Warrenheath Residential Home Limited

Warren Heath Residential Home Limited

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Warren Heath Residential Home Limited is a residential care home providing accommodation and personal care to up to 18 people. The service provides support to older people. At the time of our inspection there were 16 people using the service, some people were living with dementia. The service is two neighbouring buildings which have been adapted in to one care home.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The registered manager told us they were aware of Right support, right care and right culture.

Right Support: People were not 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; the policies and systems in the service did not support this practice.

People's care records did identify how people made choices in their daily living. However, where people lacked capacity, there was limited information in their care records relating to how best interest decisions were made and who was involved.

Right Care: People's care records were inconsistent, not always complete and did not always show how their individual needs were met or how risks were assessed and mitigated. We were not assured that people's dignity was always considered and respected.

Right Culture: People were included in decisions about their care in regular meetings. We observed staff were caring and interacted with people in a respectful way.

We were concerned that the provider and registered manager's monitoring system were not robust enough to independently identify shortfalls and address them. The systems for governance and audits were poor. This had been picked up in previous inspections and the provider had made improvements, but not sustained them. The provider had not maintained standards to ensure consistent ratings of good were sustained.

The service did not have effective infection, prevention and control measures to keep people safe in a clean and hygienic environment. The environment and equipment required updating and some replacing, such as

commodes which could not be or were not effectively cleaned.

The systems to measure the numbers of staff required to meet people's needs were not robust. We were not assured that staff were always receiving training and were competent, this was because the systems for recording staff training, included training for staff on dates they had not been working in the service.

People had access to their medicines when needed. We had received concerns about how the service reported and responded to safeguarding prior to our inspection. This had been addressed by the registered manager.

People had access to health professionals, however, this was not always consistently recorded and gave a clear picture of for example, who required support from a dietician. People had enough to eat and drink.

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 8 March 2019).

Why we inspected
The inspection was prompted in part due to concerns received about safe care and treatment. A decision was made for us to inspect and examine those risks.

We received concerns in relation to how incidents had been managed relating to the safety of people using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 good to inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warren Health Residential Home Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, staff training and governance at this inspection. We have made a recommendation in relation how the provider maintains records relating to people's capacity to make decisions.

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

We have served a warning notice for the breaches of regulation relating to safe care and treatment and governance. The notice identifies the date that the improvements must be made by the provider.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Warren Heath Residential Home Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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
This inspection was undertaken by one inspector.

Service and service type
Warren Heath Residential 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. Warren Heath Residential 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, who was also a director for the

provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 26 October 2022 and ended on 11 November 2022. We visited the service on 26 October 2022.

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 and professionals who work with the service. 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
The registered manager was not present during our inspection, a member of the care staff team supported the inspection, we spoke with a further one care staff member. We spoke with four people who used the service and observed the interactions between staff and people using the service.

We reviewed the systems for the storage, recording, administration and safe management of medicines. We reviewed a range of records including three staff recruitment files, staffing rota, meeting minutes and health and safety certificates and checks.

Due to the registered manager not being present, not all of the records we requested could be located, in addition the care planning documents were on a computerised system. To reduce any disruption, we agreed to ask for records to be sent to us so we could review them remotely. We received the care records and risk assessments for three people who used the service, training records and records associated with the governance of the service including audits. However, not all the information requested was sent to us, including evidence of staff supervision, falls and incidents and accidents analysis. We spoke with eight people's relatives and two care staff members on the telephone.

On 9 November 2022 we fed back our findings to the registered manager and other director for the provider via a video call. Following our feedback, we received further documents relating to governance on 11 November 2022.

Inadequate

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 good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- The systems in place for assessing and mitigating risk were not robust enough to ensure people were protected from avoidable harm. People's care records included risk assessments; however, they did not always include guidance for staff in how risks were being reduced.
- Risks, including those associated with personal evacuation plans and nutritional assessments had not been fully assessed and the provider could not evidence that regular reviews had taken place
- During our inspection visit we saw several items of toiletries in shared bathrooms. This was a risk of people accidently accessing these and, for example, drinking them. The provider had not identified this as a risk.
- We asked for and were not provided with risk assessment to show how the risks associated with the use of chicken wire in the garden were assessed and mitigated, in case a person fell onto it. During our inspection feedback, the registered manager told us the chicken wire had been removed. Therefore, we were not assured prior to our inspection, these risks had been assessed and systems in place to reduce them.
- The systems to reduce the risks of pressure ulcers developing and/or wounds were not robust. One person's daily care notes referred to a wound, but this was not identified in the care plan or risk assessments. Body maps were not completed to show where any existing scars and new wounds or bruises had been identified.

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 breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records of fire safety checks were undertaken.
- The registered manager told us during our feedback that the metal skirting board in the shared lounge which was coming away from the wall leaving open sharp edges which was a risk to people had now been clipped into place and was made safe. They told us toiletries had been removed from shared bathrooms.
- During our inspection, we asked for, and were not provided with, risk assessment to show how the risks associated with the use of two sets of stairs in the home had been assessed and mitigated. During our feedback on 9 November 2022, the registered manager explained how they had considered risks, but this had not been recorded in a risk assessment. On 11 November 2022, the registered manager sent us a risk assessment for the use of the stairs however this was not robust enough.

Learning lessons when things go wrong

- We could not be assured that falls and incidents and accidents were analysed to reduce the risk of reoccurrence. At the time of our inspection, the provider could not evidence an accurate and complete analysis if falls and incident and accidents had taken place.

● We received a slips, trips and falls checklist, but these did not identify how many falls had taken place and which people were involved. There was no date of completion nor who had completed it. Therefore, it was not clear what it was used for and if it was current.

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 breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There had been incidents prior to our inspection relating to safeguarding. For these incidents the registered manager had completed lessons learned records and we saw these were disseminated to the staff in their meetings.

Preventing and controlling infection
● The service did not have effective infection, prevention and control measures in place to keep people safe in a clean and hygienic environment. The service was dusty and there were cobwebs, such as on and around the shared lounge fireplace. Some armchairs and walls had marks of what appeared to be splashes of drinks and food on them.
● There were several pressure cushions where the covering was split and cracked, preventing effective cleaning. There was a cushion at the side of a chair with a half-eaten sweet stuck on it. One person's quilt cover was stained.
● The commode pots were mostly clean; the frames and lids were not. There were metal type commodes with wheels, all of which needed cleaning, the frames and wheel areas were dirty and some rusted. Other commodes were wooden and fabric, which did not allow for thorough cleaning. A commode in the shower room was rusty at the bottom, one of the legs had corroded so much it left a pointed edge. It was standing on small plastic items, a staff member told us this was to prevent it staining the shower floor.
● The taps and several plugholes had not been effectively cleaned, there was a black substance around the plug holes and base of the taps. A sink in one person's bedroom, a vanity section above a sink in another person's bedroom and a shared bathroom bath panel was cracked, which was a risk of bacteria developing. The sealant around sinks and baths had a black substance and they were coming away from the area, which reduced effective cleaning.
● The refrigerator in the kitchen had a broken door shelf which was held together by tape, the edges of the tape were not clean and peeling, which was a risk of contamination and would not allow effective cleaning. The rubber sealant to the door was deteriorating.
● Some of the radiator covers were of a cage type, which were rusted, and the white covering worn away, which did not support effective cleaning, in addition the radiators underneath were dusty.
● A cleaning audit completed 1 October 2022, had failed to identify all of the shortfalls. Most sections of the audit had recorded 'Y' for yes indicating compliance, some actions were identified as, "refresh," and, "continue to monitor," but the specific issues were not identified.
● We asked for cleaning schedules which were not provided. Therefore, we could not be assured there were systems to ensure the home was cleaned appropriately.
● We did see documentation in the kitchen which indicated when it had been cleaned. However, these were not always effective. Not all the of the tea and coffee canisters had lids and were not clean and hygienic. One had the hardened remnants of sugar at the bottom.

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 breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We saw staff wore PPE as required.
● During feedback, the registered manager told us they had ordered new pressure cushions and commodes and cleaning of the service had taken place.

Visiting in care homes
● People told us they had visits from their family members. This was confirmed by the majority of relatives spoken with. However, one relative told us they were not always being kept up to date with the visiting arrangements, were not always provided with a private area for visits and were asked to provide negative tests, which was not in line with current guidance.

Staffing and recruitment
● We asked the registered manager to send us evidence of how they assessed the staffing numbers required to meet people's needs. We received a dependency tool which had a date of review of 10 October 2015, we were not assured this had been kept up to date and considered the current needs of the people using the service.
● During our inspection visit, a staff member told us there were two staff working overnight, this was confirmed in the rota and by the registered manager during feedback. However, the dependency tool stated three staff were needed, so was therefore not being followed and/or was not being kept updated.
● During our inspection visit, we were told there was one domestic staff member who worked four days. We found this had not been sufficient because the service was not clean and hygienic. During feedback, the registered manager told us they were going to recruit a further domestic staff member.
● Call bell audits did not identify that monitoring of call bell response times were being undertaken to allow the provider to assess if the staffing levels were sufficient, for example at night, as most people were in the shared areas during the day.
● During our visit we saw that staff were attentive to people's needs and requests for assistance were responded to promptly.
● We reviewed the recruitment records of three staff members and found checks were undertaken such as Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● Prior to our inspection we had received concerns that the provider had not always raised safeguarding referrals to the local authority, where required. The local authority safeguarding team are responsible for investigating concerns of abuse. Where safeguarding incidents had happened, the provider worked with the local authority to make improvements.
● During our inspection we observed there was guidance posted in the service for staff in how safeguarding issues should be reported.
● Staff training records showed staff had been provided with training in safeguarding. However, discussions with one staff member did not show they were fully aware of how they should report any concerns of abuse, stating they would report it, "To the manager." The registered manager told us they would check the understanding of staff regarding reporting safeguarding concerns.

Using medicines safely
● Guidance was not consistently in place for staff to administer medicines on a when prescribed basis (PRN). Guidance is needed for staff to ensure medicines are administered safely and appropriately. The registered manager had sent us protocols, but it was not clear which person using the service they related to.

● Medicines were kept safely, and records showed people received their medicines when needed.
● Records reviewed and feedback from staff showed those responsible for administering medicines were trained and had their competency assessed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they were provided with the training they needed to meet people's needs. However, we were not assured records accurately reflected training provided and what was required. This was due to the list of training included identical dates for training for staff, despite some of the staff not working in the service when the training took place.
- For example, one staff member had started working in the service in May 2022, the training records showed they had received some training in July 2021, September 2021 and February 2022. The training listed was the same for other staff including one who started in June 2022 and another in December 2021. There were certificates in their personnel files which did not correspond wholly with the training matrix.
- The training matrix showed 16 staff, 14 had completed the Care Certificate in December 2016, one in March 2017 and one in September 2022. This again included staff who had started working in the service after these dates. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Prior to our inspection, we had received concerns regarding the observed unsafe moving and handling techniques used by staff. Staff were provided with training in August 2022 following this concern. During our inspection we saw staff support people safely. However, we were concerned that the training prior to this had been ineffective and not monitored due to the inappropriate techniques being demonstrated in front of other professionals.
- There were competency assessments in place relating to medicines administration, but there were none completed for other staff activity, including moving and handling and infection control. Therefore, the provider could not be assured that training was being understood and used in practice.

Systems had not been established to provide, monitor and assess the training provision to staff. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed three staff member's personnel files, there was no record of one to one supervision or any probation reports or meetings. These provide staff with a forum to discuss their work, receive feedback and identify any training needs. Staff did tell us they received one to one supervision with the registered manager. During our inspection, we asked for and did not receive a record of supervisions undertaken. However, following our feedback on 9 November 2022, we received a document with listed dates for staff supervision on 11 November 2022.

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

● People's daily records showed what they had to eat and drink each day. However, there was no target in people's care plans for the amount of fluid required and actions if people had low intake. The food and fluid audits did not identify people at risk, nor the specific checks undertaken.

● People's care plans were inconsistent regarding the support people required to eat and drink. We were not assured the records were up to date, for example one person's records stated they ate their meals in their chair on a side table, would not sit at the dining room table and they did not need assistance to eat. However, during our visit, this person was sitting at the dining room table and a staff member was assisting them to eat their desert. Another person's records stated in one part they did not need assistance with their meals in another part it stated they needed their food cutting up.

● Some records relating to people's dietary needs were not always fully completed. For example, one person's nutritional assessment did not identify if assistance was needed and the food texture and fluid consistency needs were not completed. One person's nutritional assessment categorised them as obese, which was not correct according to the guidance and body mass index (BMI) score.

● During our inspection visit we saw people had access to choices of meals, snacks and drinks. People told us they got enough to eat and drink. One person chose fresh fruit for their desert and told us, "I always have the fruit I like to be healthy." Lunch time was calm, and staff provided assistance where required, however, the three televisions continued to be on providing a lot of background noise. We saw photographs of meals to assist people to make choices, staff also took choices of dessert to people so they could look and decide what they wanted.

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

● Prior to our inspection we had received information regarding a delay in seeking health care support for a person. We were provided with a document from the service which showed lessons had been learned and timely referrals would be made.

● We saw beds which had two mattresses on them, with folded items such as bedding and towels at the feet end between the two mattresses. A staff member told us this was to ensure people's feet were raised. We were not assured this makeshift system had been approved by other professionals as safe and meeting the individual's needs, by for example, an occupational therapist.

● We reviewed three people's care records, two included routine checks on their weight, however, the third had no record of weight checks at all, despite it being stated in their malnutrition universal screening tool they had lost 8.42kg in the past six months. The weights audit did not identify who was at risk of weight loss and, for example, any people requiring support of the dietician or speech and language therapist. We asked a staff member how many people were supported by a dietician, they told us one person used to be, but they were not sure if they still were.

● People told us they could see a doctor when they needed to, which was confirmed by people's relatives. A staff member told us they received regular support and weekly rounds from the GP surgery.

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

● People's bedrooms on the first floor held a photograph and their name to assist them to locate their bedrooms independently. A staff member told us they were also on the ground floor but may have been removed by people using the service.

● People were not provided with a well-maintained home to live in. For example, in the shared areas, paint was chipped from wooden areas, in one person's bedroom the handles to their drawers were broken, in another person's bedroom the drawer on their divan bed was broken and the fabric on the base worn away, another person's quilt cover was torn, a seat of one of the two chair lifts was torn.

● People's continence pads were on display in their bedrooms, which did not respect their privacy and

dignity. One bedroom had three cardboard boxes of pads piled on top of each other.
● There was a large garden which people could access, one person said, "I like to go outside when it is warm."

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

● We were not assured mental capacity assessments were being kept up to date and under review. However, the provider had made DoLS referrals, where required.
● The three people's care records reviewed, had their consent to care, consent to sharing information with other professionals and consent to being photographed signed by the registered manager following our inspection visit. The registered manager told us consent records were also kept in people's paper files, however, during our visit we saw two of these files and the consent forms had not been signed.
● One of the people's care records reviewed showed they lacked capacity to make their own decisions. There were no records of any best interest meetings or detailed information about who should be involved in any decisions made in their best interests.
● There was no reference in people's records to show they had consented to the use of pressure mats, which were used to alert staff if they independently mobilised. One person's records, who had been assessed as having capacity, stated staff were to ensure they did not have access to sharp implements for their safety, however, there was no reference to how this would be actioned or had been discussed with the person.

We recommend the provider maintains up to date records of people's best interest decisions and consent for their care and treatment.

● We did see staff asking for people's consent before providing any assistance, such as during lunch and people confirmed the staff asked for their permission before providing any care and support. People's care records did provide guidance for staff in gaining people's consent and asking for their choices before providing any support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Two relatives told us their family members needs were assessed prior to them moving into the service, and they, the person and other professionals were asked for their input.
● People's records held initial assessments which were used to inform care plans.
● Policies reviewed included good practice guidance, including National Institute for Health and Care Excellence (NICE).

Inadequate

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 good. At this inspection the rating has changed 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

- The provider and registered manager have failed to maintain and sustain the rating of good. We have found, where the provider had made improvements they have not been sustained. At our inspection in January 2015 the service was rated inadequate, improvements had been made and the service was rated good in November 2015. Our inspection in February 2018 rated the service requires improvement and improvements made rating the service good in our last inspection in 2019. At this inspection, improvements had not been sustained.
- There were breaches of regulation relating to the governance and auditing systems in place at our inspections of January 2015 and February 2018. Although improvements were made in the following inspections, we have again, at this inspection identified concerns relating to governance systems.
- During this inspection we reviewed audits and monitoring systems. We found they were poor, and they had failed to independently identify and address all of the shortfalls we had noted. The governance systems failed to identify ongoing development of the service and how incidents were used to drive improvement.
- Following our feedback, we received some undated audits from the registered manager, such as a pressure ulcer audit which identified people at risk of developing pressure ulcers, however the actions to reduce the risks were poor and for the majority of people they stated, "Daily skin assessment." There was no reference to, for example, creams or equipment used.
- The provider's improvement plan consisted of a list of items, none had the estimated date of completion, except for two points which stated by January 2023, or who was responsible for addressing them. The document lacked detail of what the issues were and how they were to be improved, four items on the list had recorded 'done' by the side of them, these did not indicate when. The improvement plan failed to identify all of the shortfalls noted in this inspection.
- There were inconsistencies in people's care plans, and some were not fully completed, which was a risk of people receiving inappropriate care. For example, one person's care plan stated they were independent with their oral care, however, the care plan then explained how to support the person including brushing their gums and removing dentures. One person's care plan stated they used a walking frame to mobilise in one part, then stated in another part they used a wheelchair. One person's records identified their spiritual observance, then in another part stated they did not have a belief.
- The care plan audit in place did not identify which care records had been reviewed and actions were that the care plans were to be updated and changed as required. They had not identified any shortfalls or improvements. This was also the case for other audits which were not detailed and failed to identify where

improvements were needed.
● During our visit, we saw there were continence sheets on the floor under some commodes and one person had one underneath their chair in the communal lounge. This practice was undignified and had not been identified as such by the registered manager.
● We were concerned about the understanding of the registered manager relating to shortfalls identified. For example, we had asked for the risk assessment relating to the use of chicken wire in the garden to show how risks had been considered and reduced. In response, the chicken wire had been removed. We raised that people's continence pads were on show in their bedrooms and suggested these could be stored to be more dignified. To address this the registered manager said they would order less.

Governance 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 breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite the shortfalls identified during our inspection, we observed that staff interacted with people in a caring way, which was confirmed by people using the service and relatives. People told us they were happy living in the service. Staff knew people well, which was evident in the interactions observed during our inspection visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We saw satisfaction surveys had been completed by people's relatives. However, there was no analysis provided of these which showed any actions taken as a result of comments. There was a notice posted in the service which was entitled 'you said, we did,' which stated that ramps were in place to be more accessible and equipment to support people to have remote contact with their families. However, this was not dated.
● We saw an email sent to a relative asking them to complete the survey which asked them to say nice things about them. This was also confirmed by a relative we received feedback from when they were asked for their permission for us to call them. This negates the process for asking for feedback of the service.
● We saw minutes of meetings attended by people using the service. These showed people discussed the service, were updated with any changes and talked about their preferences such as activities and what they enjoyed. In these meetings people were reminded of the complaints procedure and how they would be addressed to improve.
● Staff meeting minutes evidenced they were kept up to date with changes in the service and were advised of their roles and responsibilities.
● The majority of relatives told us they were kept updated about their family member's wellbeing and felt confident if they raised concerns they would be addressed. However, one relative told us when they called for information about their family member's wellbeing, they were told everything was fine, rather than what they had been doing and if they were well.

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 a duty of candour policy in place and the registered manager was able to explain when it had been implemented, for example for recent incidents.

Working in partnership with others
● We received feedback from stakeholders which showed the registered manager and provider worked with them and accepted support offered.

- People were supported to access the local community, such as walks out and to the local shops.

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 18 HSCA RA Regulations 2014 Staffing Systems had not been established to provide, monitor and assess the training provision to staff. This placed people at risk of harm.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 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.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance 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.

The enforcement action we took:

Warning notice