

HC-One Limited

Four Seasons

Inspection report

Brightmet Fold Lane
Bolton
Lancashire
BL2 6PP

Tel: 01204392005

Website: www.hc-one.co.uk/homes/four-seasons

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Four Seasons is a purpose-built care home, registered to provide care for up to a maximum of 121 people. The home provides residential, nursing, residential dementia and nursing dementia care and is split into five units. On the day of the inspection there were 103 people using the service. There were 20 people in Spring Unit, 24 people in Summer Unit, 25 people in Winter Unit, 17 people in Autumn Unit and 17 people in Autumn Berry Unit. There are six sitting rooms and five dining areas, as well as a café, a hairdressing salon, an activities room, a library, two conservatories and enclosed landscaped garden areas.

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

The systems to monitor falls were not always used effectively at the home and there was a lack of oversight of managing the associated risk; we raised a safeguarding alert with the local authority in respect of this.

Medicines were not consistently managed safely and advice and guidance was not always being followed.

Although we found most people appeared well cared for, it was not always clearly documented in the care records we saw, how people were involved in making decisions about their care.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Staff did not always receive the necessary supervision and appraisal to support them in their roles.

Nutritional records were sometimes incomplete, and nutritional intake was not always being monitored. Assessments were not always completed in a timely way or updated when a change in need was identified.

Some people living at the home and visiting relatives made positive comments about the care provided, whilst others were less positive. Whilst we observed many good interactions between staff and people, we saw occasions when staff did not always ensure people were supported to express their views. People told us staff respected their privacy and dignity.

The registered manager had moved to another home which was operated by the same provider and a turnaround manager was overseeing the home during this inspection.

Audit and governance systems were not consistently effective as the provider had not identified and resolved the concerns we found during this inspection. Quality assurance systems needed to be improved to ensure any concerns were identified and acted upon in a timely manner.

Day-to-day clinical and operational leadership of staff was not effective, and the provider had failed to provide sufficient oversight to recognise and respond to emerging issues identified at the inspection. However, during the inspection we were reassured that the provider and manager took these issues

seriously, and immediately put measures in place to respond to and rectify the issues we found.

We received mixed feedback from people we spoke with about management and leadership within the home.

People told us they felt safe living at the home. We found the building and the premises were monitored, and equipment certificates were in place. Staff were recruited safely. The premises were adapted to meet people's mobility needs and the needs of people living with dementia.

The service was meeting the requirements of the accessible information standard and people told us they were encouraged to maintain relationships that mattered to them.

There were a large range of activities available for people to participate in, which people valued highly. People told us they knew how to make a complaint and felt confident in doing so.

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 good (published 28 August 2018)

Why we inspected

The inspection was prompted in part by notification of two specific incidents, following which two people using the service died. These incidents are subject to on-going enquiries. As a result, this inspection did not examine the circumstances of these incidents.

The information CQC received about the incidents indicated concerns about the management of falls from moving and handling equipment and the unsafe management of medicines. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

During this inspection we found the provider had taken action to mitigate the risks, but this has not always been effective. The provider responded immediately during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were now being immediately dealt with.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Four Seasons on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-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 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Four Seasons

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 was carried out by two inspectors on both days of the inspection, one inspection manager on the first day of the inspection, two specialist advisors in medicines and moving and handling on day one and an Expert by Experience on both days. 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

Four Seasons 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. However, at the time of the inspection the registered manager was not in post at the home, which was being overseen and managed by another manager called a 'turnaround' manager. This manager had been put in place to help resolve issues at the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it registered with the Care Quality Commission in October 2011; this included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service and looked at

feedback received from the coroner. 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 12 people who used the service and 13 visiting relatives about their experience of the care provided. We spoke with 25 members of staff including the area quality director, the area director, the turnaround manager, three nurses, three unit managers, and 16 care 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 14 people's care records and multiple medication records and we observed two medication administration rounds on the Winter and Autumn Units. We looked at eight staff files in relation to recruitment and staff supervision. We observed eight moving and handling manoeuvres. 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 found. We looked at staff training data and competency assessments, staffing levels data, resident activities information and a variety of quality assurance records including auditing and governance information. We spoke with the local authority who monitor the service.

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 remained the same, requires improvement. This meant 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The overall monitoring of falls across the home was not found to be effective at this inspection and there was a lack of oversight of managing the risk of falls. The provider had a system in place to monitor any falls people had. This included staff recording falls on an electronic system, called Datix, to enable the information to be reviewed by a manager. However, we found falls were not always promptly recorded on the electronic system, by staff or reviewed by the registered manager.
- The provider had an accidents and incidents policy, which provided staff with guidance on how to respond to any incidents. Any accidents or incidents should have been recorded on Datix, for provider analysis. However, a thorough local analysis of accidents and incidents had not always been undertaken by the registered manager.
- Prior to the inspection we received information regarding two specific incidents, which are currently subject to CQC review. Following the inspection, we raised a safeguarding concern with the local authority for one person; this was because several falls they had sustained had not been promptly recorded and reviewed, and risk assessments and care plans had not been updated in a timely way for this person. This left the person at risk of harm.
- Most of the relatives we spoke with told us they were involved in care plan discussions and that they were kept up to date with any changes in [their relative's] circumstances. However, one relative told us they had never been involved in any discussions about [their relative] or invited to contribute to care planning discussions. Care files contained pre-admission assessments.

These issues meant there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were now being immediately dealt with.
- Following a serious incident, we saw a new system of moving and handling assessments had been introduced. This was more robust, up to date, and matched the care being provided, which we observed.
- There was a safeguarding policy and procedure in place and staff had received training in safeguarding. Staff knew the process to follow if they had any concerns and told us they would report any issues to the person in charge such as the unit manager or manager and were also aware of the whistleblowing procedure. The home kept a log of any current safeguarding's.

- Overwhelmingly, the response from people who used the service and their relatives was that people did feel safe. One person told us, "I really do feel safe here and I know this place like the back of my hand." A second person said, "This place is safe, clean, tidy and friendly and that is why I am happy here." A relative commented, "Importantly, the whole family believe [our relative] is safe here."
- Fire risk assessments were in place and people had personal emergency evacuation plans to ensure staff knew how to safely support them in the event of a fire. Mock fire drills were carried out.
- Premises risk assessments and health and safety assessments were in place, reviewed regularly and up to date; these included gas, electrical installations and fire equipment and included control measures to mitigate any potential risks identified.

Staffing and recruitment

- The provider used a dependency tool to help calculate what staffing hours were necessary. Daily 'flash' meetings were used to discuss the allocation and deployment of staff and a clinical risk register was also used. However, some staff we spoke with made negative comments regarding the staffing situation.
- On the first day of the inspection a relative approached the office to inform staff of an altercation between two people who were unattended by staff. This was dealt with by staff in the office.
- One relative said, "The overall care service is good, but sometimes you just can't find a carer."
- The provider responded immediately to the issues we raised, during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were being dealt with as a matter of priority.
- We reviewed eight staff files in relation to recruitment and no concerns were noted. All required employment checks were completed, and documents contained within files.

Using medicines safely

- At our last inspection we recommended that the service must ensure medicines administration documentation is correctly completed and medicines are given at the correct times. Not enough improvement had been made at this inspection and medicines were not always managed safely.
- Information on one Patient Information Leaflet was not being adhered to and advice from the pharmacist regarding covert medicine administration did not appear to be being followed. Single use measuring devices were seen to be washed and ready to be re-used.
- Staff administering medicine were not measuring the exact volume of liquid to mix with sachet medicines.
- One person's patient profile sheet indicated they like to 'chew' their medicines. However, the unit manager explained they had not liaised with a health care professional or discussed this with the doctor.
- The controlled drugs register was tatty and held with tape which contravenes legislation.
- There was a discrepancy regarding the medicine prescribed by the GP for one person, when compared with the dose indicated in the letter from the specialist.
- One person was self-administering medicines, which was positive, however we could not find the process to support this in place.

These issues meant there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to the issues we raised, during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were now being immediately dealt with.

Preventing and controlling infection

- We saw there was equipment and training in place for staff to follow safe infection control procedures.

Personal protective equipment such as aprons and gloves were available and used by staff.

- The home was clean throughout including communal areas and bedrooms.
- There were effective infection control audits completed every quarter.

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 good. At this inspection this key question has now deteriorated to 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; supporting people to eat and drink enough to maintain a balanced diet.

- People had pre-admission assessments and admission assessments in their care files.
- Assessments were not always completed in a timely way or updated when a change in need was identified. For example, care plans were not always reviewed and updated following falls and some people who had been newly admitted to the home did not have a falls risk assessment in place.
- Many parts of the provider's improvement plan did not have dates for completion and showed a deterioration in rating from the previous audit carried out.

These issues meant there was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people's records were inconsistently completed, for example in relation to topical medicines, malnutrition risk and weight loss, which meant we could not determine if care had always been provided as required and if there had been a negative impact as a result. One person's minimum level of fluid intake was not identified, and the total amount of fluid they drank each day was not always recorded. However, we determined they had been provided with fluids and this was a recording error with no adverse effects being experienced.
- We found discrepancies in the recording of modified diets and information in one person's care file did not match what was being provided; staff we spoke with were unclear on the correct type of diet the person should have received.
- The provider responded immediately to the issues we raised, during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were now being immediately dealt with.

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.

- Some people's written records did not always show how people had been involved in making decisions about their care. However, we observed staff asking people for consent before doing anything, for example before assisting with meals.
- Although some people's care files contained consent to receive medicines forms, we could not find any other consent forms in the care files we viewed. Care files contained sections which could be signed by people or their relatives when they were reviewed, which staff told us was the way consent was captured. However, none of the files we saw had signatures in place which meant we could not determine if people had consented to their care, or changes in their care provision.
- Some people's care files contained appropriate authorisations, called DoLS granted forms, and a DoLS tracker sheet was in place.
- The provider responded immediately during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were now being immediately dealt with.

Staff support: induction, training, skills and experience

- It was not clear from the information we saw that the provider had ensured staff received regular supervision. Staff attended meetings by department, for example laundry staff, kitchen staff and senior staff. However, records we saw indicated the last recorded full staff meeting was in November 2018, which was in keeping with what staff told us.
- One staff member told us, "We get these [supervision] but not often to be honest and usually when we have done something wrong. We tend to chat about career stuff in handover. No appraisals." A second staff member said, "I would say they don't occur at all, only ones which tend to happen is when something gets flagged up and you get told off."
- A list of all staff and their supervision dates (whether one-to-one or group supervisions) indicated meetings completed were inconsistent, for example one staff member was listed as having four one-to-one supervisions in the previous 12 months, whereas another staff member had two group supervisions in January and February 2018 but nothing else since.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to the issues we raised, during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were now being immediately dealt with. The manager sent us a schedule of staff meetings which indicated they would occur every month moving forward. The area director also informed us they had held staff surgeries in May, June and July 2019.
- The provider assessed who's training was current; who was current but soon to expire; who was not current but scheduled to attend training, and late or expired training.
- Staff we spoke with all reported training was good, that there was plenty of training provided and that they were monitored to ensure training was up to date. One staff member told us, "Yes training is good, like e-learning, you can do this in your own time. I've just done open hearts and minds level 5 training which was

good."

- Shortly after the inspection the manager sent us more information about training planned for the future.
- Agency staff who arrived at the home for the first time were given an orientation book which they completed with another staff member; this included a 'signing off' page, which they needed to sign to confirm orientation was completed. They were also given the handover sheet, which included pen pictures of people and basic information about people they would be supporting. Agency nurses initially worked alongside nursing assistants, who could answer any questions or queries

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

- The service worked with a range of health and social care professionals within the local community. However, referrals to other professionals were not always being made in a timely way, for example when people had sustained falls. Advice from other professionals such as a pharmacist also appeared not to be followed.
- We have reported on a breach of Regulation 12 the safe section of this report in regard to accidents and incidents, medicines management and safeguarding. Relevant other professionals were not always contacted immediately when necessary.

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

- We saw some adaptations had been made to the environment to help people living with dementia orientate around the building. For example, there was adequate signage around the corridors directing people towards communal areas.
- Some people's bedrooms contained additional items on their door to help them find their room, such as pictures or memory boxes containing items relevant to the individual.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- Whilst we observed many good interactions between staff and people, we saw occasions when staff did not always ensure people were supported to express their views. For example, we observed one person to be distressed for long periods of time and no staff responded to assist them. The nurse we spoke with was not sure if anyone was monitoring or responding to these periods of distress. There were no records in this person's care plan to inform staff how to respond and we had to intervene and ask staff assist this person.
- Although most people told us they felt staff were caring one relative said, "They [staff] don't seem to have enough time and are always looking to the next task."
- During SOFI we observed some negative interactions between staff and people using the service. For example, at lunch time we observed one staff member to enter a dining room and shout, "What you all waiting for?" A second staff member was observed to shout out to people across the room regarding what was for lunch which was not dignified. One person asked staff for a cup of tea at the start of their meal and the staff member responded, "Yeah, at the end of the meal."
- No-one was offered condiments, which were out of reach on a separate table. This did not support people's choice.

These issues meant there was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately to the issues we raised, during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were now being immediately dealt with.
- Although the issue of insufficient staffing numbers was seen as a continuing hurdle by a number of people and their relatives, particularly on Winter and Summer Units, responses also indicated they felt staff generally looked to provide a consistently good level of care, wherever possible.

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with confirmed that staff would always knock before asking to enter their rooms. A number of people also expressed gratitude for the dignified approach followed by staff when assisting them to get washed and dressed every day.
- One person told us, "Most of the staff team are very kind and make you feel at ease." A second person said, "They [staff] do try and have a laugh and a joke with you."

- Several people also complimented staff for the way in which they assisted and provided support on a daily basis.

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 good. At this inspection this key question has now deteriorated to 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's care plans were personalised in places. However, others lacked details about people's needs. This meant that staff did not always have the range of information to be able to support people in a personalised way.
- It was apparent the monthly care file reviews had not always identified the issues we identified at this inspection, such as incorrect completion of malnutrition screening tools, pressure ulcer assessments and dietary information.
- Each care file contained a 'resident profile', which included people's name and carer preferences. They included headings such as, things I must have, important things about my life, what I enjoy during the day and how I tell you I need help. Some people and their relatives we spoke with confirmed that care plans were in place and that reviews did take place.

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 files contained a communication care and support plan, which detailed any communication difficulties people had and provided staff with guidance on how best to communicate with the person. For example, 'look for non-verbal cues', 'ask me to slow down' and 'listen carefully to me.'
- A relative commented, "Communication has been very good so far and I have every confidence in staff contacting me if they need to."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives we spoke with indicated they were encouraged by staff to maintain relationships with people and it was clear they were welcome to visit the home anytime, (apart from avoiding meal times if possible). Throughout the two days of inspection relatives and friends were regularly arriving to meet people.
- The provider supported activities within the home. There was a dedicated activities coordinator and four other members of staff supporting the delivery of a full activities schedule.
- All those involved in activities were trained to the same standards as other carers.
- Some people told us their lack of mobility hindered their ability to attend some activities downstairs.
- When speaking to both people and their relatives throughout the inspection it was clear that everyone felt activities were a key element in ensuring people's well-being.

Improving care quality in response to complaints or concerns

- When people were given a copy of the service user guide at the commencement of their residence they were also given a copy of the complaint's procedure.
- People told us they knew how to provide feedback about their experiences of care and the home provided a range of accessible ways to do this, for example through comments and suggestions, formal meetings and the formal complaints process.
- All people and relatives we spoke with were clear about how to raise an issue. Relatives were comfortable in approaching members of staff, or if applicable, going directly to the unit manager, or other available member of staff. All people were satisfied that any complaint would be fully addressed. One person said, "I can't complain, when a carer comes to see me it feels just like you are with a friend."
- We looked at a schedule for meetings with residents in 2018 which indicated several meetings had been scheduled to happen. However, only two meetings had been recorded as taking place. This was in November 2018 when seven people attended, and for a meeting involving the Summer & Autumn Units in August 2018, the attendance information was not included. This meant we could not determine if people had been provided with enough opportunities to make comments and discuss any issues together, and for relevant up to date information about the home to be passed on to them.

End of life care and support

- The quality of end of life (EoL) care records varied across care plans we looked at. However, where people had chosen to be involved, EoL care plans were in place which covered all steps staff needed to take, should a person approach the end of life. There was very detailed, step by step guidance, including how to involve relatives and where to get support for them. A funeral plan was included if a person had one.
- There was a log on each unit of the home of all people who had identified they did not want resuscitating in the event of the potential need to do so. People's care files also contained the appropriate authorisation forms for this. A relative commented, "The home was very considerate in the way in which end of life and funeral arrangements were discussed."

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 good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- It was difficult to establish from the manager exactly what the process for oversight between the home manager and the unit managers was, and to what extent this was being followed; they told us when they arrived at the home a lot of staff were doing different things around quality checks, and that they were trying to ensure systems being followed were in accordance with those identified by the provider. This demonstrated a lack of a consistent and co-ordinated approach to governance within the home, which was further impacted upon by the absence of the registered manager.
- There had been recent management changes within the home. The registered manager had moved to another home which was operated by the same provider and a turnaround manager was overseeing the home during this inspection. A relative commented, "The 'new' manager would do well to introduce [themselves] to relative and friends as soon as possible."
- Many aspects of care were positive. However, at this inspection we identified a number of areas where there was inconsistency of practice and we have identified a number of breaches of regulations in this report. During our inspection we found a lack of co-ordinated leadership, which was impacting on the quality of care provided. However, during the inspection we were reassured that the provider and manager took these issues seriously, and immediately put measures in place to respond to and rectify the issues we found.
- The provider had completed an 'internal inspection' audit in January 2019 and this rated the home overall as requires improvement. Another 'internal inspection' that was undertaken in June 2019 was rated as requires improvement, but with a deterioration on the previous inspection, which showed improvements had not been consistently made.
- At our last inspection of this service there were no breaches of regulations identified. At this inspection we found the quality of auditing and governance had failed to identify and rectify the issues we found, and improvements were required to overall governance systems.
- If quality assurance systems were sufficiently robust, then these concerns would have been found and acted upon prior to the inspection.
- Although the provider had systems in place for analysing and learning from incidents, these had not always been immediately reviewed by the manager to support the delivery of high quality, safe care. This was discussed with the manager and provider, who acknowledged our feedback. Following the inspection, the provider and manager put in steps to ensure they had a thorough analysis of what was happening in the home. An in-depth audit was completed after the inspection and a robust action plan to address the issues

we found was sent to us.

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

- There was some confusion from people we spoke with and their relatives who the manager was and the management hierarchy, and some people thought the activities co-ordinator was the manager.
- People regarded the unit managers as the 'go to' people if any questions had to be raised. However, people also indicated they would approach a member of staff if they had any issues to raise.
- We found no evidence to suggest people were not being informed when something went wrong, which is the requirement of the duty of candour.
- We found the registered manager had not submitted all statutory notifications to CQC as required, for example, the DoLS tracker sheet identified that CQC had not always been informed when a request for an authorisation had been granted by the authorising authority in 2018. We spoke to the manager about this and shortly after the date of the inspection these notifications were submitted to the Commission.

This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The provider responded immediately, during and after the inspection. Shortly after the date of the inspection the provider sent us an updated action plan which identified these issues were now being immediately dealt with.

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

- We received negative responses from staff about the current management arrangements. One staff member said, "Not having someone consistently in charge makes a difference and it's hard as we have had lot of agency nurses." A second staff member said, "I don't think anybody feels supported; recently we've been more supported by an agency nurse than the registered manager."
- We received mixed comments about the management team from people and their relatives. One relative told us, "This used to be a well-run home, but right now staff tell me they are thinking of leaving." A second relative commented, "The carers are good, but I haven't seen much leadership from the top." A third relative said, "The home needs to settle down and become well led again."
- Relatives were keen to tell us they were kept up to date with any relevant information and they all felt this was positive.

Working in partnership with others

- The home worked in partnership with a range of other professionals when the need for this was indicated and people were referred to other specialist services.
- Entertainers and schools visited, and the home worked in partnership with the local authority quality monitoring team and clinical commissioning group, who undertook visits and checks of the service.
- The service worked in partnership with people and their relatives, through seeking and acting on feedback, in order to improve the quality of service provided. During the inspection we received positive comments from people and their relatives about the care provided.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider had failed to ensure that care and treatment of service users was appropriate, met their needs and reflected their preferences.</p> <p>Regulation 9 (1)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure that care and treatment was provided in a safe way for service users.</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: There was no oversight of falls.</p> <p>There was no proper and safe management of medicines. In particular: Advice and guidance was not being followed and there were discrepancies in care records.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure</p>

systems and processes were operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

Regulation 17(1)(2)(a)(b)(c)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: Staff did not receive sufficient and regular supervision.</p> <p>Regulation 18(1)(2)(a)</p>