Health and Home (Essex) Limited

Ravensmere Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Ravensmere Rest Home is a residential care home providing personal care to 18 people at the time of the inspection. The service can support up to 24 people living with dementia and mental health conditions. The care home is one adapted building, set over three floors with a courtyard garden accessible from the communal lounge.

This was a comprehensive inspection to identify if the improvements seen at the last inspection on 3 June 2019 had been maintained, and if improvements to the service had continued.

People's experience of using this service:
Staff spoken with did not always recognise abuse or follow safeguarding procedures. Management however, were aware of the process and had followed procedures before when concerns were raised.

Risk assessments were undertaken but these were not comprehensive or consistently followed by staff.

There were sufficient numbers of staff, however the ability of staff to communicate effectively impacted on the delivery of care. We found that staff were not always recruited in a safe way.

People using the service and their relatives we spoke with, told us they felt safe and were happy with the care provided. They said the registered manager was approachable and they were confident that any concerns raised would be dealt with appropriately.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Audit monitoring by management was in the process of being introduced at the last inspection, to provide a closer oversight of the service. Some audits were in place, although we found these not to be robust enough as they did not highlight issues we found. The audit design was being trialled, and the director told us they were reviewing the layout to make the auditing procedure more effective.

We saw that actions taken in relation to fire safety that were noted on the previous inspection, were maintained. Infection control practices at the last inspection had improved, however, we found incidents of poor infection control procedures during our visit.

We saw that refurbishment had begun with new flooring in the front entrance. The plan shown to us included reviewing the communal areas and bedrooms to ascertain where refurbishment was required.

New person-centred care plans were being introduced and those completed were comprehensive and

clearly outlined guidance to staff on how to meet people's needs. However, staff did not always follow the guidance and we saw examples of poor moving and handling practices.

People were supported to eat and drink and alternative diets were catered for. Referrals to health and social care professionals were made as needed.

Activities were limited at the last inspection and recommendations were made to review activities to meet people's needs. This had not improved.

Rating at last inspection:
On 17 December 2018, a scheduled comprehensive inspection was undertaken and looked at all key questions. The report was published on 7 February 2019 and the service was rated inadequate and placed in special measures. We returned on 3 June 2019, and improvements had been made around safe and well-led. The report was published on 18 July 2019 and the service was rated requires improvement and they were in breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014, Good Governance.

At this inspection, enough improvement had not been made and the provider was still in breach of regulations.

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

Enforcement: We identified four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014: regulations 12 (safe care and treatment), 13(safeguarding service users from abuse and improper treatment), 17 (good governance) and 19 (fit and proper persons employed). Action we told the provider to take (refer to end of full report).

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme for services that Require Improvement.

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 safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Ravensmere Rest Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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.

During the inspection
We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the director, registered manager, clinical manager, senior care worker, care workers and the chef. We spoke with one visiting health and social care professional. We observed care delivery during the inspection to help us understand the experience of

people who could not talk with us.

We reviewed a range of records. This included six 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 reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence we found.

Inadequate

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

• People were at risk because staff spoken with did not always recognise abuse or follow safeguarding procedures. We saw an example in one person's records where allegations of abuse had been made, but there was no evidence that these had been taken seriously and reported. Following the inspection, we contacted the local authority about the concerns. The service was aware of the process and had followed procedures before when concerns were raised, however not in this instance.
• Records showed that not all staff had undertaken adult safeguarding training.
• People and relatives told us they felt safe, and if they had any concerns they would report to the registered manager and were confident that appropriate action would be taken.

The failure to have followed safeguarding procedures is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Assessing risk, safety monitoring and management

• People were at risk because the provider did not have effective systems in place to manage risks and reduce the likelihood of harm.
• Moving and handling had been identified as an area of concern at previous inspections. We witnessed poor moving and handling techniques by staff during this inspection. For example, when assisting one person to stand, the staff member held the person by their wrist and unsuccessfully tried to pull them up. Two staff subsequently stood the person up by holding them under their arms. Another person was being assisted from a wheelchair to an armchair by two staff. They [staff] held the person under their arms, dragging them to standing position before shuffling them around into the chair. The move was completed by the two staff lifting the person back into the chair. The procedures were unsafe with potential to cause injury to the person and staff. We reported this to the registered manager and director. Staff did not demonstrate that they had the skills to support people with their mobility in a safe way and we raised a safeguarding alert to the local authority about what we observed. Since the inspection, the provider has told us that staff were undergoing re-training in moving and handling and three senior staff had attended the moving and handling train the trainer course.
• New risk assessments had been introduced since the last inspection and these contained more guidance for staff, however they were not always followed. For example, the person we observed being lifted under their arms had an assessment which stated that the hoist should be used for mobilising.
• Environmental audits carried out by management were not effective as they did not identify shortfalls. We saw that some bedroom furniture was in a poor state of repair. Some of the beds were stained and one mattress badly torn. When we pointed this out to the registered manager, they instructed the maintenance

person to attend to the broken furniture. We were told that a new bed was on order. Since the inspection the provider had told us, audit checks had been reviewed.
• The lack of oversight to identify and manage risks associated with the spread and control of infection, such as legionella, placed people at risk of harm. Legionnaires' disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets containing viable Legionella bacteria. There are specific requirements regarding its management. The registered manager was unable to tell us whether the testing of water was undertaken at specified intervals. There was also a number of vacant rooms where the washbasins were not in use. There were no records in place to demonstrate that these outlets were flushed though on a regular basis. This is contrary to the advice from the health and safety executive. Since the inspection, the provider had told us that checks have been carried out and that in the future they will be recorded. The provider also told us they had commissioned a water test and this proved negative to Legionella.
• Fire safety, which had previously been raised as a concern, had been addressed and we saw fire doors were kept closed and fire signs were prominent.
• People's safety was protected against the risks associated with unsecured furniture. Wardrobes were attached to the wall which ensured they were safe.
• All bedrooms had a call bell box fitted to the wall however not all had leads. We were told that some people couldn't use the call bell lead due to their health condition. Those who were able but didn't have a lead, would press the bell directly on the wall which meant the person had to get out of bed to reach. Since the inspection, the provider has told us that people were given choice regarding whether they wished a call bell lead or not.
• To prevent falls, some people had sensor mats placed on the floor near their bed at night, which would signal the staff, if they got out of bed. We saw these had been safely placed under the bed during the day when not in use. We tried one of the sensor mats and after a few minutes a staff member answered the call. This demonstrated that the mat was working.

The management of risk was not effective. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staffing and recruitment
• Recruitment practices relating to the new staff files we reviewed were not robust and did not provide people with adequate levels of protection. The necessary safety checks to ensure staff were suitable to work with vulnerable adults were not fully completed before the staff started work. At the last inspection the recruitment process did not highlight any concerns. The files we reviewed at this inspection related to new staff.
• Application forms were in place but did not always provide a full employment history. Records of interview did not clarify gaps in employment.
• Disclosure and Barring (DBS) checks were in place for the majority of staff however, we observed a new member of staff assisting people and when we checked they did not have a DBS.
• There were not sufficient numbers of competent staff on duty. Some of the staff we spoke with did not have English as their first language and were unable to express fully what they had learnt at training. We observed poor moving and handling practice, poor infection control practice and were not confident that all staff had the skills and knowledge they needed to provide safe care.

Due to recruitment processes that were not robust, people were placed at risk of harm. This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Preventing and controlling infection

• People lived in a service which was not always clean and infection control was not effectively managed. Concerns were raised at the last inspections about infection control and the poor condition of some areas of the environment. We found continued shortfalls at this inspection. Some parts of the service had a strong odour of urine. We saw that floors were stained and bed bases and mattresses were not consistently clean. Other areas of the service were dusty, and some furniture stained.
• We inspected the bedrooms and found that beds had been made, however on checking, many of the beds were made with stained or soiled linen. We showed the registered manager who agreed to change the bed linen. There were several headboards which were stained and unclean.
• People were unable to wash and dry their hands effectively in their rooms. There were no facilities such as soap and handtowels in a number of bedrooms for people or staff to use. Since the inspection, the provider has told us bedrooms have now been fitted with soap and towel dispensers.
• The laundry room was small and cluttered which made the separation of clean and dirty linen difficult to maintain. On the floor in front of the washing machine and clothes dryer were baskets of washing ready to go into their respective machines. Some of the baskets had the sides broken and this, together with being overladen, there was a risk of soiled linen being in contact with clean linen, causing cross contamination. Clean clothing was piled on top of the washing machine. The provider had informed us after the inspection that they were planning to install additional shelving and baskets in the laundry.
• Staff assisting at meal times did not wear tabards or aprons to cover their uniform when serving food or assisting people to eat. We did not observe staff washing their hands between assisting one person to eat their meal before helping another.
• Although there was enough personal protective equipment (PPE) available, there were no boxes of gloves or aprons seen in the en-suite facilities or bathrooms. There were gloves only in the room of one person who was being cared for in bed. The provider has since told us that people were individually risk assessed to the appropriateness of storing gloves in the en-suite bathrooms.
• On the first day of inspection, there was a musty odour in the building. On the second day of inspection, the service smelt fresher and looked cleaner. Some skirting boards were dirty and items such as wheelchairs stored in people's bedrooms were dusty.
• Oversight of infection control was not effective. The director told us that they were introducing new infection control audits, but these were not in place at the time of the inspection.
• We saw on this inspection that new flooring had been fitted to the entrance area. Much of the building had lino style flooring in place. Where carpet remained in the communal areas, this was stained. The director told us that they had plans to replace all carpeted areas.

Due to poor infection control procedures 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) Regulation 2014.

Using medicines safely
• People did not always receive their medicine consistently. Medicine administration records had been signed, which should have indicated that people received their medicines as prescribed. However, when tallying the tablets, there was a discrepancy with one person's medicine. This provided uncertainty as to whether the person had received their medicines as prescribed.
• Medicines were stored safely in a locked trolley in the office which had a keypad lock. The office was air conditioned, therefore medicines were stored at the correct temperature.
• We observed medicine administration. Medicines were administered in an unhurried way and the people were offered drinks.
• The service had in place PRN 'as required' medicine protocols which contained additional information including time the medicine was given, the reason and effectiveness. These were good practice documentation used alongside the MAR chart; however, these were not used consistently.
• Training records showed that those administering medicines had received training. Competency

observations of staff administering medicines were not current for all staff.

Learning lessons when things go wrong
• Safety concerns were not consistently identified or addressed. There was limited use of systems to record and report safety concerns and near misses. For example, we looked at the incident and accident log and saw that there had been no incidents logged. However, when we looked at people's daily records we saw that incidents had taken place. There was no evidence of analysis or action taken to look at contributory factors and lessons learnt. Management were aware of the process, which they had followed before, however these incidents were not logged.
• Safety concerns about areas such as infection control and moving and handling were identified at our previous inspection, and the necessary improvements had not been made.
• After the inspection, the director forwarded a lesson learned action plan which focused on the management of the service. This outlined audits and inspection tools that would assist with the oversight of the service. We were also given a building refurbishment plan which included training sessions for staff to introduce them to the changes planned.

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. At this inspection this key question has remained the same, requires improvement. This meant 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
• Care and support did not reflect current evidence-based guidance and best practice. There was limited use of technology. For example, the service did not promote best practice for people with dementia in the promotion of choice; we did not see them being shown plates containing different meals or pictures of meals, for any degree of choice to be made.
• There had been no new admissions to the service since the last inspection, but we were told that assessments would be undertaken of people's needs as part of the preadmission process.

Staff support: induction, training, skills and experience
• Staff observed during the inspection were not adequately trained and did not have the skills and knowledge they needed. The service did not demonstrate they had a structured induction programme for new staff. The service was planning on introducing the Care Certificate, but this was not yet in place. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. Since the inspection, the provider had told us that they have an induction programme in place.
• On speaking with a new member of staff, they stated they learnt the different mandatory topics through working alongside staff. The registered manager confirmed that they presently taught staff whilst working. There was no documentation, lesson plans or records of the quality of the training.
• As outlined in the safe section of the report, we identified poor practice in a number of areas including moving and handling practice. Staff had training certificates on moving and handling on their files which had been signed by a member of staff. However, when we spoke to the member of staff they told us that they had not provided the training and therefore the training certificates were not valid.
• Training records showed that training was delivered through on-line, in-house and external training opportunities. Not all mandatory training was current for all staff.

Supporting people to eat and drink enough to maintain a balanced diet
• People were at risk as staff were not always clear about who required a specialist diet. The names of people who required specific diets were displayed on a list on the kitchen notice board. They included those with diabetes and people who required pureed/soft diet. However, this list was incomplete and did not contain the names of all of those at risk.
• Training records showed that not all staff had received recent training on dysphagia and dementia. Staffs' understanding of dysphagia was varied. For example, we checked in one person's care plan which clearly stated they required thickened fluids. We saw they were being given a drink which appeared not have been

thickened. When we questioned the staff member, we were told that they had not stirred the drink therefore the thickening agent had not dissolved. People who are at risk of choking are prescribed thickening agent to be added to their fluids to ensure their comfort and safety, therefore it was important that staff accurately followed the prescribed instructions.
• During lunch, we observed that one person was offered a dessert and they told the staff member that they were unable to eat it because of their health condition. The staff member disagreed with them regarding the diagnosis of their condition, however still offered an alternative as the person requested, therefore providing choice. On checking the care plan, the person was correct, and they were diagnosed with the condition. This showed that the staff member was not current on the person's medical history.
• People did not routinely have a choice of main meal. People's food likes, and dislikes were not recorded, which was raised in the last inspection. We were told that the cook knew the people well and this was not required. It was unclear how other staff would know people's likes and dislikes in the absence of the cook.
• People were at risk of dehydration as staff did not always record people's fluid intake consistently. Records for those who had been identified as being at risk were not totalled each day and their intake was not monitored and actions taken.
• Some people were given coloured beakers for juice which were suitable, but many were given plastic cups. These were flimsy and flexible making it hard for people hold and drink out of. They were also undignified for everyday use.
• We saw staff helping those who needed assistance with their meal in an unhurried manner, allowing for food digestion and offering drinks during the meal. Verbal communication was difficult for some staff due to language limitations and communication was more gestural, which provided a degree of understanding.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
• Care plans showed that people had access to a variety of healthcare professionals including GP, community nurse and outpatient specialists.
• On the day of inspection, a health and social care professional was visiting one person. They told us that this was their second visit to the service and they had no concerns, and there was good communication with the registered manager.
• One relative told us they were confident that the service would contact the GP if required and another said they were told when their relative was unwell and needed to be seen by a health professional.

Adapting service, design, decoration to meet people's needs
• The environment was not dementia friendly, with no reference in the décor or bathroom fittings to changes in colour recognition often experienced by those with dementia. Much of the furniture was aesthetically poor. One settee was repaired with different coloured fabric on the arms, whilst some of the plastic seating on chairs was stained.
• There was pictorial signage on toilet and bathroom doors which aided recognition for those living with dementia.
• Bedrooms were sparse in relation to own personal items. People had little possessions visible. Some bedrooms contained photographs stuck on the wall (only a few photos in frames), some had a few ornaments.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is their best interest 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).
• MCAs were completed in care plans and these were in-depth. An MCA was assessed against each subject matter separately. This included the approach staff were to take to gain consent at time of care delivery.
• The registered manager informed us that where necessary DoLS were applied for.

Requires Improvement

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

Ensuring people are well treated and supported; respecting equality and diversity
• The provider had not done everything they should to facilitate a caring and compassionate service. For example, they had not ensured that staff had the skills they needed to support people or that they were able to communicate effectively with people.
• We saw focussed interaction between staff and residents when staff were carrying out tasks. However, there was little meaningful interaction between staff and residents at other times. We observed a member of staff directing a person away from hazards, they did not communicate but used their body to make the person walk in the other direction.
• While we did observe some staff smiling at people and touching them in a reassuring way, other interactions were less positive. One person took hold of the hand of a staff member and attempted to kiss it, only to be told in a sharp manner, "Stop kissing my hand, it's not nice." The staff member pulled their hand away.
• Relatives spoken with on the day were complimentary about the registered manager and the staff. They said the staff were attentive and there was always a staff member available.
• Care plans noted equality and diversity and family involvement, but these areas had not been completed in the new care plans.

Supporting people to express their views and be involved in making decisions about their care
• Where advocates were required, they were in place. During the inspection, a health and social care professional visited along with an advocate for one person. Advocacy seeks to ensure people have their voice heard on issues that are important to them.
• Relatives told us that they were contacted with any concerns about their relative and the registered manager was usually available to talk with.
• People were observed walking around the corridor and lounge area with some going into the courtyard. Other people were sitting in the same chairs all day sleeping on and off, with little interaction with staff or other residents.

Respecting and promoting people's privacy, dignity and independence
• There were arrangements in place to provide people with privacy. The glass panels in the bedroom doors raised at the last inspection, had been covered, thereby ensuring privacy. Our observation showed staff maintained people's privacy during the day with personal hygiene being attended to in private.
• Independence was promoted. People were walking around independently and freely, going out into the courtyard garden as they wished. Some people needed assistance, and this was provided by staff.

• People were eating independently with staff assisting or prompting where necessary. One relative told us that they were always made welcome. We saw that staff offered them a meal, so they could share the dining experience with their relative.
• The planned memory boxes highlighted in the last inspection, were not yet in place.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• People had up to date care plans which were informative and set out their care preferences. However, as outlined in the safe section of the report, staff were not always aware of the contents. Much of the care we observed during the inspection was task orientated and not provided in a person-centred way.
• People's mealtime experience for example was not person-centred but a task for staff to complete. The television remained on in the lounge and people were not asked if they wanted this on or would have preferred music.
• People were not offered to be assisted to the table. People stayed in their armchairs with small tables placed in front of them. Staff placed frayed clothes protector aprons on people without asking if they wanted one or gaining their consent. Meals were served by the staff and the chef to the people with little interactive communication. People were given serviettes however no condiments were offered.
• People did not have access to stimulating activities to promote their wellbeing. There were no tactile items around or meaningful activities to capture people's interest. The television was on constantly with few people watching, and the positioning of the chairs for some people prevented them from seeing the full screen.

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.

• Care plans identified people who required glasses or hearing aids.
• There was a lack of diverse communication aids to meet the needs of the people using the service. We did not see any pictorial prompts, such as pictures of food when providing choice at mealtimes. Neither did we see any pictorial booklets being used to aid communication for those who had verbal difficulties such as those living with dementia.

End of life care and support

• End of life and palliative care was not well developed, and people received care that was task orientated.
• One person was on two hourly repositioning regimes to prevent their skin from further breakdown, but this was not always achieved, with gaps on the chart of 4 hours. We asked for the person's fluid chart as it was not kept in their room. We were told it was kept in the folder with other people's charts. The fluid chart was not found by the registered manager and therefore it was unclear how much this person had been given to drink.

• The person was in bed and there was nothing close by for them to look at and touch. The room was hot however staff had supplied a fan to ensure the person's comfort. The person was sleeping each time we visited the room. The bed was fitted with bedrails which were uncovered, however they were in the down position, and the armchair was positioned next to the bed to prevent them falling.
• End of Life policy was in detail and referred to the CQC guidance and gave prompts on areas of care to be included for example, pain management, personal care and comfort.
• Where appropriate, care plans had information about decisions taken for 'do not attempt cardiopulmonary resuscitation' (DNACPR). This is a way of recording a decision a person or others on their behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.
• We were told that the End of Life Team were consulted when required for advice and support. A recent referral had been made to the End of Life Team and the person was waiting to be visited.

Improving care quality in response to complaints or concerns
• Relatives spoken with felt that their complaints or concerns would be dealt with.

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 requires improvement. At this inspection this key question has now remained the same, 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.

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
• At the last inspection in June 2019, we found that there was a lack of governance and oversight. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we have identified that insufficient progress has been made.
• Health & safety environmental audits had been completed by senior management. These were not effective as they did not highlight the issues we found during our inspection. There was no methodical system in place to ensure a certain number of bedrooms were viewed during the audit and no checklist to follow. Although the form stated that issues found were referred to the appropriate personnel such as the maintenance team, there was no recorded evidence of action being taken or of completion. There was also no analysis of findings for future improvements.
• Audits for health and safety monitoring were not robust. For example, although there were annual checks carried out by an external company for some health and safety testing, there was no procedure in place to record the regular in-house checks that were required. Since the inspection, the provider had told us that checks undertaken in relation to water testing would be clearly recorded.
• Audits for medication and infection control were planned, but these had not been introduced at the time of inspection. Infection control shortfalls had been identified at the last inspection and at this inspection these remained outstanding.
• Documentation was not always accurate, for example the training records as outlined in the effective section of this report.
• The provider had planned a series of training sessions for staff on the remodelling of the service including care procedures, roles and responsibilities and quality assurance tools. This showed that the provider was ensuring that all staff were aware of the changes planned for the services and management oversight.
• We were given a copy of the renovation plan to improve the communal areas and bedrooms.

The shortfalls that we found is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care
• The registered manager was experienced and had managed the service for some years. They were hands-on, working alongside staff and were busy with residents and relatives throughout the day. However, staff

lacked direction and there was little evidence of oversight of practice.
• How much time the registered manager was able to allocate to their management duties was unclear as they were involved in all areas of care practices, including medicine administration. The registered manager was also registered for and responsible for another nearby service.
• Staff undertook their duties without any direction from senior personnel. They appeared to work as a team, ensuring basic care was given to the people using the service.
• The daily reports which the registered manager completed did not highlight the issues we found during our inspection. This was a tick-box system of items only, with no record of what was observed or an analysis of findings to improve service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others
• Staff were complimentary about the registered manager and they told us they felt supported.
• Relatives spoken with told us they were happy with the care however did comment on the poor environment.
• The service worked closely with health and social care professionals.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The new care plans had been introduced and were effectively written in a person-centred way to promote inclusiveness. This was a huge task for the service, and we acknowledged that much effort had been made to improve guidance for staff to meet people's needs.
• The director was positive when talking about improving the service and recognised that staff required support for the changes planned.

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 12 HSCA RA Regulations 2014 Safe care and treatment The management of risk was not effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Failure to follow safeguarding procedures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance processes in place were ineffective

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not robust which placed people at risk of harm.