Mr Michael Baldry

Ennis House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Ennis House is a residential care home providing personal and nursing care for up to 40 people. It is made up of three houses that have been joined together. At the time of the inspection 34 people were living in two of the houses, with only two rooms used in 'Oakleigh' and the third house not in use.

People were living with a range of mental health needs or dementia. Some were independent and required minimal assistance, whilst other needed support with personal care and to move around the home safely.

People's experience of using this service and what we found
People said they were comfortable and felt safe at Ennis House. Staff knew people very well, they understood their needs and how to provide the support people wanted. The ethos of the home was to provide person centred support and empower people to make decisions about their day to day lives.

Since the last inspection the quality assurance system had been reviewed and several audits had been introduced to monitor the services provided. These had identified areas where improvements were needed, and action had been taken to address them. However, additional work was needed to ensure that when the monitoring process found areas that may put people at risk, they were dealt with immediately, and that the improvements we have seen since the last inspection are embedded into day to day practice. For example, the debris that had accumulated in the garden and adjoining building.

The safeguarding policy had been updated, staff had attended relevant training and knew what action they should take if they had any concerns. Audits had been used to identify any trends or themes for accidents or incidents, to reduce the risk of them re-occurring, and action had been taken to reduce the risk of infection.

Induction training had been developed in readiness to support new staff. There was ongoing training and supervision to ensure staff were aware of their roles and responsibilities, and they developed the skills and understanding to provide the support people wanted and needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Mental capacity assessments had been completed in relation to decisions regarding people's care and staff understood Deprivation of Liberties Safeguards (DoLS) authorisations, and applications had been made in people's best interests.

People were supported to eat a healthy diet and access health services when they needed them. A range of activities were offered, based on people's preferences and choices and people were supported to decide how and where they spent their time.

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 with six breaches of regulation and we took enforcement action (Published 29 May 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was nor always effective. Details are in our safe 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 responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Ennis House

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Ennis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 was not required to have a registered manager therefore the provider is 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 on the first day.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with nineteen people who used the service and two relatives about their experience of the care

provided. We spoke with eleven members of staff including the provider, administration manager, senior care staff, care staff, the chef and maintenance staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the training plan, safeguarding policy and minutes from staff and resident's meetings.

Good

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 with breaches of two regulations. At this inspection improvements have been made; the provider was meeting the regulations and this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;
- At the last inspection people were not always protected from abuse or harm, as referrals had not consistently been made to the local authority.
- At this inspection the safeguarding policy had been reviewed and updated. Staff had attended safeguarding training and demonstrated a good understanding of how to protect people from abuse, harm or discrimination.
- People said they were comfortable living in Ennis House and told us, "Yes" and "Yes I do very much," when we asked if they felt safe.
- Staff told us, "I would report anything to the senior and they would make the referral, but I know we can all make them, the number is on the board" and "We have all done the training and discussed reporting to social services as part of that."
- Following on from the last inspection the provider had linked the main computer to the computer in the staff office. This gave staff access to referrals and the attachment so that they could raise issues directly if they had any concerns.
- Records showed that safeguarding referrals had been made to the local authority, in line with current guidelines, and appropriate action had been taken.

Learning lessons
- At the last inspection accidents/incidents had been recorded but they had not been monitored. The provider had not looked for any themes or trends; lessons had therefore not been learnt and there were no records to show how they could prevent them re-occurring.
- At this inspection systems were in place to monitor accidents/incidents to reduce the risk of them re-occurring. Records showed information about what had happened, the possible cause and the action staff had taken to support the people involved.
- A member of staff told us, "We audit incidents and accidents, we look at what happened and how we can prevent it happening again." Another member of staff said, "We try and reduce incidents as much as possible. Like when (Name) mood changes, we know they can become unsettled. We offer a cup of tea, encourage them to go back to their room, sit and chat depends on how they are feeling, and this helps them."

Preventing and controlling infection

● At the last inspection staff had not always followed infection control policies and the provider had not ensured water was safe from Legionella.
● At this inspection staff protected people from the risk of infection. Laundry was suitably bagged, to reduce the risk of cross infection and people said, "Yes they do laundry for you." There were suitable systems to provide clean clothing and linen, and hand washing facilities and sanitising products were available throughout the home for staff, people and visitors to use.
● Personal protective equipment (PPE), such as gloves and aprons were worn by staff to protect people from the risk of infection and staff had completed infection control and food hygiene training. Staff were responsible for the evening meal and the provision of snacks at any time. One member of staff told us, "Yes we do the evening meals and if the residents want anything else we have to do the training before we can make the meals. I think we have all done that training."
● Records showed housekeeping staff flushed taps weekly and descaled and cleaned shower heads monthly, to reduce the risk of Legionella. Staff said these had been done as part of their cleaning schedule, but they had not previously recorded it. These records were also checked weekly and monthly respectively as part of the providers monitoring process.

Assessing risk, safety monitoring and management
● At the last inspection fire drills had not been held and staff had not followed the fire risk assessment.
● At this inspection records showed fire drills had taken place and the kitchen in 'Oakleigh' was no longer used, in line with the fire risk assessment. One person told us, "Yes the alarm goes off and we have to know what to do."
● Fire alarms and fire-fighting equipment was checked regularly and personal emergency evacuation plans (PEEPS) were available for staff to refer to and assist people, if they needed to leave the building in an emergency.
● There were systems in place to support people who smoked and protect other people living in the home. A small smoking area and separate smoking room led out into the garden, we saw people using these and the 'rules of the house' were that people did not smoke in their bedrooms.
● Where risk had been identified, there were assessments and management plans for staff to refer to and reduce the risk as much as possible. For example, risk of falls. One member of staff told us, "We know some residents are at risk of falls, some use aids, but most just need support as they are bit wobbly and we want them to be as independent as they can be but in a safe way."

Staffing and recruitment
● At the last inspection staff records had not contained all the information necessary to show that only suitable staff were employed.
● At this inspection the management had checked the staff files and necessary information had been added. For example, a current photograph.
● There had been no new staff since the last inspection, but a new checklist had been developed so that it was clear what records and additional information was required, so they could evidence only suitable people were employed. This included interview records and checks if issues were raised on the Disclosure and Barring (DBS) check, which is a police check.

Using medicines safely
● People said they had their medicines when they needed them. One person told us, "Yes I have them."
● Senior staff gave out medicines. They had completed training and their competency had been assessed through observation of their practice, before they gave out medicines on their own.
● Staff had a good understanding of their responsibilities and there were clear systems in place for ordering, receiving, storing, giving out and disposing of medicines.

● Staff signed the medicine administration record (MAR) after medicines had been taken and regular checks looked for errors, such as gaps. MAR were also audited monthly as part of the ongoing monitoring of the services provided.

● There was guidance for staff to follow when giving out as required medicines. Such as paracetamol for pain. This included specific information if people were unable to ask for these medicines, although most people could ask or tell staff if they needed them. For example, one person was unable to tell staff if they were in pain. The guidance for staff included observing how much the person ate and drank, this reduced if they were uncomfortable, and they may look quite pale.

Requires Improvement

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 with breaches of two regulations. At this inspection improvements have been made and the provider was meeting the regulations. Additional work was needed to ensure the home was maintained to a suitable level and that improvements were part of everyday practice. This key question has remained the same.

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

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

- At the last inspection the provider had not ensured the home had been properly maintained. Several areas needed repair and re-decoration. The provider was aware of this, but there was no plan in place to prioritise and carry out the work to a satisfactory level.
- At this inspection work had been done to address some of the areas where repairs were needed. Such as the torn flooring and taped bath panel in one bathroom.
- However, there were areas where more work was needed. For example, the sliding door in the dining room could be locked, but it did not open easily and put people at risk of injury.
- The waste that had been produced when toilets had been replaced and rooms cleared had been stored in an attached building or put in the garden. The provider was asked to clear the garden during the inspection and this was done.
- We also asked the provider to seek advice from the fire service to assess the risk of storing furniture in the attached building, as rooms to the front were used by maintenance staff to store paint and cleaning products. In addition, the lean-to area between the two buildings was one of the smoking areas used by people and staff. We asked the provider to send the outcome of this discussion with the fire service to CQC.
- People said they were quite comfortable living in the home. One person told us, "Yes I like my room." Another person told us, "They keep it nice and clean and I like sitting here (in the lounge)."
- Maintenance staff continued to redecorate areas in the home, including bedrooms, and the provider said they would be replacing the stained and damaged bedroom furniture and carpets before people were offered the rooms.
- The provider talked about the importance of having a clean and well-maintained home for the mental health and well-being of the people living in Ennis House. They said there would be ongoing improvements and the next project would be the smoking room, with redecoration and new carpets and furniture.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● At the last inspection mental capacity assessments had not been completed in relation to key decisions and there was no evidence that any restrictions, such as limiting people's access to their cigarettes, had been made in their best interests.

● At this inspection mental capacity assessments had been completed, by external professionals, if staff felt people were unable to make complex decisions. For example, if people were at risk of harm if they went into the town centre on their own. DoLS applications had been made to the local authority and copies sent to CQC.

● The MCA assessments showed one person had been assessed as having capacity and could assess the risk themselves if they went into town. While another, although they had not asked to leave the building, would be at risk if they went out on their own and staff were aware of this. There were no conditions attached to the DoLS authorisation.

● Staff continued to assist some people with cigarettes. Staff said applications had been sent to the local authority about this and they were waiting for responses. One person told us, "I have my own." We saw people asking staff for a cigarette, they were kept in the kitchen, with their agreement. People clearly knew where they were and there was no sign they were uncomfortable with this.

● Staff said people could have them at any time and, "We just remind residents if they have just had one" and "We know (Name) would chain smoke and run out if they kept them, which can cause issues with other residents." We saw staff remind one person they had just had one and asked them if they would like to wait a minute and have a cup of tea, which they agreed to.

● Most people were independent and made choices about all aspect of their day to day lives. One person told us, "I do what I want to do, going into town later."

● When support was needed staff consistently asked for people's consent before they provided assistance.

Staff support: induction, training, skills and experience

● At the last inspection induction training had not been provided for new staff and supervision had not been used to support staff appropriately.

● At this inspection there had been no new staff working at the home since the last inspection, although an induction training programme had been developed for new staff. This included working with senior staff and ongoing assessment of their competency, to ensure they have the skills to provide the support people needed. New staff would also be expected to complete the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

● Staff were required to complete relevant training to ensure people's needs could be met. For example, staff who transferred from the sister home, which focused on supporting people living with dementia, had completed training in mental health awareness. Equally staff working at Ennis House had completed training in dementia awareness.

● Equality and diversity training ensured staff understood the protected characteristics under the Equalities Act 2010 and staff were aware of these for people living in the home and colleagues. Other training included, moving and handling, first aid and health and safety.

● Records showed that staff were supported with their roles and responsibilities and developing their practice through regular supervision and vocational courses. Staff said, "Supervision is a good chance to sit

down and talk about our work, if we need to do anything differently, but I think if we weren't doing something right we would be told straight away" and "I like working here, it is quite different from what we were doing before, but I have enjoyed the change and (the provider) is very supportive."
● Staff were encouraged to work towards diploma in health care and the training plan showed seven staff had completed level 3 and twelve had completed level 2.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care and support was delivered in line with current legislation and evidence-based guidance.
● Records showed that people's needs had been assessed before they moved into Ennis House, with the involvement of people, relatives and professionals. Staff said, "We have to assess if we can meet residents needs before we offer a room, this is because the residents have a variety of needs and we have to make sure they can all live comfortably together."
● The pre-admission assessments were used to develop the care plans, which identified risk and people's individual support needs. Such as, staff supporting people living with dementia to be aware of their surroundings and to make decisions about the care provided.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have a healthy and nutritious diet, based on their preferences and choices. One person said, "If you don't like something they will make something else." Another person told us, "It's perfectly alright."
● People said the food was generally good, choices were offered and there were no strict mealtimes. One person was going into town and staff saved their lunch for later.
● People chose where to have their meals, in the dining room, the lounge or their own room. The meals were freshly cooked, with one main option for lunch, but we saw people ask for something else and these were provided.
● Staff said snacks and drinks were available at any time. People could make themselves a hot drink if they chose to and had been assessed as able, while staff responded quickly when people asked if they could have a hot drink. Cold drinks were accessible from the table below the kitchen hatch and staff consistently asked people sitting in the lounge if they wanted a drink.
● The cook knew about people's likes and dislikes and meals were based on their preferences and specific needs. Staff assisted people if necessary. A member of staff asked one person if they would like them cut up their food for them. The person said, "Yes" and staff helped them with their meal.
● Minutes from the resident's meetings showed that people put forward suggestions for meals which included thick sausages for BBQs. One person offered to make fresh cakes, and another asked for different choices for the roast meal on Sundays. Such as lamb and gammon.
● Risk assessments had identified if people were at risk of poor nutrition and staff knew that some people needed more support than others. Staff told us, "If a resident is not eating much we check that they are feeling ok and use food and fluid charts to keep an eye on how much they have" and "We weigh residents monthly and if anyone loses weight we ring the GP as well as record what they are eating." Records showed that action was taken if there had been any concerns about a person's diet.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
● People had support from appropriate health and social care professionals to maintain and improve their health and well-being.
● People said staff supported them to go to appointments. One person told us, "See my doctor soon."
● Staff supported people to attend appointments and if people could not attend visits from GPs and health professionals could be arranged. For example, chiropodists visited regularly. There was also clear guidance

in care plans for people's specific needs, such as assisting a person with seizures and when the GP should be contacted to keep them updated.

● Staff had a good understanding of oral health and the importance of supporting people to be aware of their mouth care needs.

Good

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 Good. At this inspection this key question has remained the same.

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

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

- People said they were comfortable and liked living at Ennis House. People told us, "I'm very lucky. I'm a happy girl." "I can go out when I want. Bedrooms are nice, sleep well, I can stay here as long as I like" and "I've got a nice little room."
- People had good relationships with staff. Communication was relaxed, respectful and friendly, on first name terms, with laughter and banter between them. Staff had a good understanding of people's needs and talked about each person's life history, preferences and how they liked to spend their time. One member of staff told us, "Residents needs can change from day to day, because of their mental health or dementia, so we change how we offer support depending on what residents need at the time."
- We observed staff responded when people became upset or anxious and took appropriate action. Staff saw one person raising their voice and moving around the lounge. Staff spoke to the person asking if they needed anything and encouraged them to have a drink to distract them, and they were calmer.
- The emphasis was on treating people equally and fairly, and staff had a good understanding of equality, diversity and discrimination. Staff said, "Each of the residents like to do their own thing, as long as it doesn't affect anyone else we are happy that they should." "(Name) might change their clothes several times a day, but it is up to them" and "(Name) doesn't like any changes so we are careful to talk about them first and support them while things are changed, even small things like cleaning their room."
- People were supported to maintain their spiritual and religious choices. Staff said, "We can go with them to church if they want to go or we can arrange for them to come here, it is up to the residents."

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People were supported to be independent and make decisions about all aspects of their day. One person told us, "I get up when I want and sit where I want, watch TV here." Another person wanted to have their lunch in the lounge watching TV and staff said they usually sat in the same seat and another person sat next to them, although they preferred lunch in the dining room. Staff said, "It is really up to them."
- Staff consistently asked people if they wanted a drink, if they had everything they needed and if they became anxious staff talked quietly, to find out if anything had upset them. We saw people relaxed when staff spent time speaking to them.
- People said staff treated them with respect and told us, "Always been treated very well" and "Think the world of them very good."

● Staff were discrete when they offered people support to use the facilities. One person had spilt something on their top and staff assisted them to return to their room and change. Another person's clothing was loose, and staff helped to secure them.

● Staff ensured when people needed support with personal care they protected their privacy and dignity. Staff informed us a person was using one of the bathrooms where we previously noted improvements were needed, their privacy was respected, and we viewed it later.

● People were able to maintain relationships with family and friends who were important to them and visitors were welcome to visit at any time. One person said, "My family visits and they have seen my room. I like it how it is."

Good

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 and there was a breach of regulation. At this inspection improvements have been made and the provider was meeting the regulation. This key question has improved to good.

This meant people's needs were met through good organisation and delivery.

Support to follow interests and to take part in activities that are socially and culturally relevant to them; planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection consideration had not been given to the individual needs of people who had recently moved into Ennis House from the sister home. These were people living with dementia who needed different activities than those provided at the home.
- At this inspection people told us they had a range of activities to participate in if they wished. These included quizzes, ball games and bingo. Activities and suggestions from people were also discussed during the resident's meetings. One person had suggested a karaoke night; staff were looking at providing the machine. Other suggestions were board games and an afternoon sports day, throwing bean bags into a bucket.
- One person said they liked to go into town. Other people told us, "Yes we had a barbecue a month ago, we get bingo, bowls and a hairdresser once a month" and "I don't take part in any activities."
- Staff said the activity depended on what people wanted to do on the day. Staff told us, "We ask residents if they want to do anything, some want to sit and have a chat, while others like to watch TV, some want to stay in their room or go for a walk" and "We work really well as a team, we have got to know all the residents and their preferences, and they have got to know us." Another member of staff said, "Some people like to remain in their bedroom, so we regularly check that they are ok and tell them about what is happening in the lounge, if there is an activity, but we have to respect their choices."
- TV's were on in the lounge and people sat comfortably watching them. When asked if they enjoyed watching the TV one person said "Yes" and another nodded and smiled. A person celebrated their birthday during the inspection. A birthday cake was provided, and people, visitors and staff sang Happy Birthday, everyone took part and enjoyed a piece of cake.
- Care plans were personalised and reflected people's individual needs, their preferences and choices. These were reviewed regularly, and records showed that people and/or their relatives were involved in these reviews, if they wanted to be.
- Staff provided care and support that was specific to each person's needs and was based on their preferences and choices. One person told us, "I'm very lucky, I'm happy ."
- Monthly audits checked that care plans were up to date, identified people's needs and included guidance for staff to follow to ensure these were met. Staff said, "We look at them once a month and if there are any changes to residents support then we update them at the time" and "They show what support the residents need, but we also have a handover that keeps us up to date."

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.

● People's different communication needs were recorded in the care plans and there was guidance for staff to ensure people had the support they needed.

● Staff had completed communication training and demonstrated an understanding of the support each person needed. For example, one person living with dementia muddled their words. The guidance for staff was to ask short questions that required only a yes or no response. The person also had a set routine and did not like interruptions, so staff were careful to make sure the conversation was on a one to one basis and provided time for the person to respond.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure that was accessible to people and visitors to the home. People said they knew how to make a complaint and were comfortable doing so. One person said, "I don't have any complaints." Another person told us "Always been treated very well."

● A visitor to the home told us they had no concerns about the support provided and said, "Yes they are very well cared for. I have no complaints."

● Staff said there had been no formal complaints since the last inspection. They said if a person raised an issue, such as not liking the meal, it was dealt with at the time. In addition, people were encouraged to raise issues during the resident's meetings and this was supported by the minutes.

End of life care and support

● Staff told us no one was receiving end of life care at the time of the inspection and they said people would be supported to remain at Ennis House when their health needs changed, if that was their preferred choice.

● Staff talked about making people comfortable and respecting their wishes. People's preferences, if they had chosen to discuss them, were recorded in their care plan.

Requires Improvement

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 inadequate. This was because there had been no improvements since the inspection in 2018 and there were two breaches of regulation. At this inspection we found improvements had been made, the provider had met the regulations. However, additional work was needed to ensure the improvements were part of everyday practice. This key question has improved to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection the quality assurance system had not been effective. There had been no provider oversight or monitoring of the services provided, which meant areas for improvement had not been identified and action had not been taken to address them. For example, the premises required considerable improvement and replacement of damaged and poorly maintained furniture .
- The provider had not followed current guidelines for safeguarding and accidents/incidents, and lessons had not been learnt to prevent a re-occurrence. The provider had not followed the fire risk assessment and fire drills had not taken place.
- There was no oversight of staff practice regarding infection control and the provider had not ensured the water was safe to use, by reducing the risk of Legionella. Environmental improvements had been identified but action had not been taken to make the home safe and comfortable for people living at Ennis House.
- Recruitment records had not included relevant information and induction training had not been provided for new staff. There was no effective process in place to ensure MCA had been completed and DoLS applications had been made and decisions were in people's best interests.
- At this inspection the quality assurance and monitoring system had been reviewed and several audits introduced to review all aspects of the services provided. This included safeguarding, accidents and incidents, care plans and risk assessments, health and safety and infection control. These had been reviewed monthly and included looking for trends about safeguarding and accidents and incidents, to reduce the risk of re-occurrence.
- Action had been taken to address issues raised at the last inspection and records supported this. For example, MCA assessments had been completed by external assessors, if staff felt people were unable to make complex decisions, and DoLS applications had been made in line with current legislation.
- Environmental health and safety concerns had been resolved. Such as, the flushing of taps weekly and de-scaling of shower heads monthly to reduce the risk of Legionella. Risk assessments of people's bedrooms and communal rooms looked at electrical equipment and wiring, to reduce risk of trips and falls and been completed.
- Areas where improvements were needed to the environment had been included in the business plan,

which prioritised them using a traffic light system. For example, the new sliding door in the dining room had been given an orange rating to be completed by November 2019. Other areas including the smoking room to be redecorated by June 2020.

● Recruitment records had been checked and additional information included, such as photographs, and a checklist had been developed to show all the relevant information that was required for new employees. In addition, an induction programme had been developed in readiness for new staff, to develop the understanding and skills required to support people.

● However, the quality assurance and monitoring system had only been developed since the last inspection. Therefore, it had not been in place long enough for the provider to show that it was part of day to day practice at the home and there continued to be areas of concerns that had not been addressed. For example, additional work was needed to ensure monitoring the services identified areas where improvements were needed , and that appropriate action was taken immediately. Such as the clearing of waste from the garden, which has been highlighted at previous inspections. Consequently, the provider had not ensured people using the service were protected from harm.

● At the last inspection the provider had not displayed the rating of the previous inspection. At this inspection the last report was clearly displayed in the entrance hall.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The ethos in the home was to promote a positive culture, that was person centred and empowered people to make decisions about how they lived their lives. We saw outcomes for people were good.

● Staff had the knowledge to understand people's preferences, through body language and responses, if they were unable to make decisions verbally. Staff talked about how they offered choices to people or asked questions and waited for a response, so they could offer the support people needed.

● The management style was open and encouraged discussions from people about the support they received, and people were clearly comfortable talking to staff about their needs and what they wanted.

● In addition to the review of care plans and day to day discussion about the support provided, monthly residents meetings gave people and relatives an opportunity to discuss any issues and put forward suggestions. The minutes showed that these had been recorded and what action had been taken to address them. One person said they were bored with the same food and staff asked them if they had any suggestions. Other people asked for the menu to be put on a board in the lounge, so they could see what it was, and this had been put in place.

● They provider was open and transparent about any issues at the home. The last inspection report had been available to people, relatives and staff and records showed they contacted relatives about incidents and accidents. The provider also said they were looking at sending out satisfaction questionnaires to obtain feedback from relatives and professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; working in partnership with others

● Staff were aware of their roles and responsibilities and were positive about how the provider supported them.

● The provider was responsible for the day to day management of the home and was supported by the care manager and the administration manager. Senior care staff allocated care staff to specific roles, such as meal provision or to support people with personal care, and staff explained how they had supported people on their shift.

● Staff meetings provided opportunities for management to advise staff of areas where they could improve

their practice. Such as, reminding staff to look in the pigeon holes in the small lounge, as they had the policy of the month for them to read and information to keep staff up to date with any changes. The meetings also gave staff an opportunity to raise concerns or put forwards suggestions. Staff informed management if people needed anything and how the service could improve. For example, one person needed more underwear, this was agreed, and staff were allocated to purchase this.

● Staff had a clear understanding of how working in partnership with others could promote the well-being of people and enable them to have the lives they want. One member of staff said, "I think we work well with professionals, like GPs and social workers, we all have the same aims, so that residents are safe, well cared for and have the best lives they can."

● Records showed that staff worked with the local authority for safeguarding and the market support team, and professionals for people's mental and physical health.