

Ingham Healthcare Limited

# Ingham Old Hall Care Home

## Inspection report

Sea Palling Road  
Ingham  
Norwich  
Norfolk  
NR12 0TW

Date of inspection visit:  
06 November 2019

Date of publication:  
28 November 2019

Tel: 01692580257

Website: [www.inghamoldhall.co.uk](http://www.inghamoldhall.co.uk)

## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Ingham Old Hall is a residential care home providing personal and nursing care. At the time of the inspection, care was being provided to 12 people aged 65 and over who live with dementia. The service can support up to 25 people. Accommodation is over two floors of an adapted period building.

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

Although the provider had made some improvements since our last inspection, we continued to have concerns about their ability to provide a consistently safe and high-quality service. Progress had been slow in making improvements and continued concerns were found at this inspection. Our concerns were increased as issues were ongoing even though there were a low number of people living at Ingham Old Hall.

Previous enforcement had been taken at this service which had resulted in conditions being placed on the provider's registration. This meant focussed action plans were to be submitted to CQC each month to demonstrate what actions the provider planned to take to drive improvement. These had been submitted as required but had failed to consistently cover the areas of concern as specified in our enforcement action.

Risks had not been consistently identified and mitigated and this put people at risk of harm. For example, a fire escape had not been identified as a potential risk and the risks associated with people choking had not been regularly reviewed. Medicines management was unsafe and did not follow good practice guidance. People had not consistently received their medicines as prescribed and, for one person who used the service, this had resulted in an increase in their symptoms associated with a medical condition. The audits the service had in place to assess risks and medicines management had failed to identify and rectify the concerns found.

Improvements had been made to the environment since our last inspection and refurbishment continued. This had benefitted those living at Ingham Old Hall although the age and structure of the building limited people's ability to easily orientate around the home. However, we found the home visibly clean throughout with no malodours. People's rooms were personalised to their taste and preferences.

People received person-centred care in most aspects of their lives although improvements were required in how the service meets people's individual leisure needs. Care plans were individualised, full of person-centre detail and accurate. They had been regularly reviewed and people and their relatives had been involved in their development. 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.

People told us their needs were met by staff who were kind, knowledgeable and well trained. They spoke positively about the staff's abilities and had confidence in them. People were treated with respect and their dignity maintained which made them feel valued. Staff spoke respectfully about the people they supported

and knew them well having after having developed meaningful relationships with them.

Systems in place ensured staff were recruited safely and the training and support they received meant they had the skills to perform their roles. They demonstrated an increase in knowledge since our last inspection and morale and team work had improved. They told us they felt well supported by a registered manager who was approachable and available.

People's nutritional and healthcare needs were met, and the service worked in partnership with other professionals to ensure appropriate care was delivered. People were protected from the risk of abuse and infection as the systems in place reduced these risks. A complaints policy was in place although most people did not feel the need to raise any concerns. Where people had raised concerns, they told us the service was responsive and proactive.

We received positive feedback from people who used the service and their relatives. People told us they were happy living at Ingham Old Hall and with the care provided. They acknowledged the recent improvements at the service and explained how this had positively impacted on them. One relative explained how the service was much more vigilant now whilst another attributed the improvements to the approach and hard work of the registered manager. Staff agreed that the service had improved and told us the positive impact this had had on those people that used the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was Inadequate (report published on 21 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The provider was also submitting monthly action plans in response to conditions applied to their registration following a previous inspection. Although some improvements were noted at this inspection, enough had not been made and the provider was still in breach of regulations

This service has been in Special Measures since November 2018. During this inspection the provider demonstrated that some 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. Conditions imposed on the provider's registration in November 2018 will be removed due to the improvements made.

#### Why we inspected

This was a planned inspection based on the previous rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ingham Old Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safe care and treatment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 request an action plan to understand what they will do to improve the standards of quality and safety. 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 caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Ingham Old Hall 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ingham Old Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, compliance manager, two senior care assistants and one care assistant.

We reviewed a range of records. This included seven people's care records and the medication records for 11 people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and additional evidence the provider supplied. We spoke with a further two relatives.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. However, this still 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

At our last inspection the provider had failed to robustly assess and manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made since our last inspection, not enough had been achieved and the provider remained in breach of this regulation.

- The service had not done all that was reasonably practicable to minimise the risks to people.
- One person who used the service required their food to be administered via a teaspoon, as advised by a health professional, to help minimise the risk of choking. Our observations on the inspection showed this recommendation had not been followed. This put the person at risk.
- The same service user required a specialist cushion, as advised by a health professional, to help maintain healthy skin. The person was seen not to have this in place during the inspection. This put the person at risk of skin breakdown.
- For another person who used the service, staff had failed to accurately and promptly assess the risk of choking putting them at risk. For example, the service's risk assessment indicated that chest infections were a risk factor and should be considered. The service user had experienced two chest infections in the past eight months and the risk assessment had failed to identify and account for this.
- The first-floor bedroom of a person who used the service contained a fire exit that was accessible and opened onto a metal balcony and steep steps that gave access to the open grounds. The service had failed to identify that this posed a risk to not only the person whose bedroom contained this exit but other people who used the service.

The above concerns constituted a continued breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home is a period building with several areas that are not fit for purpose. During our inspection we found all except one of these areas to be adequately secured. However, one door was found unlocked that led to a steep and dark staircase that would pose a risk to people should they access it. We brought this to the attention of the registered manager who immediately secured the door.
- Measures were in place to manage the risks associated with the premises, working practices, equipment

and adverse events such as loss of power. However, the fire risk assessment had not been reviewed within the last year although one had begun. This had been mitigated to some extent by the regular maintenance checks taking place on the fire detection system.

### Using medicines safely

At our last inspection the provider had failed to have safe and proper systems in place to manage medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Little improvement had been made to medicines management since our last inspection and the provider remained in breach of this regulation.

- Medicines were not being managed safely in the home.
- Gaps and numerical discrepancies on the Medicine Administration Record (MAR) charts for oral medicines indicated people were not always receiving their medicines as prescribed. For example, for one person prescribed an inhaler for asthma, our check indicated that the medicine had not been given as prescribed. Records also showed that the person had recently suffered worsening asthma needing further treatment.
- When medicines were changed by prescribers, staff did not always follow safe recording procedures to ensure correct doses were given.
- Information about people's known allergies and medicines sensitivities were sometimes inconsistently recorded which could have led to them receiving these medicines in error.
- There was guidance to help staff give people their medicines prescribed on a when required basis for some, but not all, medicines prescribed in this way. Some of the information lacked enough detail to enable staff to give people these medicines consistently and appropriately.
- The registered manager and staff conducted regular checks of medicines and their records, however, these checks had not been effective in identifying the concerns we found during inspection.

The above concerns constituted a continued breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored securely and at correct temperatures.
- Staff handling and administering medicines had received training and were regularly assessed for their competency to give people their medicines safely. Observations of staff administering medicines showed that they followed safe practice guidance.
- Following our inspection, the registered manager confirmed they had sought additional medicines management training and support from the local authority.

### Staffing and recruitment

At our last inspection the provider had failed to have sufficient numbers of staff to safely meet the needs of those people that used the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, further development was required regarding the staffing levels at night.

- Whilst people told us there were enough staff to meet their needs and our observations confirmed this

during the inspection, we continued to have some concerns regarding the staffing levels at night and the staff ability to meet people's needs in a timely manner.

- The service deployed two staff on shift each night. Two people who used the service required two staff to assist them and a further two people had variable needs meaning they may require the assistance of two staff. This meant other people may have to wait for assistance, at night, in the event staff were unavailable due to supporting people with more complex needs.
- All of the people we spoke with told us staff attended to them in a timely manner. One person who used the service said, "If I need any help I just need to press my buzzer and they will come quickly." A second person told us, "If I need any help there is always someone around."
- All of the relatives we spoke with agreed there were enough staff to meet their family member's needs. One said, "There are always staff about if [family member] needs anything." Our observations during the inspection confirmed this. For example, call bells were answered promptly and there were consistently enough staff available in the communal areas.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to help protect people from the risk of abuse and people told us they felt safe.
- One person who used the service told us, "I do feel safe here and I am not worried by anything here." Relatives agreed with one commenting, "I think [family member] is very safe in the home and I have no worries about their wellbeing."
- Staff had received training in safeguarding people and could explain potential symptoms of abuse. All the staff we spoke with knew how to report any concerns they may have both inside, and outside, of their organisation.

Preventing and controlling infection

- Systems were in place to mitigate the risks associated with infectious diseases.
- The home was visibly clean throughout with no malodours. Cleaning schedules were in place and staff dedicated to cleaning were employed. Staff had access to personal protective equipment.
- Quality monitoring audits on infection prevention and control had contributed to the clean environment and the improvements the service had made in this area.

Learning lessons when things go wrong

- The improvements noted in some areas of the service showed the service had learnt from previous shortfalls and incidents although further development was still required.
- Several quality monitoring audits were now in place that helped the service make improvements, assess incidents and act to prevent reoccurrence. For example, in relation to falls and pressure ulcers.
- The service had encouraged staff accountability and for staff to take ownership for the care they delivered. This helped to make improvements and promoted inclusive working to solve problems.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

At our last inspection the provider had failed to work within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, further improvement was required around ensuring conditions on authorisations were consistently being met.

- The service worked within the principles of the MCA and people's consent was sought prior to providing care and support.
- Staff had received training in the MCA and were able to explain the impact of this on how they supported people. MCA assessments and best interest decisions were completed as required.
- The registered manager had completed further training in the MCA and demonstrated improved knowledge since our last inspection.
- The service had, however, failed to meet one of the conditions on one person's authorisation. This had resulted in a lapsed DoLS meaning the person was being deprived of their liberty without legal authorisation being in place.

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

- Improvements to the environment had been made since our last inspection and were ongoing. However,

due to the layout and age of the building, there remained physical obstacles to people moving around the home independently and safely such as floor gradients and steps.

- We inspected on a cold day and noted the home to be cool in places. However, we noted temperatures were being monitored, people wore layers and had plenty of blankets and hot drinks to help keep them warm should they need it.

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

- People's needs had been assessed holistically and the care planned around those needs.
- The service used nationally recognised tools to assess risk in areas such as pressure ulcers and malnutrition.

Staff support: induction, training, skills and experience

- The people who used the service, and their relatives, told us they had confidence in the staff's abilities to care for people and staff told us they felt supported.
- One person who used the service said, "I think staff know what I need, and they understand me, particularly the senior carers." One relative we spoke with told us, "I have every confidence in the staff and their abilities. It is much better now they are less reliant on agency staff."
- Staff demonstrated appropriate knowledge when we spoke with them and told us they felt supported in their roles. They received ongoing training in varied formats and regular supervisions. One staff member said, "[Registered manager] supports us in every way. If we have any concerns, [registered manager] will support us to resolve them."
- Our observations confirmed staff had the skills and knowledge to perform their roles. For example, we saw staff assist a person to transfer using a hoist. We saw this was completed safely, as per good practice, and with consideration for the person. We saw they explained what they were doing and offered regular reassurance.

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

- People told us they enjoyed the food, had choice and enough to eat and drink. People's nutritional needs were met.
- One person who used the service said, "The food is good here and I really enjoy it. They bring us little treats during the day. We had a bowl of fruit this morning. We also get biscuits and cake during the day."
- Our observations showed the mealtime experience for people had improved since our last inspection. People received the support they required and the food choices on offer were presented in photographic form to aid those people living with dementia.
- People's weight was monitored to prevent ill health and these records showed people were of a consistently stable weight. Two relatives we spoke with positively commented on the service's ability to maintain their family member's weight.

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

- People's healthcare needs were met, and the service worked with other professionals to ensure appropriate care was delivered.
- People told us they saw health professionals as required and on a regular basis. One relative we spoke with said, "[Family member] can see a doctor whenever they need to. Staff can also arrange a dental appointment when needed."
- Staff assisted people with meeting their oral healthcare needs, which had been assessed, and some had received training in this.
- The records we viewed confirmed people saw healthcare professionals as required and on a regular basis.

The records were detailed with outcomes recorded meaning staff could easily assess the status of any healthcare need and intervention.

# 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 Requires Improvement. At this inspection this key question has now improved 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

- All the people we spoke with talked of a caring service that treated them with kindness and consideration.
- One person who used the service told us, "If staff are doing anything for me they will chat and put me at ease." Another person said, "The staff here are all very polite and you can have a joke."
- Relatives agreed with one commenting, "The staff react well to [family member] and are really friendly and will always try and find time to chat with [family member]." Another relative explained how the staff's approach had improved since our last inspection telling us, "There are many positives now. Staff make things happen and pay attention to [family member]."
- The staff we spoke with talked in a respectful and considerate manner when talking to us about how they supported the people who used the service. A staff member explained how they comforted one person, and this was observed during our inspection where we saw a kind gesture that evoked a warm smile from the person. The staff member said, "We all do care about them [people who used the service] very much."

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

- People, and their relatives as appropriate, had been included in the planning of care and the care plans we viewed demonstrated this.
- The relatives we spoke with felt included in their family member's care and able to discuss this with staff as required. One relative told us, "I organised [family member's] care here which I am very happy with." Another relative explained the impact the improvements the service had made had had on their family member. They told us their family member was listened to and how their health and wellbeing had improved by better engagement and care delivery.
- Whilst some people were unable to describe to us how care planning had taken place, throughout our inspection we saw that staff consulted people when providing care and support and encouraged them to be in control.

Respecting and promoting people's privacy, dignity and independence

- All the people we spoke with talked of a service that respected them and understood their needs very well meaning a dignified service was delivered.
- One relative told us, "Staff most definitely know people and always try to make them feel special, which is important and makes our loved ones feel valued."
- Throughout our inspection we saw that care was delivered respectfully and discreetly to maintain people's dignity. For example, we saw a staff member discreetly discuss a person's toileting needs with them to ensure others did not overhear. When staff were assisting another person to transfer using a hoist, a

screen was used to maintain privacy.

# Is the service responsive?

## Our findings

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

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

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

- People were supported to maintain relationships however people's leisure needs were not consistently met in a person-centred manner.
- Some people we spoke with were happy to do crosswords and play cards for example. However, some relatives felt their relatives could have more stimulation. One relative said, "They don't seem to do a lot when I have visited except watch television..."
- Our observations confirmed people's leisure needs were not always met in a person-centred way. For example, we saw one person who used the service trying to watch a film but struggled to hear it as other activities were going on in the same room. The limited communal areas restricted the ability for activities to take place to meet differing needs.
- We raised our concerns with the management team who agreed further development was required in meeting people's leisure needs in a person-centred way.

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.

- The registered manager was not aware of this standard and could not explain it to us.
- However, we did see person-centred communication plans were in place for people and the registered manager told us information was available in other formats such as large print and audio.

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

- People received care and support that was individual to them and centred around their specific needs, likes and preferences.
- Care plans had been reviewed regularly and contained person-centred details that assisted staff in getting to know people and their needs.
- Staff knew people well and had formed meaningful relationships. One person who used the service said, "The care I get here is good and I can't fault it." A relative told us, "The care my [family member] gets is good. Staff are aware of their needs and make sure that is what they get."
- People told us they were consulted at the point of care delivery and their consent sought. One person who used the service said, "Staff always make sure that I'm happy with what they are doing for me."
- Through discussions and observations, staff demonstrated they knew people, and their needs, well. The

details contained in the care plans contributed to this including detailed life histories.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and this was included in the service user guide as well as being on display within the home.
- All the people we spoke with told us they either had no concerns to raise or that the service had been responsive when they had done so. One relative we spoke with said, "I have never had a need to complain and I have a good relationship with the staff and if anything needed changing I would just mention it."
- For the one complaint the service had received since our last inspection, we saw that the registered manager had met with the complainant to discuss their concerns, investigated it and responded appropriately.

End of life care and support

- End of life care plans were in place for people although contained only basic information.
- However, we saw from the records we viewed that steps had been taken to ensure one person who used the service had the support they required to ensure a dignified and comfortable death.
- Some staff had received training in end of life care and the registered manager had also received this training since our last inspection.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. However, this still meant the service management and leadership was inconsistent and leaders did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made since our last inspection, not enough had been achieved and the provider remained in breach of this regulation.

- The service continued to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 despite having less than half of the people the service is registered for. We therefore continued to have concerns regarding the provider's ability to provide a safe and effective service and the systems in place to identify and rectify issues.
- The service continued in failing to fully meet the conditions placed on their registration to support improvement. Whilst detailed action plans continue to be submitted to CQC as required, they have failed to address and rectify the issues specified in our previous enforcement and found during this inspection.
- Whilst a quality monitoring audit system was in place at the service, these were variable in their ability to identify and address concerns. For example, care plan audits were of extremely poor quality and medicine audits, whilst completed regularly, had failed to independently identify the concerns we found at this inspection.
- We found a lack of proactive and timely action regarding the management of the service. For example, the fire risk assessment had been allowed to expire and an application for a DoLS had not been made in time.

The above concerns constituted a continued breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately following our inspection, the registered manager took some action to address the concerns found. These included the updating of risk assessments and engaging professionals to offer support and guidance.
- People, and staff, told us improvements had been made at the service and our inspection confirmed this. However, we continued to have concerns over the timeliness of the progress made and the provider's ability to sustain them; some relatives we spoke with shared these concerns.

- A manager had been registered with the CQC since our last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture within the home had improved since our last inspection and this had benefitted the people who used the service and their relatives due to better morale amongst the staff team.
- The people who used the service, and their relatives, told us they were happy with the care provided. They told us staff performed their roles well and with humour and friendliness; our observations confirmed this. This demonstrated a more positive culture had been nurtured.
- The relatives we spoke with told us improvements had been made at the home and attributed this to the ongoing work of the registered manager. One relative said, "The [registered] manager has worked hard. There's good staff and the home looks better." Another relative told us, "I was really happy when the [registered] manager returned; from that point on, the home has been on the up."
- Staff agreed that improvements had been made that had benefitted the people who used the service. One staff member told us, "I think the care has gotten better; we've all improved." Whilst another staff member attributed the improvements to better communication, regular staff meetings, an open culture and supportive registered manager.

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

- The registered manager could explain their responsibilities under the duty of candour requirement and evidence showed this was being met.
- We saw that a recent incident had been investigated and all relevant parties informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they felt involved in the service and had opportunities to voice their views and make suggestions.
- Whilst formal meetings did not take place with relatives or the people who used the service, they told us they felt comfortable in raising concerns or suggestions and that communication was good. One relative said, "The management team is very supportive and if I am in need of any support they are there for me." Another relative told us, "The staff here are very approachable and are always ready to help."
- There were regular meetings for staff who told us they felt supported and engaged. One staff member told us they felt involved and had taken on more responsibility to help move the service forward.
- Records demonstrated that the service worked in partnership with a number of professionals on a regular basis. People's feedback also confirmed this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The service had not done all that is reasonably practicable to mitigate the risks to those that used the service.  Regulation 12(1)(2)(a)(b) and (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to have effective systems or processes in place to assess, monitor and improve the quality and safety of the service.  Regulation 17(1)(2)(a)(b) and (f)

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  The service had failed to ensure the proper and safe management of medicines.  Regulation 12(1)(2)(g)

### **The enforcement action we took:**

We served a Warning Notice.