

Bracken Ridge Manor (1992) Limited

Bracken Ridge Manor

Inspection report

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Date of inspection visit:
08 July 2019
09 July 2019
11 July 2019

Date of publication:
11 October 2019

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Bracken Ridge Manor is a care home for up to 17 people with mental health needs. The service provides assistance with personal and nursing care. At the time of inspection 12 people were using the service. Bracken Ridge Manor accommodates people in one adapted building.

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

Staff were not responsive to risk. Where risk was in place, staff did not recognise or take appropriate action to reduce the risks. The safety of the building had not been maintained. Records for 'when required' medicines needed to be improved. There were enough staff on duty at all times. We made a recommendation about infection prevention and control.

People's general needs were met because staff knew people so well. No effective action had been taken to address the inaccurate care records. This increased the risk of harm to new staff and students on placement. Activities needed to be improved. People knew how to make a complaint and felt confident they would be listened to.

There was continued lack of oversight by the provider. Leadership was not effective and had not resulted in improvements to the service. Staff did not understand regulatory requirements. Feedback was not used to drive improvement. Staff did work well with professionals.

Staff training was not up to date. Staff did receive supervision and appraisal. People were supported with their nutritional and healthcare needs. Improvements to the environment had started to take place.

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

People were not supported with their independence. There were missed opportunities with medicines, cooking and activities of daily living. Staff knew people well and understood their needs. Support was given when needed. Staff were caring, kind and compassionate.

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 requires improvement (Published 18 December 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. This was updated each month.

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

regulations.

Why we inspected

We brought forward this planned inspection because concerns had been raised by stakeholders involved in the service. There were concerns about the lack of improvements at the service since the previous inspection.

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

The overall rating for the service has changed from requires improvement to inadequate. 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 Bracken Ridge Manor on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to supporting people with their independence, the management of risk, medicine records, staff training, care records, quality assurance systems and oversight of the service.

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 request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

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 of 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Bracken Ridge Manor

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

One adult social care inspector carried out this inspection.

Service and service type

Bracken Ridge Manor 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.

An interim manager was in post from 12 April 2019 until 1 July 2019. A new manager started on 1 July 2019. They had started the process to become 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from Redcar and Cleveland, Middlesbrough and Newcastle local authorities and professionals who work

with the service. This included South Tees infection prevention and control team, Cleveland fire authority and Healthwatch. 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 all of this information to plan our inspection.

During the inspection

We spoke with five people using the service. We also spoke with the nominated individual, a director, interim manager, manager, two nurses, a carer, the chef and a domestic member of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four people's care records and six people's medicine records. We also reviewed three staff recruitment records, two staff induction records, four staff supervision and appraisal records and training matrix of all staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We shared our inspection findings with stakeholders. Not all stakeholders provided a response.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess 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. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 12.

- Staff did not recognise or respond appropriately to risk. Staff were not supported with accurate records or training to deal with risk. This increased the risk of harm to people and staff.
- Staff were not responsive to people who displayed behaviours. Staff were not aware some people could display physical aggression. Care records did not provide information about behaviours or how to deal with them. Staff had not received training to support them to deal with behaviours.
- People's behaviours were not formally recorded to allow staff to monitor and review them. This would have supported staff to recognise any patterns and trends so that behaviours could be addressed.
- Risks associated with hoarding behaviours were not actively managed. Staff had not recognised or reacted to potential fire risks or injury from these behaviours. Hoarding risks had not been shared during a fire authority visit. No fire evacuation had been carried out with people with these risks. No support had been sourced to support people with these behaviours.
- The emergency lighting certificate had expired. No action had been taken to address an area where the water was too hot. This increased the risk of harm through scolding.
- Staff had not recognised risks from the environment. Furniture and hardware had been left in communal areas whilst repairs were being carried out.
- People said they were not at risk of harm. They were happy with their care.

The provider had not taken action to robustly embed systems to reduce the risk of harm to people. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire records were poorly completed. They did not show who had participated in a planned fire drill and whether any actions were required. Records did not show if people with specific risks had been included into planned fire drills.

The provider failed to ensure people's safety could be effectively managed in the event of a fire. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People knew how to evacuate the building in an emergency. They were familiar with all of the emergency exits.

Using medicines safely

At our last inspection the provider had failed to ensure medicine records were safely managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- No action had been taken where medicines were repeatedly refused. Staff were applying creams but did not know if they were prescribed. Records were not in place to support their application.
- Guidance for some medicines were not in place. Protocols in place did not provide sufficient information to safely support the use of the medicine.
- Detailed protocols were not in place to support variable doses, particularly for agitation and behaviours which challenge. Where medicine records showed these types of medicines had been given, they did not match with daily records, which showed people had been settled.

The provider had not taken action to ensure medicines were safely managed to reduce the risk of harm to people. Because of potential risk of harm to people, this is now a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said they were happy with their medicines. Comments included, "I get my medicines when I need them." And, "I see staff when I need my tablets."

Learning lessons when things go wrong

At the last inspection, the provider did not have systems in place to make sure lessons were learned and improvements put in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- Incidents had not been recorded clearly. This meant sufficient analysis could not be carried out.
- Feedback from professionals had not been embedded to support improvements.
- Staff did not raise concerns or take action to reduce the risk of harm to people. This meant lessons were not learned when needed.

The provider had not taken action to ensure lessons were learned. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At the last inspection, the provider had not managed the risks of infection prevention and control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff did not practice good infection control measures. For example staff with long sleeves or jewellery assisted people with personal care and then went on to work in the kitchen. Staff did not understand the risk of potential cross infection through contact with these items.
- We recommend the provider takes action to ensure staff fully understand the risks of infection prevention and control.

- Furniture had been removed to manage the risk of infection prevention and control. Communal toiletries had been removed.
- Hand washing sinks and toiletries were in place in all areas.

Staffing and recruitment

At the last inspection, the provider had failed to ensure all staff had a DBS certificate in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Recruitment records were in place.
- There were enough staff on duty at all times. Comments included, "Staff are always around if I need them."

Systems and processes to safeguard people from the risk of abuse

- People were supported from the risks of abuse. Staff understood how people could be at risk of abuse in their local community and provided the support people needed.
- Staff had not carried out training in safeguarding.
- People said they were safe. Comments included, "I am safe. I like living here." And, "The staff look after us. I never worry about that [being safe]."

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 now remained the same.

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

At the last inspection, staff were not supported with regular supervision, appraisal or training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 18.

- Staff training needs had not been actively addressed. Staff did not have training in areas such as behaviours which challenge, health and safety, safeguarding and food hygiene.
- No action had been taken to support staff to complete the Care Certificate.
- The manager had not been sufficiently supported with an induction.

The provider failed to ensure staff were supported to carry out their roles. This increased the risk of harm to people. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received supervision and appraisal. A new member of staff had received an induction.
- People said they were cared for. Comments included, "The staff know how to look after me." And, "I think staff have the training to support us."

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).

At the last inspection, people were not supported in-line with the MCA. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this

inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- Records did not show if people detained under the Mental Health Act were meeting their conditions associated with this act.
 - MCA assessments were still in place. People had capacity to make their own decisions. Staff understood MCA assessments were not required, however no action had been taken to address this issue.
- The provider failed to take action to ensure people were correctly supported. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People confirmed they were able to make their own decisions. Comments included, "I choose what I want to do and when." And, "I make all of my own decisions."

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

- People were not involved in the preparation and cooking of meals. This was a missed opportunity for people to become independent in this area.
- Non-kitchen staff involved in food preparation had not received the right training.
- People received a good diet. Feedback was sought from people and changes made as a result. Mealtimes were relaxed. People said they were happy with their diets. Comments included, "I am happy with the food." And, "Our meals are nice."

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

- Bathrooms had been updated. New furniture and linens had been provided in some areas. Building work had been carried out in the basement and in one person's bedroom.
- Further improvements to update the environment were needed. People had been asked for feedback about the environment. They had been kept up to date with the improvements. People spoke positively about them.

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

- Care records were not updated when behaviours occurred or when people's mental health needs changed, They were updated when changes to medicines occurred.
- People were supported with their general needs. People said they were happy with their care. Comments included, "I am very happy here. The staff look after me very well."

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

- People were supported with their physical and mental health. Medicine reviews had been regularly completed.
- People attended screening and well-person appointments.
- Staff worked well with professionals to oversee people's healthcare needs.
- People said they were supported with their health. Comments included, "I get to see the Doctor when I need to. I get support from Foxrush (a community mental health team)." And, "Staff support me to go to Foxrush."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

Respecting and promoting people's privacy, dignity and independence

- People were not supported with their independence. People did not manage their own money or medicines. Staff had not appropriately assessed people's capabilities in these areas.
- People did not have the opportunity to be involved in activities of daily living. This included shopping, meal preparation and cooking, and domestic activities.

People were not supported to be as independent with their own lives as they could be. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were dignified when supporting people with personal care. Staff were compassionate and dignified when supporting people with their mental health needs.
- Staff supported people to maintain relationships with those important to them. Visitors were made to feel welcome. People were given privacy where needed.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff understood, and respected people's diverse needs.
- Staff were kind to people. They recognised when people needed support because they knew them well. People said they were listened to and could count on staff. Comments included, "I can always talk to the staff." And, "I like the staff. I am happy here."
- Staff showed concern, were respectful and demonstrated empathy in their support with people.

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

- People were involved in their care. However, records did not reflect this. One commented included, "The staff ask about my care and if I am happy with it."
- People were asked for their views about their care. Staff acted upon this feedback. Comments included, "I feel the staff listen to me." And, "The staff do as we ask."
- Staff supported people to understand the information provided to them. One person said, "The staff help me to read my letters."

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 now deteriorated to inadequate.

This meant services were not planned or delivered in ways that met people's needs.

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

At the last inspection, care records did not support staff to meet people's needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- People generally received the care they needed. This was because staff knew them very well. However, people's needs were not met when they displayed behaviours and they were not supported to be independent. These were training and cultural issues.
- Information in care records was not individualised, accurate or up to date. No effective action had been taken to address these shortfalls.
- Care plans were not in place for all of people's needs. This meant no oversight was in place to determine if staff were addressing those needs.
- Care plan reviews did not centre on the person's needs. They did not include review of the person's strengths, independence or quality of life. They did not include any feedback from people about their care.
- Records did not show how people contributed to their care. The records did not provide staff with the information they needed to support people. People said they involved in their care and asked for feedback. The provider had failed to address the improvements needed to care records. This increased the risk of potential harm. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People said they were well-cared for by staff. Comments included, "The staff know me and my needs." And, "I can't fault the staff. They look after me so well."

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

- Records did not include information about people's social and cultural interests. No effective review of social activities had been carried out to show if people were receiving sufficient support with their well-being.
- There were limited activities in place at the service to support people. There were many missed opportunities to support people with activities and opportunities to increase their social contact.
- Staff had failed to record one-to-one time with people. This meant they could not demonstrate if they

were meeting the person's needs to reduce social isolation.

The provider had failed to appropriately support people with their social and cultural needs. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A very small number of activities were observed taking place. People regularly went into their community. Some people accessed local amenities and others travelled further afield to the local town and coast.

End of life care and support

- Records were not in place to support people with end of life care or in the event of a sudden death. This meant staff did not have the information needed to meet people's needs.
- Staff had not completed training in end of life care. They were not aware of recognised guidance in place to support people at the end of their lives.
- Staff were not aware of the provider's policy to support people with their end of life care. This policy provided guidance to develop a plan of care and refers to training for staff.
- People said they had not been asked about their wishes for their end of life care.

The provider had failed to take the necessary action to equip staff to provide appropriate care and support to people. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Staff supported people to understand the information provided to them. Care records detailed some information about people's communication needs. However, further improvements with the records were needed.
- People said they were supported in their communication. Comments included, "Staff support me with my letters." And, "Staff talk to me about my letters to make sure I understand the information."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. They said they were able to approach staff and felt they would be listened to and action taken. Comments included, "I can always speak with the staff." And, "I would speak to staff if I had a complaint."
- No-one had a complaint to make during 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 requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At the last inspection, the providers did not have the oversight required to fully support people's safety. 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 not been made, and the provider was still in breach of regulation 17.

- Leadership at all levels was ineffective in driving improvement. Staff did not raise concerns or question practices when needed. Risk was not understood and systems to improve risk were not embedded.
- Leaders did not have the necessary knowledge and skills to improve the quality of the service. They were not responsive to risk. This led to limited outcomes for people.
- The current practices in place increased the risk of harm to people. The provider and staff had not recognised this. As a result, the values of the service were not embedded.

This failure to have oversight of the service had led to a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection, the provider lacked understanding to enable them to have full oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- Staff at all levels did not understand their roles in delivering a good service. There was a lack of understanding in service improvement and regulatory requirements. No action had been taken to address these issues since the last inspection.
- Communication was not effective. All staff did not receive the same level of information. Information was not effectively shared to drive improvement.
- Policies were ineffective. They did not support staff in the delivery of care. All staff were not familiar with the policies in place.
- Effective support was not in place for the manager. Incidents had not been reported or clearly recorded.

- The quality of record keeping remained poor. Records were not always legible. The storage of information needed to be further improved.

The provider and staff failed to fully understand their roles to deliver a good service and drive improvement. There was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection, the provider failed to obtain and use feedback to drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- Feedback was not used to drive improvement. Feedback had been sought from staff via surveys, however they had not been fully completed. No analysis of feedback had taken place.

- People said they did not like to complete surveys yet had been given them. The response rate was low. Alternative methods of feedback had not been considered.

- The service had limited links with the local community. No action had been taken to strengthen relationships beyond the healthcare services people were involved in.

The provider had not recognised how to obtain effective feedback to drive improvement. There was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

At the last inspection, the provider had not ensured sufficient oversight to ensure a good service was delivered. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- Quality assurance remained ineffective. Audits did not highlight where improvements were needed. No significant improvements had taken place since the last inspection. Insufficient resources were in place to drive improvement.

- Staff at all levels failed to understand risk. No learning had taken place since the last inspection or when incidents involving behaviours occurred.

- There was no evidence of innovation. People wanted higher water temperatures (outside of safe temperature limit guidance) when bathing. Staff had not appropriately risk assessed this request to meet people's wishes.

There was a continued lack of oversight by the providers to drive improvement. There was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service had relationships with stakeholders. These included mental health teams, commissioning teams and clinical commissioning groups.

- Staff attended provider forums and care home events.

- The service offered placements to student mental health nurses.

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 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	(1) People were not supported to be independent.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	(1) People did not receive safe care and support. The safety of the building was not maintained. Infection prevention and control procedures need to be improved.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	(2) Staff training was not up to date.
Treatment of disease, disorder or injury	

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	(1) There was lack of oversight of the service.
Treatment of disease, disorder or injury	Quality assurance systems were ineffective.

The enforcement action we took:

We issued a warning notice.