

Mrs Manny Wragg

Ashlands Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashlands Care Home is a residential care home providing personal care to up to 30 people. The service provides support to older people and people living with dementia in one adapted building. At the time of our inspection there were 19 people using the service.

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

Risks to people in relation to their personal care were not always managed safely. The provider had not ensured there was an up-to-date fire risk assessment and evacuation plan in place. Staff did not feel confident that they could safely evacuate people at night, which put people at risk. The registered manager and provider took immediate action to address this issue during the inspection visit. The service was not consistently well-led. Although the provider had a range of checks and audits in place, these were not always effective at identifying areas which needed improvement.

People were protected from the risk of abuse. Staff understood how to recognise and report concerns or abuse and felt confident to speak up about concerns. People received their prescribed medicines safely. The service was clean and well-maintained in most areas.

Staff knew how to support people safely. Accidents and incidents were documented and analysed regularly to assess trends and patterns. During the day, there were enough staff to keep people safe. Staff were recruited safely. People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination.

People and relatives felt staff had the right training to meet their needs. Staff were able to demonstrate they had the right skills and knowledge to support people safely. People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People were supported by staff to access healthcare services when required.

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.

Since our last inspection, the provider had taken steps to ensure all staff were consistently kind, caring and respectful to people. People and relatives spoke positively about how this had improved. The provider and registered manager had worked with the staff team to ensure that people were involved in developing and reviewing their care plans. People's confidential personal information was stored securely.

Since the last inspection the provider had regularly shared their improvement plans with CQC. From reviewing these and looking at the evidence found on this inspection, we could see progress in all areas of care. The provider now had systems in place to identify when things went wrong. This meant they had

information to improve the service and were working to encourage a culture of continuous improvement. The provider had a refurbishment plan in place for the care home. We could see where improvements had been made, and where work still needed to be done to ensure the environment met people's needs.

Staff spoke positively about the improvements since the last inspection and felt there had been a positive culture change in the whole staff and management team. The provider had started to get feedback from people, relatives, and staff to help drive improvements in the quality of care. This was still a work in progress, and the provider had not had time to fully embed regular and meaningful consultations with everyone.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 31 December 2022) and there were multiple breaches of regulations. At this inspection we found the provider was still in breach of regulations.

This service has been in Special Measures since 8 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to managing risks safely and ensuring robust governance procedures were in place at this inspection.

Please see the action we have told the provider to take at the end of this report.

We recommend the provider consider current guidance and best practice on developing their assessment of staffing levels to meet people's needs.

We recommend the provider consults with people, relatives, and the staff team to try to identify ways to reduce the overall noise level in communal areas.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ashlands Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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

Ashlands Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashlands Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the local clinical commissioning group, and from Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 8 people who used the service and observed how care and support was given generally. We spoke with 4 relatives and 5 staff. We spoke with the deputy manager, registered manager, and the provider. We also spoke with the manager from the provider's other service, who was working with the registered manager at Ashlands Care Home to improve the service. We looked at a range of records including 3 people's care records, how medicines were managed for people, and staff records. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, including records relating to governance and staff training. All the information we requested was provided.

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.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

At our last inspection the provider had failed to assess risks relating to the health, safety, and welfare of people. This was a repeated breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people in relation to their personal care were not always managed safely. The provider had not ensured there was an up-to-date fire risk assessment and evacuation plan in place. The fire risk assessment had not been updated since September 2022, following a visit from the fire service which identified issues with the fire safety arrangements.
- People's personal emergency evacuation plans (PEEP) did not consistently have accurate information about people's current needs relating to support needed to evacuate the building. For example, 1 person's PEEP said they needed the support of 1 staff member to evacuate. Their mobility assessment and care plan said they needed 2 staff. Staff confirmed the person needed 2 staff to safely transfer into a wheelchair. As information in PEEPs was not always accurate, the provider could not be confident their evacuation plan would work to keep people safe.
- Staff did not feel confident that they could safely evacuate people at night, given their level of training, numbers of staff on night shift and the varying levels of support people were assessed as needing. This put people at risk. The registered manager and provider took immediate action to address this issue during the inspection visit.
- We identified that risks associated with 1 person's health were not consistently being managed well. The person was assessed as needing medicines as required to maintain their bowel health. However, the medicines were being given daily, and staff had not raised this with the person's GP. There was no information in the care plan to guide staff on when to contact health professionals for advice in relation to bowel health. Staff took immediate action to address this, and the person did not experience any harm because of the medicines not being given as prescribed.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For all other people's care that we looked at, risks associated with their health conditions were assessed, and care plans had been updated to ensure they were accurate. Staff knew how to support people safely

and felt that the new electronic system for documenting care meant they had quick access to all the information they needed for each person.

- Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped to reduce incidents and make improvements to the care provided to people who used the service. Where any investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.
- The service was clean and well-maintained in most areas. People and relatives commented positively about cleanliness. The management team and staff carried out regular checks to ensure the cleaning schedule for the home was effective. A small number of areas had damaged surfaces, which would prevent effective cleaning. The provider was aware of this, and refurbishment of those areas was in progress.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider was admitting people safely to the service, and the provider was accessing testing for people using the service and staff. Staff used personal protective equipment effectively and received training and spot-checks on this. We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to keep people safe and meet their assessed needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The provider could not assure themselves that there were sufficient staff to keep people safe at night. For example, there was no evidence to demonstrate that there were enough staff at night to be able to evacuate people in the event of an emergency. We discussed this with the registered manager, who took immediate action to address this.
- The provider's dependency tool, used to help calculate staffing levels, focused on task-based care. It did not consider people's emotional or social support needs. We discussed this with the registered manager, who agreed that the dependency information should be a starting point to decide on safe staffing levels, and that further work was needed to improve this.

We recommend the provider consider current guidance and best practice on developing their assessment of staffing levels to meet people's needs.

- During the day, there were enough staff to keep people safe. People and relatives told us there were enough staff available to meet their needs. We saw during the inspection visit that people were supported by enough staff during the day. This included when people needed support or reassurance or wanted to participate in an activity.

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Staff told us the provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. Additional evidence from the provider confirmed this. Where staff had been

employed for a long time, the provider was carrying out additional checks and risk assessments to ensure those staff continued to be suitable to care for people. The provider ensured staff were of good character and were fit to carry out their work.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were kept safe from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People were protected from the risk of abuse and told us they felt safe living at Ashlands Care Home. One relative said, "My [family member] is safe here and I have never had to worry about them."
- Staff understood how to recognise and report concerns or abuse and felt confident to speak up about concerns. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and externally.
- The registered manager reported any allegations of abuse to the local authority safeguarding team. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.
- The provider now had processes in place to incorporate any safeguarding recommendations into people's care planning to reduce risk of further abuse.

Using medicines safely

- People received their prescribed medicines safely. Medicines were managed and stored safely. There was a system in place to ensure people were offered their medication as prescribed. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered, and disposed of in accordance with current guidance and legislation.
- Overall, people received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.
- Where medicine checks identified any issues, these were dealt with quickly and used as an opportunity to learn lessons and improve.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to consistently assess and deliver person centred care, and people were at risk of discrimination. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of skin breakdown or dehydration and malnutrition. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.
- Assessments had been completed prior to people moving into the home. People's assessed needs in relation to their personal care were established and associated risk assessments and care plans developed. This ensured staff had key information to help them support people in line with nationally recognised guidance.
- The registered manager and staff team were developing people's care plans further with them to ensure staff knew their needs in relation to protected characteristics. This work was in progress and was being done with people as much as possible, and where appropriate, involving relatives. For example, where people had needs in relation to their age, disability or religion and beliefs. This information was then used to ensure people received personal care and support that was not discriminatory.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the appropriate skills and experience to provide safe care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Not all staff had completed the training the provider said was mandatory. However, we noted that some of those staff had recently been employed and had completed previous relevant training with their previous care home employer. Staff were able to demonstrate to us they had the right skills and knowledge to support people safely. The registered manager confirmed there was a plan to ensure all staff completed mandatory training.
- People and relatives felt staff got the right training to meet their needs. Staff we spoke with demonstrated knowledge of people's needs and how they preferred to be supported.

- Staff described the induction they had, and said it was good. Induction included training, shadowing more experienced staff, and being introduced to people before providing their care and support.
- Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Staff also said they had checks on their skills to ensure they provided consistently good care. Records we looked at supported this. Staff spoke positively about the provider's new electronic records system. One staff member said, "The electronic system is much better than paper. We've got all the information we need on us. It makes our jobs easier and gives us time to actually spend with people. This is so much better."
- The provider ensured there was regular daily communication between staff and management so key information about people's needs and the running of the service was shared.

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

At our last inspection the provider had not ensured people consistently had access to a balanced diet that met their assessed needs and preferences.

This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- Staff assessed people's food and fluid needs using nationally recognised guidance and developed care plans that staff were familiar with. The service followed the advice of health professionals to ensure people received the correct supplements and diet if they were assessed as needing this.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or required special diets, for example, fortified diets or appropriately textured food and thickened drinks.
- The registered manager and staff team had taken action to improve people's dining experience. We saw people were supported to eat in a calm environment, with enough staff present to give assistance if needed.

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

At our last inspection the provider had failed to ensure they were keeping accurate records in relation to people's personal care and people were placed at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made to this section of the regulation and the provider was no longer in breach of this part of the regulation.

- The registered manager was working to ensure they had up to date information about people's current health conditions. This was a work in progress and would ensure that all staff had the right information to support and monitor people's health and well-being.
- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this.
- Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and detailed what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and

ensure they accessed health and social care services when required.

- The provider had simplified their recording systems, which helped to ensure staff had easier access to all the relevant information they needed in relation to people's healthcare appointments and professional advice. This enabled the registered manager to have better oversight of how people's health and social care needs were being met and meant they could take prompt action if people needed to get professional advice.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure people's consent to care and restrictions had not been sought. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The provider had taken action to ensure that staff understood the principles of the MCA. Staff spoke with us about how they supported people to make their own decisions about their daily lives as much as possible. Where people lacked capacity to make specific decisions about their care, staff knew how to ensure care was provided in the least restrictive way possible.
- Mental capacity assessments were being reviewed and updated to ensure they followed the MCA Code of Practice.
- The provider had taken steps to ensure they were following the principles of the MCA and DoLS for people who were potentially being deprived of their liberty. This included making sure any restrictions in people's care were assessed as being proportionate and lawful.

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

- The provider had a refurbishment plan in place for the care home. We could see where improvements had been made, and where work still needed to be done to ensure the environment met people's needs. For example, clear signs indicating bedrooms, bathrooms and toilets were now in place.
- We noted that the open layout of the dining room and lounge areas could make the level of noise seem louder. For example, if the television in each lounge was on and an activity was taking place, we saw it was harder for some people to hear others speak with them. This meant some people had difficulty following the individual activity they wished to be part of.

We recommend the provider consults with people, relatives, and the staff team to try to identify ways to reduce the overall noise level in communal areas.

- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. There were also adaptations for people with mobility needs, for example, handrails in corridors and bathrooms.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. 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

At our last inspection the provider had failed to ensure people's dignity and respect was maintained. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Since our last inspection, the provider had taken steps to ensure all staff were consistently kind, caring and respectful to people.
- People and relatives spoke positively about how staff's approach towards people's care had improved. One person said, "When I do need help, the staff are kind and patient with me." A relative said, "I know they [my family member] are safe and well looked after. I have seen recent improvements that give me peace of mind."
- We saw people being supported by staff who treated people in a respectful and dignified way and helped them with patience and kindness. For example, when 1 person was being supported using hoisting equipment, staff ensured the person knew exactly what was happening and took steps to ensure their clothing was adjusted discreetly to maintain their dignity throughout.
- Staff ensured people's privacy and dignity were respected. For example, staff knocked on people's bedroom doors before entering and waited for each person's response. We saw staff closing doors to ensure personal care was done in private. Staff had a good understanding of dignity in care and had training in this.
- As far as possible, people's preferences for male or female care staff to support them with intimate personal care was respected. One staff member said they felt they now had more time to support people with their social and emotional needs, and not just be focused on the physical aspects of personal care. They described how this benefitted 1 person in particular in terms of helping reduce anxiety and making the person feel like they really mattered.
- People were asked how they wished to be addressed. For example, whether they preferred staff to use their first names or another name they preferred. People's preferences for this were recorded in care plans so all staff knew how to address people the way they wanted.

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

At our last inspection the provider had failed to ensure people were involved in making decisions about their personal care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider

was no longer in breach of this regulation.

- The provider and registered manager had worked with the staff team to ensure that people were involved in developing and reviewing their care plans. This included ensuring that people and, where appropriate, relatives were given time to express views about care and support.
- Staff were also working to improve how they used communication aids with people who needed additional support to express themselves. For example, using easy read or pictures to help people understand what personal care they needed and say what they wanted.
- We reviewed a range of care plans and could see where people had been involved in these. This meant each person's care plan was much more detailed with clear guidance on how staff should support people in ways they preferred.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure information about people's health needs was kept confidentially and this compromised their right to privacy and dignity. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People's confidential personal information was stored securely.
- Staff ensured that any conversations about people's care were held discreetly. Staff understood when it was appropriate to share information about people's care.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed 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; 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 our last inspection the provider had failed to ensure robust governance procedures were in place. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. Although the provider had a range of checks and audits in place, these were not always effective at identifying areas which needed improvement.
- For example, information relating to people's health and personal care needs was not always recorded accurately. 2 people's records we reviewed had inconsistent information about their assessed needs. This had not been identified during any checks and audits. This meant the provider could not be assured people would receive the right level of care.
- Audits of the safety of the building environment had not identified that the fire risk assessment was out of date. Inaccurate information about the level of support people needed put them at risk of not receiving the assistance they needed to safely evacuate the building. The audit process was not sufficiently robust to identify where improvements needed to be made that were essential for people's safety.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a plan arising from audits to show what action was required and who was going to do it. Since the last inspection the provider had regularly shared their improvement plans with CQC. From reviewing these and looking at the evidence found on this inspection, we could see progress in most areas of care.
- For example, there were now enough staff during the day shift to provide safe care. More staff meant people received care and support that met both their physical needs and social and emotional needs. Staff said they felt able to take time to enjoy caring for people and support them in doing activities they found fun and meaningful.
- The provider notified CQC of significant events as they are legally required to do. This meant the provider was informing us about events that occurred in the service which assist us to monitor the quality of care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their

website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to learn from previous inspections and audits, people were placed at risk of harm. This was a continued breach of part of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this part of the regulation.

- The provider had taken action to ensure many issues highlighted in previous inspections were addressed.
- The provider now had systems in place to identify when things went wrong. This meant they had information to improve the service and were working to encourage a culture of continuous improvement.
- The provider gathered and used information about people's personal care such as completing care plan reviews, monitoring safeguarding incidents and accident data and seeking the views of people and relatives to learn and improve the care provided to people.
- Poor record keeping was identified as an issue at the last inspection. This had improved, and the provider had successfully introduced electronic record keeping. Staff said this enabled them to have quick access to the most up to date information about people's care needs.
- Feedback from a range of sources, including the local authority's quality monitoring audits was now included in the provider action plan. This meant the provider was using a wide range of sources of information to help them plan improvements to the quality of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were positive about the changes that had been made since the last inspection. They described how personal care had got better for people and felt confident the service would continue to improve.
- Staff told us they now felt well supported to carry out their roles. They spoke positively about the improvements since the last inspection and felt there had been a positive culture change in the whole staff and management team. Staff were enthusiastic about the impact this had on people, including the increased amount of time they had to spend with people providing personal care and emotional support. Staff acknowledged there was still work to do to improve people's experience of care, but felt they were all working as a team to achieve this.
- Staff also said they felt able to give ideas for improvement. One staff said, "I'm 100% confident I get the support needed to do the job. I can make suggestions for changes or raise concerns and they [management team] back me." Another staff member said, "It's a pleasure to come to work now."
- The provider had started to get feedback from people, relatives, and staff to help drive improvements in the quality of care. This was still a work in progress, and the provider had not had time to fully embed regular and meaningful consultations with everyone.

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 Risks to people in relation to their personal care were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service was not consistently well-led. Although the provider had a range of checks and audits in place, these were not always effective at identifying areas which needed improvement.