

Gabriel Court Limited

# Gabriel Court Limited

## Inspection report

17-23 Broadway  
Kettering  
Northamptonshire  
NN15 6DD

Tel: 01536510019  
Website: [www.aci.care/gabriel-court](http://www.aci.care/gabriel-court)

Date of inspection visit:  
30 August 2022  
31 August 2022

Date of publication:  
01 November 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Gabriel Court Limited is a residential care home without nursing, providing personal care for up to 44 older people, including those living with dementia and mental health needs. At the time of the inspection 41 people were being supported.

Gabriel Court has accommodation across two floors, in one adapted building (Bluebell unit) and one purpose-built building (Foxglove unit).

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

People were at risk of infection because the fabric of the building was aged and not conducive to effective cleaning. For example, flooring in some toilets were not sealed, many carpets were dirty and stained and there were malodours in some bedrooms. Skirting boards were chipped and the paint was peeling off, some walls had areas of plaster exposed which meant these areas could not be cleaned effectively.

The premises had not been decorated and maintained to ensure a safe environment that met service user's needs. Many areas of the service were in a state of disrepair and numerous bedrooms needed to be redecorated and flooring replaced. Communal toilets were in need of redecoration and required new flooring. The outside garden area was not safe or secure for people to use. We saw a small walkway that led off from the garden and was accessible to people. There were roof tiles, gas bottles, concrete slabs, bricks and fencing panels stored in the walkway posing a risk to peoples safety.

Although improvements had been made to the quality assurance systems since the last inspection in May 2021 it was not robust enough to be effective in all key areas and did not ensure the provider had sufficient oversight. Environmental and infection control audits were not completed regularly to ensure the provider could identify and drive improvements at the service.

There were no effective monitoring checks of all essential equipment used at the service to ensure they were working safely, and action taken if they weren't. For example, we found four, bed pressure mattress units showing a fault and the fire alarm had been showing a fault since July 2022.

Some improvements had been made to staff training since the last inspection, but there remained gaps in some areas. For example, safeguarding, moving and handling and infection control.

Improvements had been made to ensure people received sufficient nutrition and hydration and that any weight loss was swiftly addressed with a relevant health professional. Nutrition and hydration audits were in place and completed monthly by the registered manager.

Following the last inspection, the provider had employed the services of a consultantancy company to support the registered and deputy manager with care planning and records management. We found robust

improvements had been made to care plans, risk assessment and health monitoring forms to ensure they were person-centred and fully reflected people's care needs.

Staff were appropriately recruited to ensure people were suitable to work at the service and there were sufficient staff to meet people's needs. People's medicines were safely managed.

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.

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 requires improvement (published 13 July 2021) and there were four continued breaches of regulation in relation to Safe care and treatment, Nutrition and hydration, Person-centred care and Good governance. Continued conditions were applied to the provider's registration. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

At this inspection we found the provider was no longer in breach of Regulation 9 (Person-centred care) and Regulation 14 (Nutrition and hydration) but there were continued breaches of Regulations 12 (Safe care and treatment) and Regulation 17 (Good governance). In addition, we also identified a breach of Regulation 15 (Premises and equipment)

#### Why we inspected

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

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

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

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

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

#### Enforcement and Recommendations

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 will take further action if needed.

We have identified two continued breaches in relation to provider oversight of the service and people receiving safe care and treatment. We have also identified a breach in relation to the maintenance of the environment at this inspection.

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 work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Gabriel Court Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by two inspectors, a Specialist Advisor 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and quality monitoring teams. The provider had not been asked to submit a PIR since the last inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who used the service and seven relatives for feedback on their experience of care.

We spoke with the registered manager who is also the nominated individual for the regulated activity of treatment disease and disorder. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We had discussions with the deputy manager, senior care staff, activities coordinator, housekeeping, maintenance and kitchen staff.

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 looked at all aspects of five people's care records and three staff files. We also reviewed 15 medicine administration records (MAR) and five medicine care plans. We examined a range of other records including quality assurance checks and information about training and staff supervision.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspections we found the provider to be in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

Preventing and controlling infection;

- We found that improvements had been made to the risk management systems and risk assessments were in place for most known risks. However, we found concerns in relation to the risk of the spread of infection.
- People were at risk of infection because the fabric of the building was aged and not conducive to effective cleaning. For example, flooring in some toilets were not sealed, and we saw dirty stained carpets in bedrooms. There were malodours in some bedrooms and handrails used to support people walking were worn and could not be effectively cleaned.
- Skirting boards were chipped, and the paint was peeling off in many areas, some walls had areas of plaster exposed which meant they could not be cleaned effectively. In two bedrooms we found mattresses that were stained and observed one person in bed laying on a dirty, stained bed sheet.
- In the laundry area some of the walls and ceiling were covered with embossed wallpaper. This was peeling off in numerous places and was not easy to clean. There was lint and soap powder over equipment and the floor. There were holes in the flooring and chipped paintwork which meant the area was not easy cleanable to prevent the spread of infection.
- There was a dry food storage room in the laundry area. Some foods were stored on the floor rather than on a shelf to avoid contamination and to allow for cleaning. In the kitchen area the fly screen was held up and not in use throughout most of the two days we visited the service. We found opened foods in fridges that were not covered or dated to ensure contamination did not occur.

We found no evidence that people had been harmed, however the provider had failed to fully assess the risks to the health and safety of people using the service and people were not protected from the spread of infections. This was a continued breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Improvements had been made to the risk management process to keep people safe. We saw that risks

associated with people's care and support needs had been identified and assessed. For example, if someone was at risk of malnutrition and poor hydration, risk management plans were in place to reduce the risk.

- Risk assessments were detailed and were reviewed and updated if there had been any changes or incidents.

#### Visiting in care homes

- The provider had visiting arrangements in place and there were no restrictions upon visitors attending the service to see people.

#### Using medicines safely

- We found that some medicines were not stored safely or securely. We found a small fridge unlocked in the main kitchen that contained medicines. This meant the medicines were accessible to unauthorized staff and visitors.
- Following a medication audit in August 2022 we found some improvements had been made to the safe administration of medicines. At the time of our inspection the provider was in the process of reviewing and ensuring all PRN (as needed) medicines had a PRN protocol in place to ensure these medicines were administered consistently. This had been completed for Bluebell unit and was being completed for Foxglove unit at the time of our inspection.
- Care plans for medicines had improved since the last inspection and were comprehensive and person-centred.
- Staff had their competencies checked and had completed medicines training. The registered manager had in place a medicines error tracker that was completed when there was an error and we saw the registered manager had reported these to the local safeguarding team.

#### Systems and processes to safeguard people from the risk of abuse:

- Some staff were not up to date with safeguarding training. The staff training matrix showed that 25 staff members training was overdue. However, staff we spoke with were knowledgeable about the different types of abuse and how to report concerns.
- People and relatives we spoke with said they felt they or their family members were safe. One relative told us, "[Family member] is safe and well looked after. I'm really confident that happens." Another commented, "Safe? Very much so. When something happens, I know they will let me know."
- We found that systems and processes to safeguard people from the risk of abuse had improved since the last inspection. Safeguarding alerts had been raised appropriately and clear records were maintained. When incidents occurred, clear actions were identified and implemented to minimise the risk of re-occurrence.

#### Staffing and recruitment

- There were adequate numbers of staff to meet people's care needs. The provider used a dependency tool to calculate the required staffing numbers based on people's support needs. We observed that staffing was adequate to meet people's needs and staff responded to people swiftly.
- However, there were few activities taking place at the time of our inspection because the activities coordinator had to work in the kitchen for the week. A staff member commented, "It would be great to have two full time activities coordinators. Then we could have a better program; weeks like this week when we are having to fill in in the kitchen means we get a bit thin on the ground for activities."
- People and their relatives felt that although staff were very busy, there were enough to meet people's needs. One person said, "Yes there are always plenty of staff around to help us." A relative commented, "Staff are stretched at times like everything in health care. [Family member] sees a consistent group of staff. There doesn't appear to be a high turnover."

- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and transferred onto an accident and incident matrix tracker. We saw that accidents and incidents were analysed to look for trends, with action plans and lessons learned which were shared with staff at monthly team meetings. In addition, we saw that information was shared with staff via handover meetings at the start of each shift and flash meetings that were held three times a week.

# Is the service effective?

## Our findings

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

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

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

- The premises had not been decorated and maintained to ensure a safe environment that met service user's needs. Many areas of the home were in a state of disrepair. Many bedrooms needed to be redecorated and flooring replaced in a large number of bedrooms. Communal toilets were in need of redecoration and required new flooring.
- Some bedrooms had malodours and we found some stained mattresses. In one bedroom the wardrobe was propped upright by a piece of wood and was not fixed to the wall for safety. We brought this to the registered managers attention, and it was made safe on the second day of our inspection.
- Equipment had not been well maintained and we found four pressure mattress units that were displaying a fault code. This posed an increased risk of people developing a pressure sore. The fire safety panel was also displaying a fault code and we were told this had been the case since July 2022. This placed people at increased risk if there was a fire. Bedroom furniture in some rooms were broken and one person did not have a door to their wardrobe.
- In the laundry room we found a large electric cable with exposed, bare metal wires. We asked the registered manager to ensure this was made safe. The day following the inspection the registered manager confirmed this had been made safe.
- The outside garden area was not safe or secure for people to use. Running around the outside of the home was a small walkway that led off from the garden and was accessible to people. We saw roof tiles, gas bottles, concrete slabs, bricks and fencing panels stored in the walkway. The walkway was overrun with weeds. This exposed people to the potential risk of injury.

We found no evidence that people had been harmed, however the provider had failed to maintain the premises to ensure a safe environment that met service user's needs. This is a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the last two comprehensive inspections on 11 May 2021 and 28 and 29 January 2020 we found the provider failed to meet people's nutritional and hydration needs. This is a breach of Regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (We found enough improvement had been made and the provider was no longer in breach of Regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Meeting nutritional and hydration needs).

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

- People and relatives told us there was enough to eat and drink and they had a choice. One person said,

"The food is very nice. We get plenty of it. You never go hungry." A relative commented, "[Family member] is always the first to the table. There is always dialogue. Food is plentiful and varied. Drinks are offered throughout the day such as juice, water and tea and coffee." Another said, "[Family member] loves the food. They are eating well. Staff do check their weight regularly."

- Improvements had been made to care planning and risk management systems in relation to people's nutrition and hydration needs and we saw people's likes and dislikes were recorded. Food and fluid monitoring charts were in place and these were fully completed and up to date.
- Food and fluid charts evidenced the assistance people needed to support weight gain or prevent weight loss. For example, we saw records of when people had received fortified meals and drinks and when people needed thickener in drinks to prevent choking.
- Advice from healthcare professionals such as the dietician and the Speech and Language Team (SALT) were incorporated into care plans to ensure people received the correct support they needed to meet people's dietary needs.
- Nutrition and hydration audits were in place and completed monthly by the registered manager and these were sent to the Care Quality Commission.

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

- People's needs were assessed before they went to live at the service, taking into account their physical and mental health needs and cultural and diversity needs. This supported staff to create a care plan. We saw that ongoing monitoring and assessment of people's needs occurred, to reflect any changes in people's support requirements.
- Improvements had been made to the care planning system and we found they were reflective of people's needs. Care plans considered people's care needs, including individual cultural or religious preferences. These were reviewed regularly or as people's needs changed.

Staff support: induction, training, skills and experience

- We found some gaps in the staff training matrix provided. For example, the staff training matrix showed that 25 staff were not up to date with fire safety training, 13 staff were not up to date with infection control training and 20 were not up to date with moving and handling training. However staff we spoke with were knowledgeable about the care people needed and people and relatives told us they received good care.
- Improvements had been made in relation to supporting staff through the supervision and appraisal system. One staff told us, "We get regular supervision. We get great support from management."
- Staff received an induction when they joined the service which included training and time spent shadowing experienced staff.

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

- Relatives told us their family members had access to health care and the staff were quick to recognise when people were not feeling well. In these circumstances they contacted the relevant health professional and informed relatives. One relative commented, "If [family member] is unwell the staff pick it up quickly and phone me."
- Staff worked in partnership with health and social care professionals to maintain people's health. For example, the district nurse regularly visited to provide clinical care to people with pressure wounds.

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA <, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in relation to the Mental Capacity Act and DoL's. The staff training matrix showed that refresher training was overdue for 25 staff members. However, staff we spoke with understood the importance of helping people to make their own choices regarding their care and support.
- We observed staff asking people for their permission before they undertook any tasks. A relative said, "They [meaning staff] explain what they're going to do before they do it. They always ask if it's okay."
- People had their mental capacity assessed and if required best interest decisions were in place for people.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Where people shared a room, the person currently occupying that room was not asked if they consented to sharing. One person told us, "I share my room with another girl. I didn't have an option." The registered manager confirmed they did ask people coming into the service, but they didn't ask those already occupying the room. The registered manager said she would ensure this was carried out and recorded in the future.
- We observed people's opinions being sought on day to day tasks. For example, staff asked people what they wanted to drink, where they would like to sit and supported them to choose the clothes they wanted to wear.
- There were regular residents meetings held where people could express their opinions and views about the service and their care. We saw actions had been taken following meetings.
- People and their relatives, where appropriate, were involved in making decisions about their care. We saw care planning documents which explained people's choices about how they wanted to receive care.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

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

- Staff had developed kind and supportive relationships with people. One relative told us, "The carers are always very kind. It doesn't matter who the resident is. Residents aren't ignored." Another commented, "I think staff do care. I can't fault their attitude and what they're doing for [family member]."
- One relative said they liked to show their gratitude to the staff and would sometimes buy a gift voucher and give all the staff a raffle ticket. They said, "Then we draw them out to see who has won the voucher; it's a bit of fun and my way of showing them appreciation."
- We observed caring interactions between staff and people throughout the inspection. One member of staff said, "I like to build relationships with the residents and the team. There is time to do that here."
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. One staff member told us they read the bible with one person who wanted to follow their faith.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what snacks they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy and dignity was respected. We observed staff talking to people respectfully and explaining what was happening during tasks. One person said, "The staff are very good. They always

knock on my door and are always polit." A relative said, "Staff are respectful, kind, caring and treat [family member] with dignity." Another commented, "They maintain dignity always. They knock on the door, they don't just walk in."

- People were encouraged to maintain their independence and do as much as they could for themselves. For example, we saw a staff member encouraging one person to eat their meal with minimum help.
- Relatives all told us that staff promoted their family members independence. One said, "The staff help as much as they can, but let [family member] do as much as they are able." Another told us, "Yes, they do encourage independence. It's one of the most essential things they do."
- Care plans instructed staff of the care tasks that were required for each person and included prompts and reminders to ensure people's privacy and dignity was respected.

# Is the service responsive?

## Our findings

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

At the last two comprehensive inspections on 11 May 2021 and 28 and 29 January 2020 we found the provider had failed to ensure all people received care that met their needs and preferences. This is a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Person-centred care).

We found enough improvement had been made and the provider was no longer in breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- There were dedicated activity staff members who ran sessions for those who wanted to join in with activities. During the inspection we were told that the activities staff were having to help in the kitchen for the week. This meant reduced activities were taking place. However, generally people were supported to take part in chosen activities and staff told us that one to one sessions were offered to those people who could not access the communal areas.
- Improvements had been made to the care planning process and we found care plans were very detailed and comprehensive. They were person centred and educational for staff. For example, if a person was diabetic the care plan described how a low or a high blood sugar affected the individual and described signs staff should look out for.
- People and relatives where appropriate were involved in the care planning process. One relative told us, "Yes [family member] does have a care plan. I did help to put it together. I chatted with the manager. I'm happy with the care." Another said, "Yes, family member has a care plan. The family were involved. It's the care that they need. The plan is ready, and the staff will come and put it into place. I'm happy with the plan."
- The registered manager and the staff had a good knowledge of the individuals they were supporting, and understood their preferences, likes and dislikes. A relative told us, "The staff know my [family member] very well. I'm quite happy they know how to give them the care they need."
- People told us they were able to have family visit as and when they wanted, and were able to go out in to the wider community on planned trips.
- A 'resident of the day' scheme had been introduced where each person and/or their representative were given a chance to meet with a member of staff and discuss day to day life in the care home. They were also able to meet with all heads of department to talk about anything that they would like to change.

End of life care and support

- At the previous inspection on 21 May 2021 we found that not all staff had received end of life training. The registered manager confirmed that staff had completed end of life training, however this was not recorded on the staff training matrix.
- There was an end of life policy in place, but sections of the policy were not applicable to Gabriel Court. For example, the policy frequently referred to nurses, for example, 'where the death is unexpected, the nurse has the responsibility to initiate resuscitative measures.' Gabriel Court is not a nursing home and does not employ nurses.
- At the time of our inspection no one using the service required end of life support. However, when appropriate, people had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order in place.
- Care plans were in place for end of life care and included people's individual wishes and preferences.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their assessment and their care plans described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively.
- The registered manager said they could make information available in formats people could easily understand, for example easy read, large print and pictorial documents. The registered manager was aware of the requirement to provide people with accessible information.

#### Improving care quality in response to complaints or concerns

- People and relatives felt confident if they raised any complaints they would be quickly addressed. One relative told us how they had made a complaint and that it had been resolved swiftly and to their satisfaction.
- A copy of the complaints procedure was available to each person and this ensured that people and relatives had the information they needed if they wished to make a complaint.
- Where complaints had been received, these had been appropriately actioned and responded to.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems and processes were either not in place or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has been rated, 'requires improvement' in the last three CQC inspections since 2017. Although the provider developed an action plan following the last inspection, we found further concerns in relation to risk management, infection control, governance and the environment. The action plan had not been effective in driving and delivering the required improvements to achieve a 'good' rating in all areas; or demonstrating how this was being worked towards in a structured and planned way.

- Although improvements had been made to the quality assurance system since the last inspection in May 2021 it was not robust enough to be effective in all key areas and did not ensure the provider had sufficient oversight.

- Environmental audits were not completed regularly to ensure the provider could identify and drive improvements at the service. Areas of the premises were not safe, for example, in one bedroom we found a wardrobe that was propped upright by a piece of wood placed underneath the wardrobe. It had not been secured to the wall. This posed a risk to the service user and staff from the wardrobe falling onto them.

- Infection control audits had not been completed regularly to ensure areas that required improvement could be addressed swiftly. For example, we found carpets and flooring in some bedrooms were old, stained, dirty and some rooms had malodours. We raised this with the registered manager who arranged for three carpets to have a deep clean following the inspection.

- There were no effective monitoring checks of all essential equipment used at the service to ensure they were working safely. For example, we found some essential equipment showing faults.

- Some improvements had been made to staff training since the last inspection, but there remained gaps in some areas. For example, safeguarding, fire safety, moving and handling and infection control.

We found no evidence that people had been harmed, however systems and processes continued to be ineffective to robustly monitor the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt well supported and were positive about the improvements made since the last inspection. One told us, "It's been a rocky road, but now it's on the up. It is definitely getting better." Another commented, "The home has had a hard time, but things are getting better. We are not there yet, maybe about halfway. Things are definitely better since the new owner took over."

Continuous learning and improving care; 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 provider had an open and honest approach when things went wrong. Relatives were positive about how open the service was. The registered manager also told us about incidents where relatives were informed immediately.
- Following the last inspection, the provider had employed the services of a consultancy company to support the registered and deputy manager with care planning and records management. We found robust improvements had been made to care plans, risk assessment and health monitoring forms.
- Improvements had been made to the recording and analysing of accidents and incidents, complaints and safeguarding alerts. The registered manager had implemented an electronic tracker to ensure oversight of these areas of risk.
- Following the last inspection the provider had created two new posts for 'Heads of Care' to oversee staff and practices on each unit. One of these posts had been filled and they were recruiting to fill the second post. The provider had also employed an operations manager in April 2022 to support the registered manager with the quality monitoring of the service.
- Following the previous inspection improvements had been made to ensure people received sufficient nutrition and hydration and that any weight loss was swiftly addressed with a relevant health professional. Nutrition and hydration audits were in place and food and fluid chart recording had improved. These had been fully completed.

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

- Residents meetings were held every two months and meetings for relatives every four months. These were used to discuss the service and if any improvements could be made.
- Following a meeting the registered manager produced a 'You said we did' poster that described the actions taken by the management following a meeting. For example, people had requested a larger clock because the one in situ was small and difficult for some people to see. This was completed following the meeting.
- Satisfaction questionnaires using smiley face emojis were used to gain feedback from people using the service who needed support with communication. We looked at these and saw they were all positive. The registered manager confirmed they did not send out satisfaction surveys to family members.
- General staff meetings used to be held every six months. However, in January 2022 this had increased to monthly meetings to improve communication with staff. Staff felt this had improved communication and information sharing.
- The provider has also introduced various other forums to improve communication with staff. There were head of care meetings, team leader meetings and daily handover meetings to discuss and update staff on changes to people's care.
- The provider had introduced flash meetings held every three days that included all heads of departments.

These were used to discuss any changes or improvements needed within each different department.

#### Working in partnership with others

- The registered manager was open and transparent with the inspection team during the inspection. The provider and registered manager continued to work with the local authority safeguarding and quality monitoring teams who were involved in investigating concerns and driving improvements.
- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the Speech and Language Team (SALT), district nurses and peoples GP's.