Mr Adrian Lyttle

Mr Adrian Lyttle - Erdington

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
Mr Adrian Lyttle – Erdington is a residential care home registered to provide personal care for up to 10 people with learning disabilities. At the time of the inspection there were seven people using the service.

People's experience of using this service and what we found
The provider had failed to implement robust audits and quality assurance checks to assist with driving improvement within the service. They had not ensured the quality and safety of care was sufficiently monitored and appropriate action was taken to protect people from the ongoing risk of harm.

The registered manager had not been visiting to support the service on a regular and consistent basis. This meant there was insufficient oversight of the service, staff and systems and processes. This meant people were placed at risk as there was no oversight of the service by the registered manager or provider, placing people at risk of harm. The registered manager was unable to be present throughout the whole inspection and delegated this responsibility to the manager of the location and the provider.
The provider and registered manager failed to provide us with documentation and evidence as requested. This was due to them not being able locate the information or it was of such poor standard they made the decision not to submit the documentation.

During the inspection we identified concerns with poor Infection Prevention and Control (IPC) standards that exposed people to the risk of harm. The provider had failed to act on known risk which had been identified by an external auditor, which took place in April 2021. This placed people at risk of infection.

Staff were not always recruited safely. Safe recruitment practices were not followed and this place people at risk of harm due to police checks not being carried out prior to employment commencing.

People's medicines were not always managed safely, and some improvement was still needed. We found multiple discrepancies with the stock of medicines which could not be explained.

People were supported by a staff team who told us they understood how to protect them from abuse. Staff also understood how to protect people from harm such as injury, accident and wounds.
However, the provider had failed to ensure all staff members had received up to date training. This placed people at risk from potential abuse and harm or injury.
On the day of the inspection we saw people were supported by sufficient numbers of staff to keep them safe.

People were supported to access external healthcare professionals to maintain their health and wellbeing.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include age, disability, race, religion or belief etc. Staff members we spoke with knew people they could tell

us about people's individual needs and how they were supported.

People were not always supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.
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.
Right support:
• People's choice, control and independence was not always maximised. People were involved in making choices around how they spent their time, however, meaningful activities did not always take place. People told us they would like more to do but they were aware that they had been unable to do certain things due to the pandemic.
Right care:
• Care staff support people in a person-centred way, and promote people's dignity, privacy and human rights. However, the care plans need to contain more robust information to ensure people receive the right care.
Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.
People said they felt safe and were comfortable around staff. Relatives told us they felt their family members were safe. Staff were observed to be kind and caring and there were good interactions including communication which was suitable for their needs. Staff spoke to people with dignity and respect.

Staff were supporting people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice although record keeping needed to be improved in relation to the use of the Mental Capacity Act 2005 (MCA).

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 of this service was requires improvement (published 29 January 2020) and we found breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We found that the provider had not made enough improvement in their oversight and management of the service and remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance. During this inspection we found new breaches of Regulation 12, Regulation 16, Regulation18 and Regulation 19 although the provider was no longer in breach of Regulation 11.

At this inspection the overall rating for this service is 'Inadequate' and the service therefore is 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. We found that the provider had not made enough improvement in their oversight and management of the service and remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance. During this inspection we found new breaches of Regulation 12, Regulation 16, Regulation 18 and Regulation 19.

The service has a history of poor compliance with regulations. It was rated as requires improvement at the

inspection we completed in October 2018 (report published 13 December 2018) and there were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Need for Consent. The service was rated as requires improvement at the inspection completed in May 2017 (report published 28 June 2017) and following the inspection in August 2016 (report published 15 September 2016) the service was also rated requires improvement.

Why we inspected
This was a responsive focused inspection based on CQC receiving concerns and complaints. Prior to the inspection CQC received concerns about poor standards of care and support, poor recruitment processes and lack of leadership. The information shared with CQC indicated potential concerns about how people were being supported and risks being managed. As a result of these concerns we looked at how the provider was managing risks, protecting people from potential harm, recruitment processes and management of the service.

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.

Enforcement
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.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and we will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, good governance, staffing and fit and proper persons employed.

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 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.

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 well-led?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

Mr Adrian Lyttle - Erdington

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.

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

Inspection team
The inspection was completed by two inspectors and an assistant inspector.

Service and service type
Mr Adrian Lyttle - Erdington 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
The inspection was unannounced. However, we called the service on our arrival, from the carpark, to inform them that we would be carrying out the inspection and find out if anyone currently tested positive for COVID-19.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The 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 used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service. We also spoke with three relatives. We used a range of different methods to help us understand people's experiences. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
We spoke with nine members of staff, including care workers, team leaders, manager, registered manager and the provider.
We reviewed a range of records. This included three people's care records and three people's medicine records. We also reviewed the process used for staff recruitment, records in relation to training and to the management of the home and a range of policies and procedures developed and implemented by the provider.

After the inspection
We continued to seek clarification from the registered manager and the provider to validate evidence found. However, they were unable to provide all of the information we required.

Inadequate

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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.
At this inspection we identified there were new breaches of regulation 12 (Safe care and treatment). We also identified at this inspection, there was a new breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We reviewed Medication Administration Records (MAR's) and saw that information for staff to follow was not always clear. For example, instructions for administration stated to be given 'as directed', there was no further guidance provided. This meant there was the potential for too much or too little medication to be given.
- We found a box of medicines in the medication cupboard, prescribed for one person to take as required. However, there was not a MAR chart for this medication or any guidance for staff to follow to know when to give this 'as required' medication. This meant the person was at risk of not receiving the medication which they had been prescribed, when they needed it. This was a particular concern as we identified other medication prescribed for this person could not be accounted for during our checks,
- We found there were medication discrepancies, for all three people, who's medications we checked, which could not be accounted for. This meant the provider could not be certain people had not received too much medication.
- The provider had not carried out any audits of the medication and so was not aware of these significant discrepancies in the balance of prescribed medication, so had no oversight, or explanation for these discrepancies.

Assessing risk, safety monitoring and management

- Risk to people had not been appropriately managed and placed people at the risk of harm. The registered provider had failed to implement systems to ensure that the risk assessments in place to guide staff how they should support people were not robust, or had been regularly reviewed and updated, to reflect people's current needs. For example, one person's mobility needs had changed did not have the changes to their care needs clearly reflected in their care plans. This meant care staff did not have clear instructions to follow and placed the person at risk of harm.
- Personal Evacuation Emergency Plans (PEEP's) for two people had not been updated. One person's PEEP referred to when they lived at a previous location and another one did not reflect the equipment they required to evacuate safely. This meant in an emergency situation staff did not have sufficient information to support the person safely and placed them at risk, that could result in serious harm.
- The provider had no oversight of the risk assessments or safety monitoring within the service. This meant people were placed at risk due to information not being reflective of people's current needs and abilities.

Preventing and controlling infection

● We were not assured that the provider was promoting safe hygiene practices. There was not a robust cleaning regime in place to include frequently touched areas in the home and equipment used to support people. This lack of regular cleaning to reduce the risk of the transmission of infection was evident. For example, we saw Items of equipment had a build-up of dirt and mould that indicated a lack of regular cleaning. Some cleaning schedules had not been completed to evidence cleaning had taken place.
● In April 2021, some of these same areas of concern were identified by and external auditor. The provider had failed to take any action to address these matters. This meant people were placed at risk of increased transmission of COVID-19 due to shared equipment and communal areas not being thoroughly cleaned following each use.
● We were not assured that the provider was preventing visitors from catching and spreading infections. The providers visiting protocol was not followed correctly on our arrival, to ensure our visit could take place safely. Staff told us they were not aware of a visitor's policy. The inspectors were not asked about their COVID-19 status until ten minutes after we had entered the building. However, a relative told us, "We sit outside when we visit and have a COVID test before we go, they [the staff] are hot on that."
● We were not assured the provider had ensured all staff had received up to date Infection Prevention and Control (IPC) training and the correct use of Personal Protective Equipment (PPE). Some staff members we spoke with told us they had not received recent COVID-19 specific training. When asked to provide evidence of this training, the provider failed to show us evidence this training had been completed by all staff.
● We were somewhat assured staff were using PPE effectively and safely. One staff member we spoke with about their training on how to put on and take of PPE correctly told us, "I haven't had any training, I just put it on." They then asked us if there is a specific way to put PPE on. When we informed them there was a correct way, they said, "Oh, I did not know." We observed the provider not always wearing their mask appropriately and this was addressed with them at the time. The bins provided for disposal of PPE were not all foot pedal operated bins, which meant staff were at risk of cross contamination when opening and closing the lids of the bins. The provider was not aware that all bins were not foot pedal operated as he told us they were prior to us bringing this to their attention. This demonstrates a lack of oversight by the provider.
●Systems were either not in place or robust enough to ensure good IPC practices were maintained and effectively managed. This was concerning as there had been a recent COVID-19 outbreak at the service and lack of good hygiene and poor practice increased the risk and may have contributed to an outbreak of infection and increase the risk of harm to people living and working at the service.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The provider failed to respond to these concerns during the inspection. They failed to provide any assurances, as requested after the inspection.

● We were assured the provider was meeting shielding rules. People using the service did not always recognise and adhere to social distancing, but the provider had made arrangements to manage an outbreak.
● We were assured the provider was admitting people safely to the service. People who had returned from hospital to the home had isolated as per the government guidance, at that time.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed. The provider had a policy to manage outbreaks in place.
● We were assured the provider's infection prevention and control policy was up to date. Policies had been updated to reflect the recent change in guidance regarding visitors to the service.
● The registered manager told us that they had completed individual COVID-19 risk assessments for people or staff at increased risk from COVID-19. We saw that these were personalised for each person.

Staffing and recruitment

● We reviewed staff members recruitment files and found some shortfalls with the recruitment processes that meant that the were no assurance staff members did not potentially pose a risk to people. We found that two staff members had been employed and commenced work prior to receiving a clear DBS check (Disclosure and Barring Service). The provider had failed to carry out risk assessments whilst waiting for these checks to be carried out. This meant people were placed at risk of harm of unsuitable staff been employed and working with them.

● Staff files did not always have two suitable references, identification or a fully completed application form to show their suitability to work with people. The provider supported the inspection in the absence of the registered manager, and they were unable to show us evidence that these checks had been completed. This meant they had also failed to follow their own recruitment policy, placing people at risk due to not having information about staff members previous employment history and conduct.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff were safely recruited. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff we spoke with told us they had received regular supervisions and, on the whole, felt supported. However, the registered manager had not kept written records for all supervisions and had failed to follow their own policy.

● Staff told us they had received an induction when starting work and had the opportunity to shadow other staff.

● A relative told us, "There's been a lot of staff changes, a lot of staff have come and gone recently. I have spoken to the manager about it and they have said they can't keep them if they find somewhere else. That is a bit of a worry." This meant that people were at risk of not been supported by staff who knew them well. This risk was increased because the provider had failed to ensure people's care records were up to date, to guide staff about what care people needed to support their wellbeing.

● Our observations indicated there were enough staff on duty to support people with their care needs. People told us care staff were available when they needed help.

Learning lessons when things go wrong

● The provider did not have a robust system in place to look at incidents. The registered manager did not have oversight of these, and incidents and body maps had not been reviewed. This meant people using the service were placed at risk, as appropriate actions may not have been taken in a timely manner, to reduce to potential of further incidents occurring.

Systems and processes to safeguard people from the risk of abuse;

●The provider did not have an effective system in place to ensure that safeguarding policies and procedures were fully embedded, so that staff could respond quickly enough to concerns. Not all staff had received safeguarding training. Staff told us, they knew what action they needed to take if they witnessed or suspected abuse. However, we have not received any safeguarding notifications from the provider, since the last inspection in November 2019.

● People we spoke with told us they felt safe. One person said, "Yes I am safe, I am fine, and they look after me." A relative also told us, "I think [Name] is safe, we have been bothered by the changes in staff recently. [Name's] condition is complex, staff have not had the chance to become familiar with her condition, to support [Name]."

● People were comfortable around staff and people told us they would speak to the manager if they were

unhappy about something.

● Staff we spoke with were able to tell us about the risks they needed to be aware of when supporting people. However, this was not always clearly recorded in people's care plans. This meant new care staff did not always have clear instructions to follow to ensure people received the correct and safe support they needed.

● Staff told us they were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Following the inspection, we carried out on 13 November 2019 (report published 29 January 2020) there were breaches of Regulation 11 (Need for consent) The systems and processes in place were not effective and the service had not acted in accordance with the requirements of the Mental Capacity Act (MCA) and associated code of practice. At this inspection we found the provider had made enough improvement and was no longer in breach of this regulation. However, during this inspection we identified there was a new breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff members who administered medication told us they had not received any on-going competency assessments for medicines administration. We found there were concerns with the administration of medication and records associated with administering medication, during the inspection. The provider had failed to implement a system to monitor and assess staff members competency and knowledge. This meant people were placed at risk from poor training of staff.
- When we spoke with one staff member about medication, which they were responsible for administering, their knowledge about these medicines was extremely poor. Other staff we spoke to told us they had only recently received medication training from the pharmacy. They told us they had been observed by a team leader before administering medications on their own. This meant staff had not been assessed by the registered manager or provider to ensure they were implementing learning from training and to ensure they were effectively providing support.
- When asked, the provider failed to provide us with their training matrix. One staff member who was administering medication had not received recent training. This meant we were not assured all staff had received appropriate training for their role or to meet the needs of people's specific health needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff members received the support and training required to support people safely. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with had a good understanding of people's health conditions.
- Staff files evidenced that staff had received an induction and staff members confirmed this.

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

At the last inspection we found a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had

made enough improvement and was no longer in breach of this regulation.
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

● The registered manager had identified where individuals were being deprived of their liberty in order to protect them and the required legal applications had been submitted to the local authority.
● We found the provider was meeting the regulations around the need for consent and the effective use of the MCA and the basic requirements of the law had been met.
●There was some information in people's care plans around likes, dislikes and choices. However, these plans would benefit from being reviewed and expanded as people told us they would like to do more things in the community rather than just spend time in the home and garden. The provider was apprehensive about supporting and taking people out into the community due to the risks associated with Covid.
●Staff understood the importance of giving people choice and asking for their consent.
●The registered manager had made improvements since the last inspection to support staff knowledge and skills in relation to MCA and DoLS.

Adapting service, design, decoration to meet people's
● Further refurbishment was still needed in the service. The decoration was very tired in some areas. There were damaged ceilings following leaks being repaired, a missing shower drain cover, a broken windowpane in the door and a broken radiator cover. However, people were not at risk of harm, but the provider had failed to take action to rectify these issues. There were no plans in place for these areas of improvement to be completed.
● An audit of the environment which had been completed by another external agency in May 2021, identified some of the areas in need of cleaning and new fixtures. Some of these areas still had not been actioned and there were no current plans for when these improvements would take place. We will review the progress of these plans at our next inspection.
●People had large spacious bedrooms with en-suite bathroom facilities, these were personal in style and layout dependent on people's needs.
● We saw people making use of the garden during the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care
● Care plans, did not always evidence that staff reviewed these to ensure they were still reflective of people's current needs. Care plan review documents indicated reviews had not taken place for up to two years in some cases.
● The registered manager was involving professionals such as physiotherapists, podiatrists and the mental health team, where appropriate, to ensure people's needs were fully understood.
● One relative told us, "They [the provider] have been asked to provide a carer to go appointments, but this has only happened once."

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

● People told us they were happy with the food and drink they received. One person told us, "The food is great, really good."
● We viewed the menus and we saw they offered a varied diet.
● Staff monitored people's weight however, the provider did not have a system in place to ensure they had oversight of these records. This placed people at risk of un-identified weight gain or loss and other related illnesses.

Supporting people to live healthier lives, access healthcare services and support
● People told us they were supported to access healthcare services when needed.
● People were involved in managing health conditions and people were able to tell us about the support they received.
● People's health conditions were understood by staff who supported them.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate and we found there was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established or maintained effective governance within the service. We also identified at this inspection, there was a new breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The service has a history of not meeting the regulations. The provider has had a long history of failing to make or sustain good outcomes for people. Since 2016 the provider has failed to achieve a good rating. This demonstrated that the provider does not have a culture of improvement.

● Following the inspection, we carried out on 13 November 2019 (report published 29 January 2020) there were breaches of Regulation 11 (Need for consent) The systems and processes in place were not effective and the service had not acted in accordance with the requirements of the Mental Capacity Act (MCA) and associated code of practice. There were also breaches of Regulation 17 (Good governance) The quality monitoring system in place was not always effective at identifying where improvements were needed. The overall rating for the service was requires improvement.
● The inspection on 30 October 2016 identified breaches of Regulation 11 (Need for consent). The provider had failed to comply with the Mental Capacity Act 2005 because key processes had not always been followed to ensure that people were not unlawfully restricted.
● The provider had failed to make improvements and they continue to be in breach of Regulation 17 (Good governance). We also identified that the provider failed to keep a record of complaints. This meant there is a new breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
● The provider had failed to ensure there was suitable management oversight which has contributed to the shortfalls identified. The provider and registered manager had failed to demonstrate that they understood the principles of good quality assurance and this meant the service lacked any drivers for improvement. The provider did not carry out any audits or monitoring of the service to ensure people were supported in a way those chose and safely. Where audits had been conducted these had been delegated to other staff there had been no provider oversight of the effectiveness of these audits. Staff told us service told us they do not see the registered manager very often.

● The management of safety, risk and governance had not been effective. We identified concerns about

people's safety during the inspection due to the lack of oversight. Actions had not been taken by the registered manager to ensure the systems and processes were robust and operated effectively.

● There was a basic auditing system in place, but this had not been operated effectively and had failed to identify some of the on-going concerns we found during the inspection. The registered manager and provider had no oversight of the audits they had delegated to be completed by staff members. If they had carried out their own checks and audits, they may have identified the concerns with care plans which required more robust information, medication discrepancies and out of date risk assessments, which we identified.

● Some information we requested could not be provided, during or after the inspection. We were told by the provider that this information was either missing or incomplete. This meant we were not be assured the provider operated systems to ensure people were supported by staff who had been safely recruited, who had received suitable training and had the knowledge and skills to support people safely.

●The provider had no oversight of the information staff members were recording in peoples care records , or if the care provided by staff reflected people's needs . This included incidents which had been recorded by care staff, such as falls resulting in injury. These had been recorded on body maps but there had not been any incident forms completed and the body maps had not been reviewed. We saw body maps which had been completed in May 2021 which had never been reviewed. This meant the provider could not be assured the injury sustained was correctly monitored or that medical help was sought, in a timely way, if required. It also showed that the information available to the provider to support monitoring and making decisions about people's well-being may be inaccurate, out of date, or not gathered.

● Systems in place did not ensure that peoples care records and risk assessments were up to date and detailed to ensure information was detailed and current for staff to refer to. This meant people were at risk of receiving in appropriate support, to meet their current needs.

● The providers systems and processes did not ensure reviews of care plans and risk assessments took place on a regular basis. This meant some care records did not reflect peoples changes in mobility and support needs. We saw that some care plans had not been reviewed for two years. The provider's own audits had failed to identify this. The registered manager told us about their current revision of the care plan documentation.

● The provider and the registered manager had failed to ensure equipment such as wheelchairs were included on cleaning schedules. This meant people were placed at increased risk of transmitting COVID-19.

● The provider had not carried out any of their own environmental audits. An external NHS agency had carried out an audit of the service in April 2021 and the items identified as requiring action. The provider failed to act on these concerns and showed a disregard for working in partnership with other agencies as the feedback provided by them had been disregarded. This included poor standards of hygiene, areas requiring repair and the lack of pedal operated bins. This placed people at risk of cross infection and exposure to increased risk of harm.

● The providers own IPC audit, carried out after the NHS audit, had failed to identify the areas of concern which had not been rectified. This demonstrates that the checks which have been carried out are not reflective of the concerns within the service and are not robust systems.

● Checks of the building and equipment safety were not completed by the provider or registered manager, which meant they did not identify or take action in relation to a broken window pane, broken radiator covers and poor standards of cleanliness. The provider told us the stained glass windowpane had been broken for some time, but they had not been able to get anyone to replace it.

● The providers audit process did not include a system to ensure such actions were completed therefore safety issues had not been addressed, placing people at risk of harm from sharp edges which had the potential to cause injury. Also, the poor standards of hygiene meant people were placed at increased risk from infection and transmission of COVID-19. This was of concern as there had been a previous outbreak of COVID-19 in the service.

● Audits had failed to identify the medication discrepancies and lack of information in care plans.
● The provider had failed to implement and operate systems ensuring staff had the knowledge, training and skills to carry out their roles correctly and safely.
● The provider had failed to oversee that safe recruitment processes were followed. This meant they could not be assured staff members supporting people were of good character.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was well managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care
● The provider had failed to implement a culture of engaging and listening to people. The manager told us he had received 'niggles' from relatives but had not recorded these as complaints. The provider failed to keep a record of these 'niggles' received. This meant that there was no evidence of action been taken to resolve the issues or to enable them to monitor for recurring themes to help them improve the service.
● One relative told us, "If I raise anything, they will sort it out." Other relatives we spoke with said they found that the communication was poor.

We found no evidence that people had been harmed however, the provider had failed to establish and operate an effective complaints system. This placed people at risk of harm from recurring themes. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others
●We saw from records that the service worked well with the local GP, pharmacy service, health and social care professionals and the local authority.
● Relatives of people using the service told us they did not always receive support with attending appointments. One relative told us they would like more support with attending appointments. Another relative told us, "We feel we find things out later than we should, such as passing on information about appointments, as soon as they arrive."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
● Staff we spoke with told us that they did feel supported by the management team and found them approachable. However, staff did tell us that the registered manager, very rarely visited the service but the provider and manager were helpful Staff told us they could ring the registered manager if they had any concerns.
●The provider had displayed their previous inspection rating as they are required to by law.
●The provider and registered manager recognised that further improvements were needed at the service.

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 provider had failed to ensure that risks to people were effectively managed. People were exposed to risk of harm due to unsafe risk management systems including the lack of care plans and risk assessments for peoples known health conditions. As a result, people were exposed to the risk of serious harm.

The enforcement action we took:

Issued a Notice of Decision to vary the providers registration to remove the location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had failed to ensure that risks to people were effectively managed. People were exposed to risk of harm due to unsafe risk management systems including the lack of care plans and risk assessments for peoples known health conditions. As a result, people were exposed to the risk of serious harm.

The enforcement action we took:

Issued a Notice of Decision to vary the providers registration to remove the location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were inadequate. Potential risk and areas of improvement were not identified. The provider had not ensured governance arrangements within the service had been established thus; the provider had failed to identify the concerns we found during the inspection.

The enforcement action we took:

Issued a Notice of Decision to vary the providers registration to remove the location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have systems in place to ensure they followed correct procedures to ensure staff employed were fit to work in the service. They failed to consistently obtain suitable references, identification and assess the skills and competencies of staff employed.

The enforcement action we took:

Issued a Notice of Decision to vary the providers registration to remove the location

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received up to date training and carryout assessments of their competencies. They also failed to ensure staff were supported by completing regular, supportive supervisions and appraisal.

The enforcement action we took:

Issued a Notice of Decision to vary the providers registration to remove the location