensure they received support to express their views if they needed to.

Staff did not always provide people with care that reflected their needs and preferences. Staff had not completed monthly reviews of people's needs and risks, in line with the provider's processes. Some had not been reviewed or updated for many months, which meant they may not have reflected people's needs and risks. The service used a lot of agency staff, who were not always familiar with people's needs and how they liked to be supported. Complaints had not always been managed in line with the complaints policy. One person told us they had raised concerns previously but had not felt listened to. The registered manager took action when we raised these concerns with her. Staff offered people choices and encouraged them to make decisions about their care when they could. Staff provided people with effective end of life care which involved their relatives.

The provider had failed to have effective oversight of the service and to ensure that improvements were made when needed. The provider and registered manager had completed a variety of audits, but necessary actions had not been completed in a timely way. This meant the audits had not been effective in ensuring appropriate levels of safety and quality were maintained at the home. The provider had failed to identify and address some of the issues we found during our inspection. The service worked in partnership with a variety of community agencies. Community professionals gave us mixed feedback about the home and the care staff provided. Some staff told us they would not be happy for a family member to live at the home, due to inconsistencies in the standards of care provided.

Rating at last inspection:

At the last inspection the service was rated good (published 10 August 2017).

Why we inspected:

This inspection was brought forward due to information of concern received about the home.

During this inspection we identified breaches in relation to the safety of the premises, the provider's failure to ensure staff had the skills to provide people with safe care and the provider's failure to monitor and improve the quality and safety of the service.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements, working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring.

Details are in our Caring findings below.

Good ●

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 always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Mapleford (Nursing Home) Limited

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. 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 was carried out by an inspector, an assistant inspector, a specialist advisor (nurse) and two Experts 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.

Service and service type:

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

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

Notice of inspection:

This inspection was unannounced.

What we did

Before the inspection we reviewed information we had received about the service from the provider since the last inspection, such as details of serious injuries and safeguarding concerns. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch Lancashire for

feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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 spoke with seven people who lived at the home and five visiting relatives about their experience of the care provided. We spoke with two nurses, four care staff, an activities co-ordinator, the registered manager, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a community professional who was visiting the home.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at a variety of records relating to the management of the service and a selection of policies and procedures developed and implemented by the provider.

After the inspection we contacted eight community healthcare professionals and two people's advocates for their views about the service.

Is the service safe?

Our findings

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

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

- The provider had not ensured the home environment was safe and risks to people's safety were managed appropriately. Staff had not completed the provider's weekly and monthly checks of the home environment, such as water temperature checks, since December 2018. The provider had arranged for fire and legionella risk assessments to be completed but had not made the improvements identified as necessary. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. Seven of the 15 fire extinguishers at the home were overdue a service, the passenger lift inspection was overdue and the home's fire evacuation procedure had not been reviewed since 2012. We found some broken tiles and a cracked cupboard door which could pose a risk to people's safety.

We found no evidence that people had been harmed. However, due to the provider's failure to ensure the home environment was safe, people were placed at risk of harm. This is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the provider. He arranged for the broken tiles and cracked cupboard door to be made safe during the inspection. Shortly after the inspection, he completed a variety of safety checks and assured us that these would be completed regularly in future. He confirmed that all fire equipment at the home had been serviced and provided action plans with timescales for completing the necessary fire and legionella improvements. The registered manager provided evidence that the passenger lift had been inspected and we have requested an action plan with timescales for the remedial work needed. We will follow up on these actions to ensure they are completed.

- The provider had not ensured staff had the skills to provide people with safe care. Four care staff had not completed any practical moving and handling training and had not been observed supporting people to move, to ensure they were able to do this safely. In addition, the provider had not checked staff competence to administer medicines safely since 2017.

We found no evidence that people had been harmed. However, due to the provider's failure to ensure staff were competent to provide people with safe care and treatment, people were placed at risk of harm. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed risk assessments relating to people's health and wellbeing. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk. We found staff had not completed some people's monthly risk assessment reviews since December 2018. We

discussed this with the registered manager who told us that staff were in the process of reviewing people's risk assessments and assured us that all risk assessments would be reviewed shortly after our inspection. We also found people's emergency evacuation plans did not fully reflect the support people would need in an emergency.

- We reviewed the service's accident records and found staff had taken appropriate action when people experienced accidents, including falls.

Using medicines safely

- The provider needed to improve their processes for managing people's medicines. Staff who administered medicines had completed the relevant training. However, the provider had not ensured their competence to administer medicines safely had been assessed annually, as required by the National Institute for Health and Care Excellence (NICE) guidance. We discussed this with the registered manager who told us she would observe all staff who administered medicines, shortly after the inspection, to ensure they were doing this safely.
- People and relatives were happy with how medicines were being managed and told us staff administered their medicines when they should. One person commented, "I take tablets and I know what they're for. I get them on time."

Preventing and controlling infection

- The provider needed to improve infection control practices at the home. We received a number of concerns before the inspection about poor levels of cleanliness at the home. We found many areas of the home smelled stale and unclean. We observed cleaning being carried out throughout the home, including carpets being cleaned, but this did not improve the odour throughout the home. We noted during the residents' meeting in March 2019, three people had raised concerns about the cleanliness of the home. One community professional told us people's rooms sometimes had a strong odour and people did not always receive adequate support with their personal hygiene.
- Some staff felt levels of cleanliness at the home had improved in the previous month or so, since the provider had appointed a domestic supervisor. Staff completed infection control training as part of their induction and the provider's required training. The provider had an infection control policy for them to refer to.
- People and relatives we spoke with were happy with hygiene levels at the home. Comments included, "It's never dirty, it's very nice" and "The lounge and the bedrooms are always nice and clean."
- People told us they were happy with the support they received with their personal hygiene. During the inspection we found most people looked clean and comfortable. We noted three people's fingernails were not clean and raised this with the staff on duty. While some people were having a bath or shower regularly, records suggested that not everyone was having a bath or shower at least once a week. We discussed this with the registered manager. She told us she would remind staff to document clearly when people refused support with personal hygiene, to offer support again later the same day or on subsequent days and to document this.

We recommend the provider seeks advice from a reputable source to ensure infection control practices at the home are effective and takes action to address the odour throughout the home.

Staffing and recruitment

- There were enough staff available to meet people's needs. However, the service did not have sufficient permanent staff and had to rely on a high number of agency care staff and nurses to support people, especially at night. This meant people were not always supported by staff they knew or who were familiar with their needs. One person told us they thought agency staff sometimes did not know what they were

doing. We discussed staffing with the registered manager who told us agency staff received an induction to the home and the service used regular agency staff when they could, so they were more familiar with people's needs. She told us staffing was improving as she had recruited nine care staff since December 2018, some of whom were still completing their induction and training. She told us the service was still recruiting for nurses to support people during the day and at night, but these vacancies were proving difficult to fill.

- Staff were recruited safely. We reviewed two staff recruitment files and found appropriate checks had been made of staff members' suitability to support adults at risk. Some minor improvements were needed to documentation and the registered manager addressed these during the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider's processes had not ensured people were protected from abuse or avoidable harm. Six safeguarding concerns had been raised about the service in the previous 12 months. Four of them had been raised in the two months before the inspection and related to the service being short staffed, high agency staff use and poor levels of hygiene at the home. The local authority safeguarding team had visited the home before our inspection and found that many of the concerns raised were substantiated. These issues are addressed elsewhere in this report.

- People told us they felt safe living at the home. One relative commented, "I've never seen anything to think [person] is not safe. He's very calm and always seems well cared for."

- Staff understood how to protect people from abuse and knew the action to take if they had any concerns. Staff completed safeguarding training and the provider had a safeguarding policy for them to refer to.

Learning lessons when things go wrong

- The provider had systems to analyse accidents and incidents and make improvements when things went wrong.

- Accident records showed staff had taken appropriate action. They had sought medical attention and when appropriate, had referred people to community healthcare professionals to assess whether they needed additional support. The registered manager told us if any accidents or incidents occurred where the service was found to be at fault, she would take appropriate action, such as arranging additional staff training. She told us she would ensure she shared any lessons learned with staff to avoid similar errors happening again.

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.

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

- Staff did not always provide people with care that reflected their needs and helped them achieve positive outcomes. Some staff told us they would not be happy for a family member to live at the home, due to inconsistencies in the standards of care provided by different staff.
- The service completed an initial assessment of people's needs before they came to live at the home, to ensure they could meet the person's needs. Staff used the initial assessments to create care plans, which contained detailed information about people's care needs, what they were able to do for themselves and how staff should provide their support.
- We found some people's care plans did not provide clear, consistent information about their needs and risks, for example their nutritional needs and some people's care plans had not been reviewed or updated for many months. This meant staff may not have had access to accurate information about people's needs and risks and how to support them effectively. We discussed this with the registered manager, who amended the relevant care plans to ensure people's information was consistent. She told us staff were in the process of updating all out of date care files.
- Most people and their relatives were happy with the care provided by the service. Comments included, "They're marvellous with me", "I'm very happy. Everybody is very nice" and "I can't fault them."

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.

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to, and make decisions about, their care, staff had completed capacity assessments and made best interests decisions in consultation with people's relatives. When staff needed to deprive people of their liberty to keep them safe, the service had applied to the local authority for authorisation to do this.

- We checked whether the service was complying with the conditions of one person's authorisation. We found that most of the conditions were being met but staff needed to improve their daily records. The registered manager told us she would address this with staff.
- People had signed consent forms, giving staff permission to provide them with care and support and told us staff asked for their consent before supporting them.
- We received feedback from one person's advocate. They told us staff supported the person well and worked effectively with them. They told us the person's care plan was not updated regularly but staff had a good knowledge of the person's needs.

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

- Staff recorded information in people's care plans and risk assessments about people's needs and made referrals to community professionals where concerns were identified. Staff were aware of people's special dietary requirements, including people who needed their drinks to be thickened due to swallowing difficulties and people who required a soft diet.
- We found inconsistent information in two people's care files and in the kitchen documentation about their special dietary requirements. This meant staff may not have been managing people needs and risks appropriately. We discussed this with the registered manager who addressed the issue and ensured the correct information was available for all staff to refer to.
- Most people were happy with the meals provided at the home and told us they were given a choice. Comments included, "It's very good. The food is nice, reasonable quality" and "Mealtimes are very good."

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

- Staff supported people to meet their healthcare needs and referred people to a variety of community healthcare professionals to ensure they received the support they needed. These included GPs, community nurses, dietitians and speech and language therapists.
- The community healthcare professionals we contacted provided mixed feedback about the service. Some provided positive comments about appropriate equipment being in place, high standards of care, staff supporting people well and staff completing records correctly. However, others expressed concerns about the cleanliness of the home, people looking unkempt, the attitude of staff and staff not referring to them as quickly as they should. One professional told us the recent change in management was resulting in improvements at the home.
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- Staff shared people's medicines administration record and a summary of their needs and risks with paramedics and hospital staff when people attended hospital. This helped to ensure appropriate information was shared when people moved between services.

Staff support: induction, training, skills and experience

- The provider needed to make improvements to the training provided to staff, to ensure they had the knowledge and skills to support people safely and effectively. As mentioned previously, some staff had not completed moving and handling practical training or been observed by the registered manager to ensure they were able to move people safely. Also, some staff members' fire safety and safeguarding refresher training was overdue according to the provider's timescales. We discussed this with the registered manager, who assured us she would arrange for staff to complete this training this as a priority.
- Staff told us they were happy with the induction and training they received at the service. They observed experienced staff and completed the provider's initial training before they supported people on their own.
- People and their relatives felt staff had the knowledge and skills to meet their needs. Comments included,

"Oh yes they are skilled, I don't want for anything" and "Yes, I think everyone's looked after well." One person told us they felt agency staff were not always able to meet people's needs.

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 were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff supported people well, treated them with dignity and respected their diversity. People and relatives liked the staff at the home. They told us staff were kind and caring and treated them with respect. Comments included, "They're very nice people. They don't tell you off and they never shout", "They're very good, always there to listen to you" and "[Person] does like them. It's their general attitude, they put their arms around him and he responds to that."
- We observed some lovely interactions between staff and people during our inspection. Staff were patient when supporting people, for example at mealtimes, and offered reassurance and gentle distraction when people were upset or confused. They gave people choices and spoke to them with kindness and affection. They chatted with people while they supported them and conversations were light hearted and friendly. One relative told us, "It's always like this. They're not putting on a show because you're here".
- Staff considered and respected people's diversity. Care documentation included information about people's religion, ethnic origin, sexual orientation and marital status. This meant staff had an awareness of people's diversity and what was important to them. Religious services took place regularly at the home.

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

- Staff asked people for their views and involved people in decisions about their care. During the inspection we observed staff encouraging people to make every day decisions about their care when they could, such as what they had to eat and where they spent their time.
- We received mixed feedback from people about whether their care needs had been discussed with them. Some people told us they had not, and others could not remember if they had. One person and two relatives told us their care needs had been discussed with them. Some people had signed their care plans to demonstrate their involvement. Everyone we spoke with told us staff offered them choices.
- Leaflets about local advocacy services were displayed in the entrance area. These services can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. This helped to ensure that people could get support to express their views if they needed to. The registered manager told us two people were being supported by advocates at the time of our inspection. We received feedback from one person's advocate. Their comments are included in other sections of this report.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us, "They don't walk in if you're getting changed" and "They call me [preferred name] and they knock on the door." We saw staff speaking to people respectfully and knocking on people's doors before entering their room.
- Staff respected people's wish to remain as independent as possible. One person told us, "They leave you

to do your own thing.". We saw staff encouraged people to do what they could, for example at mealtimes or when they were moving around the home. Adapted crockery was available at meal times to enable people to be as independent as possible.

- Staff respected people's right to privacy and confidentiality. Staff signed a confidentiality agreement when they joined the service and addressed confidentiality during their induction. The provider had a confidentiality policy for them to refer to. The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff.
- People and relatives told us visitors were welcome at any time. This helped people to maintain relationships that were important to them.

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.

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

- Staff did not always provide people with personalised care which reflected their needs and preferences. The service was short of permanent staff and relied heavily on agency staff to support people, both day and night. This meant staff were often supporting people they did not know, which made it difficult to provide personalised care. We discussed this with the registered manager who told us she was addressing this issue. She advised she had recruited nine staff since December 2018 and, while some staff were still completing their induction and training, some staff had started working at the home, which had resulted in a recent reduction in agency staff being used.

- Staff had not completed monthly reviews of people's care plans and risk assessments in line with the provider's procedures. Some people's information had not been updated for many months. This meant information about people's needs and risks may not have been up to date, and staff may not have been supporting them appropriately. One community professional and one person's advocate told us people's care plans were not always up to date or reviewed regularly.

We recommend the provider ensures people's care plans and risk assessments are reviewed and updated by staff regularly.

- We looked at the activities and entertainment available at the home. People gave us mixed feedback about what was provided. Comments included, "There aren't any, we just sit here and sleep", "There's not a lot going on, I'm bored at times" and "I talk to my friend". Relatives told us, "They do dancing and concerts, [person] likes dancing. Other residents make things" and "They have people coming in to entertain them and they do movement to music." During the inspection we observed people listening to music, singing, dancing and playing bingo. We noted some people went for a pub lunch every month or so and one person went out each evening.

We recommend the provider seeks advice from a reputable source about providing regular, meaningful activities for people living at the home.

- Most people felt staff knew their needs and preferences. Comments included, "They are respectful to you, get to know you, spend time with you", "Yes, they call me [preferred name]. I would think they know what I like and dislike" and "Of course they do [know me]. They don't get anything wrong." However, one person told us staff never asked what they liked or did not like.

- People told us staff gave them choices and they were able to make every day decisions about their care. Comments included, "I choose my own clothes and get up and go to bed when I want" and "We choose my clothes together and I like to watch [television programme]." During the initial assessment, staff asked people about their interests and included this information in their care plans.

- Staff assessed people's communication needs as part of the initial assessment. They documented in people's care plans any support they needed with their communication needs and how staff should provide it.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints and concerns. However, the service did not always respond to complaints in line with the policy. For example, the registered manager had not always sent an acknowledgement letter or dealt with complaints within the policy's timescales.
- No-one we spoke with during the inspection had made a formal complaint, but they told us they would feel able to. One person told us they had raised concerns in the past, but they had not felt listened to. We discussed this with the registered manager, who told us she would speak with the person to ensure their concerns were addressed.
- A complaints policy was available; however, it did not include details of the Local Government Ombudsman (LGO). People can contact the LGO if they are unhappy with how a service has dealt with their complaint. The registered manager told us she would amend the policy to include this. She told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future. We noted that the service's complaints record did not include a section for the outcome or resolution. The registered manager told us she would amend the record to include this and any lessons learned. Information about how to make a complaint was included in the service user guide.

We recommend the provider ensures people's concerns and complaints are managed in line with the service's complaints policy and procedure.

End of life care and support

- Staff provided people with effective end of life care. One relative gave us very positive feedback about the end of life care staff had recently provided to their family member. They commented, "They were wonderful with [person], they couldn't have done any more. They kept [person] calm and comfortable and were very welcoming to our family. We had no issues or concerns."
- Staff completed detailed end of life care plans, which were created in collaboration with relatives. Anticipatory medicines were available, to ensure there was no delay in keeping people as comfortable as possible if they needed pain relief.
- The provider had an end of life care policy for staff to refer to.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider and registered manager had completed a variety of audits, including those relating to the home environment, infection control and care documentation, and there were numerous action plans in place. The improvements identified as necessary in the action plans had not been completed in a timely way, which meant the audits completed had not been effective in ensuring that appropriate levels of quality and safety were being maintained at the home. In addition, the provider had failed to identify and resolve many of the issues we found during the inspection, including gaps in staff training and a lack of staff competence assessments for moving and handling and medicines administration.

The provider had failed to assess, monitor and improve the safety and quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsible for the day to day running of the service. She had joined the service in October 2018 and had registered with CQC as the manager in February 2019. The registered manager told us she had inherited many issues with the management of the service and felt not enough resources were made available by the provider to make the improvements needed in a timely way.
- A deputy manager had joined the service in March 2019 and the registered manager told us this support had helped to progress the improvements needed. The deputy manager had been supernumerary (not included in the staffing numbers) when she joined the service. However, we were informed that shortly after the inspection the provider changed this, and she was included in the staffing numbers, with only six hours supernumerary each week to support the registered manager. This meant progress on the improvements needed was likely to have been reduced.
- We found a lack of clarity in the registered manager and deputy manager's roles and responsibilities and the registered manager acknowledged this. She told us there were so many competing priorities to address that she and the deputy manager were having to resolve issues as they arose. She advised she had experienced issues with staff not completing required tasks and taking breaks without approval. She showed us a new form she planned to introduce which would clarify staff member's tasks each day and their break times. She was hoping this would result in improvements. We reviewed some recent staff meeting notes and found the registered manager had spent much of the meetings reminding staff of their roles and responsibilities, including safe moving and handling and infection control practices, updating care plans, completing daily care records and taking breaks one at a time to ensure staff were available to support people when they needed it.

- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was on display.

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

- The service did not always provide people with high quality, individualised care. The high use of agency staff meant that staff did not always know the people they were supporting, which made it difficult for them to provide individualised care. The issues we found with the home environment meant that people were not always protected from avoidable harm and may not have been living in a safe environment. The gaps in staff training and the absence of staff competence checks meant that people may have been supported by staff who did not have the skills to meet their needs.
- During the inspection we found the service was quite disorganised and the registered manager was not always able to find the information we asked for easily. She told us she was still in the process of trying to implement standardised forms and practices, which was taking time. She was knowledgeable about some people's needs and risks but not everyone's. One staff member told us there had been a lack of effective systems at the home previously and the registered manager and deputy manager were trying to put some in place. They commented, "If systems were sorted this could be a really good home".
- People were happy with the management of the service. Comments included, "The management is very good. There are no problems, it's easy going" and "It's well organised. I've never seen any problems, I think it's good." Three people and four relatives knew who the manager was. Comments included, "She always speaks to you, she seems very nice" and "She's a new lady, I've met her". Other people we spoke with were not aware of who the registered manager was.
- There are some specific requirements that providers must follow when things go wrong with care and treatment. The provider had a duty of candour procedure which was displayed in the home and told us he had a good understanding of his duty of candour responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

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

- The provider had processes to gain people's views about their care and for staff to give feedback about the service. The service issued satisfaction surveys regularly to gain people's feedback about the support they received. We reviewed the outcome of the surveys issued in March 2019, when 14 people had responded. People had provided mixed feedback about the home, with the highest scoring areas being the quality of the care provided, staff treating them with dignity and respect, and activities. The lowest scoring areas related to the home's décor and ambience, response to any complaints and comments raised and the cleanliness of the home. The registered manager told us she had not yet analysed the results but would be taking action to address the feedback received.
- The service also asked people for their feedback during regular residents' meetings. We reviewed the notes of the last two meetings and noted the issues discussed included the environment, food and drink, management and staff, activities and any complaints. We noted people were able to raise concerns and make suggestions. However, it was not clear whether management took action in response to the feedback provided. We noted attendance at the meetings was low and one person we spoke with told us they had asked staff to inform them when the meetings were taking place, but this had not happened.
- Staff told us they found the registered manager and the deputy manager approachable and they felt able to raise concerns. They attended regular staff meetings, where they were able to raise concerns and make suggestions. However, some staff felt management did not always listen to them or take action to address their concerns. A number of staff raised concerns about the lack of resources made available by the

provider, to address issues including staffing and the home environment.

- The service had issued satisfaction surveys to staff in March 2019 and 10 responses had been received. Staff had expressed a high level of satisfaction with the approachability of the deputy manager, however they were less satisfied with the working environment, response to concerns about residents, response to complaints, staffing levels and staff morale. The registered manager told us she had not had the opportunity to analyse the results and address the feedback provided.

Continuous learning and improving care

- The provider and registered manager told us they had plans to improve the service. They planned to introduce more standardised documentation, which reflected the documentation used at another of the provider's homes. In addition, they planned to improve the home environment.
- The provider ensured staff had appropriate policies and procedures to refer to. We had reviewed a number of policies at the previous inspection and found they were updated regularly and included appropriate guidance. We reviewed a small number of policies during this inspection and did not identify any concerns.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of community health and social care agencies, to ensure people received any support they needed. These included social workers, GPs, community nurses, tissue viability nurses, speech and language therapists and the local community mental health team.
- The community professionals we contacted provided mixed feedback about the home. Some felt that standards of care at the home were good and others felt improvements were needed. Their comments are included in a number of sections throughout the report.

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 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider failed to ensure the home environment was safe, placing people at risk of harm.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider failed to ensure staff were competent to provide people with safe care and treatment.
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice and asked the provider to be compliant by 17 June 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to assess, monitor and improve the safety and quality of the service.
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice and required the provider to be compliant by 17 June 2019.