

Tower Bridge Homes Care Limited

Tower Bridge Homes Care Limited - Sycamore

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Sycamore Court is a residential care home, set over two floors that was providing personal care to older adults some of whom may be living with dementia. There were 27 people living at the service at the time of the inspection.

People's experience of using this service:

People expressed mixed views about their experience of living at Sycamore Court. People told us they felt safe but they did not always feel listened to as feedback was not always acted upon. A very high turnover of managers and staff over the past four years meant that people did not always know who was in charge. Frequent changes in staffing and management meant that planned improvements did not always happen or were not sustained. This was summed up by one person who told us, "I've been here four years now, this place has the makings of paradise but [named manager] is hardly ever here, what this place lacks is continuity. The carers change too rapidly, what is the indication as to why they keep changing?"

Historically there had been high numbers of agency staff employed which resulted in a lack of continuity of care. However, recently there had been significant improvements in recruitment with the day shift now covered entirely by regular staff. At night some agency staff were still being used but at much lower numbers than previously. The improvements in staffing meant that the keyworker system had been re-introduced which would help people and staff get to know each other better and build positive relationships.

Safeguarding concerns had not always been raised and investigated appropriately and the information not always shared with the local authority or CQC. Similarly, accidents and incidents were not always followed through with the appropriate action to minimise the risk of re-occurrence. The service was working with the local authority to improve practice in this area.

People's medicines were not always managed safely and medicine audits had not been effective at picking up mistakes we found. Improvements to the environment and staff practices were required to support good infection control practices.

Risks to people were assessed though lacked detail. New systems for sharing information on risks to people had been introduced. Monitoring of food and fluid intake had improved but required further improvement.

There were gaps in staff training, supervisions and observations of staff practice. Plans were in place to make the required improvements. Mental capacity assessments and Deprivation of liberty safeguard applications were not always completed appropriately which meant some people were being deprived of their liberty unlawfully. Staff demonstrated an understanding of how to support people to make choices.

People had care plans but these did not always reflect an accurate picture of the person. The system for reviewing care plans was under review to ensure people were included in the process. People were assisted to have enough to eat and drink and said the food was good but the mealtime experience could be

improved upon. Staff completed the required tasks but missed opportunities to engage with people.

People said staff were kind and caring but interactions between staff and people were generally task orientated with limited sustained interaction. There were limited opportunities for engagement and stimulation for people living with dementia.

There was a complaints procedure in place and people told us their concerns were dealt with positively. People and staff were positive about the new management team. The management team and provider were extremely open and transparent with us about the current failings of the service and were enthusiastic and committed to turning the service around. New systems and processes were being put in place to support the necessary improvements. However, it was too soon to comment on their effectiveness.

Rating at last inspection: Requires Improvement with breaches of regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulations) 2014. Last report published January 2018.

Why we inspected: At the last inspection, multiple breaches of the regulations were found. We met with the provider to discuss our concerns and an action plan was agreed upon. This was a planned inspection to check on the progress of the service in making the required improvements. At this inspection improvements had been made in some areas, but further improvements were still required. Therefore the rating remains Requires improvement across all five domains with breaches of Regulations 11, 12, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulations) 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We also made several recommendations to improve the quality and safety of the service.

Enforcement: You can see the action we told provider to take at the end of the report.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated requires improvement.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in the responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Tower Bridge Homes Care Limited - Sycamore

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team was made up of three inspectors and two experts 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:

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

The previous registered manager left Sycamore Court in August 2018 and a new manager was appointed who was already registered to manage another service nearby owned by the provider. We were advised it was their intention to register as manager of Sycamore Court. A care and quality lead had also been recruited to support the manager in the day to day running of the service.

Notice of inspection:

This was an unannounced inspection. Inspection site visit activity started on 18 January 2019 and ended on 24 January 2019.

What we did:

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must provide us with information about. We also received feedback about the service from the local authority quality improvement and safeguarding teams. We assessed the provider information return (PIR) which is information providers send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with the manager, the care and quality lead and the operations manager. We spoke with seven members of staff including care staff, activities staff and the chef. We spoke with 10 people who used the service and five relatives to ask about their experience of the care provided. We observed the care people received, to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four people's care records and medication records. We also looked at two staff files around staff recruitment and training records, audits and quality assurance procedures relating to the management of the home.

Is the service safe?

Our findings

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

RI: ☐ 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.

Systems and processes to safeguard people from the risk of abuse

- Feedback from the local authority reported that safeguarding concerns had not always been raised and investigated appropriately. The service was now working with the local safeguarding team to address these failings.
- We found similar concerns during our inspection, for example, where a person had unexplained bruising on their arm this had been recorded on an incident form but this had not been followed up. Body maps were completed for people but these did not always give a reason for the wounds or track their progress.
- Not all staff had up to date training in safeguarding. The service had accepted an offer from the local authority to support with staff learning in this area.
- Staff we spoke with understood their responsibilities to safeguard people from the risk of harm. They understood the different types of abuse and knew how to report concerns.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulations) 2014.

Using medicines safely

- Medicines were not always managed safely. We looked at controlled drugs (CD's). CDs are drugs classified under the Misuse of Drugs Act 1971 and have specific requirements in relation to storage, administration and recording. We found no opening dates for two liquid pain killers which were still being used but had expired. There were several recording errors in the CD book with stock balances crossed out and changed without explanation as to the reason for the errors.
- Monthly medicine audits were completed but these had not identified the issues we found.
- Only senior staff administered medicines. Training records showed that two of the senior's medicine training was overdue. We found one senior's knowledge regarding specific medicines and how they should be administered required strengthening.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulations) 2014.

- Medicines were stored safely and at the correct temperature. Guidance for 'as needed' medicines was in place. People had medicine administration records which were completed with no gaps indicating that people had received their medicines as prescribed.

Assessing risk, safety monitoring and management

- Risk to people had been assessed but lacked detailed guidance for staff on how to manage individual risks. The management team had identified this was an area requiring improvement. Various new systems

had been put in place to improve information sharing around risk. A daily walkaround had been introduced by senior staff who then shared information about people with the rest of the staff team. Daily meetings were held with senior staff and a 24-hour report had been introduced. This meant that the manager on duty had access to the most up to date information about people including any risks.

- Increases in permanent staff and the re-introduction of the 'keyworker' system resulted in staff knowledge about people including risks being improved.
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, water temperatures and electrical equipment. Gas and other appliances were also regularly serviced. Fire safety checks were completed and people had personal emergency evacuation plans (PEEP) in the event of an emergency.
- Improvements in monitoring people's fluid intake had been sustained since our last inspection. Fluid charts were being fully completed with a running total kept of fluids offered and taken. However, as per our previous inspection, we found that further improvements were still required in terms of fully completing the form to record whether targets were met, whether the information had been reviewed and if further action was required. The manager told us that fluid charts were reviewed by senior staff every day at the daily walkaround and the necessary action taken but this was not formally recorded.
- People at risk of malnutrition were on food charts which were completed regularly. People were weighed monthly and a new form had recently been introduced to improve monitoring of changes in weight. However, this form did not record actions taken when people's weight changed. This made it difficult to check whether people had received the appropriate support and treatment.

We recommend the provider continue to review its systems and processes for monitoring food and fluid intake to ensure robust oversight of people at risk of malnutrition and dehydration.

Staffing and recruitment

- At the last inspection we found insufficient staff had been deployed to safely meet people's needs which was a breach of the regulations. At this inspection we found marked improvements had been made and the service was no longer in breach.
- The new management had trialled a new method of recruitment which was very successful and the use of agency staff had significantly reduced. Day shifts were now fully staffed by permanent staff and agency night staff usage had also reduced with two new permanent night staff in the process of being recruited.
- A new dependency tool was being used which had been provided by the local authority to assess and monitor safe staffing levels. Our observations showed there were enough staff to support people safely. A person told us, "I feel safe here, there's always plenty of staff around." People told us that when they used their call bells staff came promptly.
- Staff told us there were generally enough staff and that teamwork had improved with the reduction of agency staff. A staff member told us, "'I've been here a year now; It's a lot better now than it was when I started; It's been fully staffed so it's easier now."
- The provider had appropriate recruitment processes in place to ensure suitable staff were recruited to safely meet people's needs. All relevant information about applicants had been obtained and the necessary safety checks completed.

Preventing and controlling infection

- At the previous inspection we found environmental hazards which were a potential risk to people's safety. At this inspection we saw that whilst some of these hazards had been remedied, there were still some issues with environmental safety, for example, dirty bed rail bumpers and a wardrobe not secured to the wall. We discussed our findings with the manager and after the inspection received written assurances that the issues found had been addressed.

- Staff had received training in infection control and wore appropriate protective clothing such as gloves and aprons to prevent the spread of infection. However, we observed two instances of poor practice. On one occasion a staff member handed out cutlery to people handling it from the spoon end. After lunch, staff emptied the leftovers into a container which spilled over onto the same workspace where clean crockery and the fruit bowl was kept.

We recommend that the provider review its current systems and processes for training and assessing staff knowledge and practice in relation to good infection control standards.

Learning lessons when things go wrong

- The provider had learned lessons from past failings, recognising that a stable workforce and management team was key to making and sustaining improvements. A new method of recruitment had been introduced and this was managed by a designated member of staff working at the service, processing applications and supporting new staff settle in.
- The provider had identified that staff lacked confidence and direction so had recruited a care and quality lead to provide guidance and mentorship to staff.
- It had been identified that oversight of medicine management required strengthening and audits were being increased from monthly to weekly.
- A new accident/incident form had been developed to make it easier to check that all the required actions had been taken to minimise future risk and learn from mistakes.

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- New staff received an induction which included completing required training and shadowing more experienced staff. There were plans to re-introduce the care certificate as a means of inducting staff new to care which represents best practice but this had not yet been put into practice.
- The high turnover of staff and changes in management meant that many areas of staff support had lapsed such as training, supervision, observations of practice and annual appraisals. When the new manager started, they met with each member of staff for a one to one meeting aimed at identifying staff concerns and learning needs. However, these meetings had not been formally recorded. The manager confirmed that they planned to reintroduce a formal structure for regular supervisions, observations of staff practice and annual appraisals.
- Training was mainly provided via E-Learning and not all staff training was up to date. The provider recognised this was an area that required strengthening and plans were being made to ensure staff training was up to date and provide staff with additional training aimed at meeting the individual needs of people living at the service, for example, training in Parkinson's disease.
- At the time of inspection only sixty per cent of staff had received practical training in manual handling. On a review of accidents and incidents we found two examples where people had sustained skin tears or bruising whilst being moved or positioned. These incidents had not been followed up with staff to check their competence or provide additional training if required. Also, people's moving and positioning care plans had not been amended to provide additional guidance to staff on how to minimise the risk of re-occurrence.
- We discussed our concerns with the operations manager who told us that some staff had now been trained to provide staff with practical manual handling and complete observations of staff competence. This would ensure all staff had the necessary skills to move and position people safe but had yet to be implemented.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulations) 2014.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found several examples where MCA assessments and DoLS applications had not been completed or authorisations had expired but not yet been re-applied for. This meant that people were being deprived of their liberty unlawfully.
- The manager was aware that improvements were required in terms of how MCA's and DoLS were managed and a review of this process formed part of their improvement plan. They assured us that they would immediately apply for re-authorisation of the expired DoLS.
- Not all staff had received training in the MCA. However, the provider was working with the local authority which had agreed to support the service by providing training for staff in this area.
- Consent forms had been signed by people but it was not always clear from people's care plans whether they had the capacity to understand particular decisions and provide informed consent.
- Monthly reviews of people's capacity completed by senior staff and interviews with staff demonstrated that staff understood of the importance of gaining consent and knew how to support people to make choices.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulations) 2014.

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

- People were provided with meals and snacks throughout the day. Fresh fruit was available and people were regularly offered a choice of hot and cold drinks. People told us they liked the food on offer. A person told us, "The food is excellent here. All the meals are good quality and we have as much as we want."
- We observed the lunchtime experience for people. Crockery and condiments were laid out but there was no menu on display. We found a lack of choice at lunch as people could have either battered cod or scampi [fish or fish] and there was only one choice of dessert. However, we did see that where a person did not like fish the chef made them an omelette. The manager told us that the service had been chosen to trial a new electronic menu system where people could choose their meals on the day from pictures displayed on an hand held 'tablet' computer. This was aimed at improving the mealtime experience to support people to make informed choices.
- On the first floor [the dementia unit] we saw the food looked enticing and people were eating their lunch with enthusiasm. However, there was a lack of atmosphere in the dining room. Staff were focussed on the task of providing a meal and there was limited social interaction between staff and people. The meal experience on the ground floor was similar as was not particularly sociable. However, people were not rushed and were able to take their time to eat their meals at their own pace and were offered seconds.

We recommend that the provider seek independent advice and guidance to ensure a positive mealtime experience for older people and people living with dementia.

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

- At our previous inspection we found that the home environment was not 'dementia friendly' with a lack of pictures and objects to occupy and stimulate. At this inspection we found this was still the case as with the changes in staff and management the planned improvements in this area had not been completed. The new manager had already identified this failing and had recruited a new maintenance man who had previously won awards for their work in adapting environments in line with best practice for people living with

dementia.

Supporting people to live healthier lives, access healthcare services and support

- People told us their day to day health needs were being met. A relative said, "[named person] has been poorly, we are very happy with the treatment provided." People's care records showed they had access to health and social care professionals such as the GP, district nurse, optician and chiropodist.

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

- People's needs were assessed prior to admission and were regularly reviewed. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation. People's gender preferences for staff support were known and respected.

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

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People told us that staff listened to them but they were not sure that feedback was always acted upon. A person told us, "They certainly listen to what I say but I am not sure if they act on what I say." Residents meetings had recently been re-introduced as a means of providing people with an opportunity to express their views. Minutes of meetings were recorded but the service had not yet generated an action plan in response to the issues people raised.
- Improvements in staffing and a reduction of agency staff had a positive impact on the care people received. As there was now a more stable staff team the 'keyworker' system had been re-introduced. This meant that people had a designated staff member who got to know the person and took responsibility for aspects of a their care, such as making sure people had toiletries and someone they could talk to about any concerns. A person told us, "Staff know me well." We spoke with one person's keyworker who demonstrated they knew the person they supported very well, their likes and dislikes and how they liked to be supported. The information they told us matched accurately with what was in the person's care records.
- People had communication care plans to provide guidance for staff to support people to express their needs. Staff demonstrated a good understanding of people's communication needs. For example, a staff member told us, "[named person] requests crispy chicken but we know they mean cornflakes."

Respecting and promoting people's privacy, dignity and independence

- At the previous inspection we found that people's care records were not stored securely to protect confidentiality. At this inspection we found this issue had been addressed and people's information was protected.
- The task focussed approach of staff meant that people's dignity and independence was not always promoted.
- Senior staff told us they monitored staff attitudes and values to ensure people were treated with dignity and privacy was maintained. We did see one example of undignified practice by a staff member. This was shared with the manager so that this performance issue could be immediately addressed.
- We observed that staff called people by their preferred names and spoke to them politely and knocked on doors before entering. However, one person told us that their privacy was not always maintained. They told us, "Staff don't always knock before entering and the other day I was naked when member of staff came in and it was a bit of a shock; that was a couple of weeks ago."

We recommend that the provider refer to best practice guidance to ensure staff have the necessary knowledge and skills to respect and promote people's privacy and dignity.

Ensuring people are well treated and supported; equality and diversity

- We observed staff treating people with kindness, however interactions between staff and people were brief and not sustained and were generally related to completing tasks. This was particularly noticeable on the first floor [dementia unit]. An exception to this was the positive and meaningful exchanges we observed when the home manager interacted with people living with dementia. We saw two people laughing and smiling and saw their mood lift as the manager engaged with them.
- People told us staff were caring. One person told us, "Staff are very kind."
- People's equality, diversity and human rights were respected and recorded as part of the care planning process. At the time of the inspection, there was nobody living at the service who had any specific cultural requirements. People of all faiths were welcome at the service and we were told their religious beliefs would be taken into account as required.

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff told us, and records confirmed, that people's care plans were reviewed on a monthly basis or earlier if things changed. The information in the reviews was of a good quality and detailed any changes. However, people were not included in these reviews. People told us they had not seen their care plan and did not know what it was. This failing had been identified by the provider and work was underway to ensure that people were included in future reviews of their care.
- Care plans did not always represent an accurate picture of the person and some information was contradictory. The provider was aware that further work was needed to make sure staff had the relevant and up to date information about people. A new 'grab sheet' had been introduced to provide staff with an up to date picture of people's needs.
- Whilst care plans contained information about people's likes and dislikes so that staff could provide person centred care, our observations showed that staff often took a task focussed approach when providing care and support. Interactions between staff and people were mostly related to completing functional tasks, for example, providing drinks or support with personal care. We found a lack of meaningful or prolonged engagement between people and staff.
- At our previous inspection we highlighted that people's preferred routines were not documented or recorded. People spent long periods in bed and it was not clear whether this was their choice. At this inspection we found improvements had been made. Staff documented in people's daily notes their choices about getting up or going to bed. That said, we found further improvements were still required in relation to people's bathing preferences. The service kept a 'bath book' which showed that people generally received a bath or shower once a week. Some people told us they would like to bathe more often. One person said, "I would like to have shower every day but the last one I had was about five days ago." Another said, "I would like to bathe more often. I am taken to the bathroom once per week to have a bath."

We recommend that the provider review its systems and processing for exploring and recording people's choices and preferences regarding all aspects of their care to ensure a person-centred approach.

- At our previous inspection we raised concerns regarding a lack of activities available for people. In response the provider had recruited an activities member of staff. Feedback about the activities staff was positive. One person told us, "The activities lady has asked me what I would like to do, I like needlework and would like to do more of that; I also do knitting now." Another person said, "We're doing dragons at the moment, the activities coordinator is so full of energy, she keeps us on our toes, she doesn't like us doing nothing."
- Despite the positive feedback, during the morning of our inspection we observed very little activity or stimulation for people. Most of the time people were sitting in the lounge doing very little. In contrast, in the afternoon pupils from a local school came into the service to spend time with people living downstairs. We

observed this was a very positive experience for people. We saw people enjoying themselves, laughing and chatting with the children. However, this activity was not extended to people with dementia who were living upstairs.

- People were supported to maintain relationships that were important to them. Friends and relatives could visit anytime and were made welcome at the service. One visiting relative told us how the service provided them with lunch every day so they could continue to enjoy a meal with their spouse.

We recommend that the provider review their current provision of activities to promote the engagement and wellbeing for all people living at the service including those living with dementia.

Improving care quality in response to complaints or concerns

- People were aware of how to raise a complaint and felt able to do so. A person told us, "I know who the manager is and have been able to get hold of them." We saw there was a formal complaints procedure which was accessible to people and people's concerns and complaints were responded to in a timely manner. Feedback from people indicated that the service listened and responded to complaints. A relative told us, "I can't find anything to complain about, the staff, they are really good. We had problems with laundry but they helped us sort that out mostly labelling issues."

End of life care and support

- There had been discussions with people regarding their preferred priorities for care which included decisions about their end of life care. Do not attempt resuscitation forms (DNARS) were in place for people where appropriate and had been discussed with the person or their representative.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our previous inspection we found the service in breach of regulation 17 good governance. At this inspection whilst we saw some improvements had been made, further improvements were still required to be made and sustained so the service remains in breach.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had identified the service failed to make and sustain the necessary improvements found at the previous inspection so a new management structure was put in place. The management role was now being shared between a registered manager from another service owned by the provider and a newly recruited care and quality lead.
- At our previous inspection we raised concerns about the lack of provider oversight. In response to this the provider recruited a locally based operations manager who was on site several days a week providing greater support and oversight of the service at provider level.
- During the inspection we spoke with all three managers who demonstrated a clear understanding of their shared roles and responsibilities.
- It was recognised that staff lacked leadership and direction and the quality lead had been recruited to provide coaching and support to promote staff confidence and accountability.
- The provider had not always met their requirement to submit statutory notifications to advise us of important events. The quality lead explained that this was due to miscommunication between themselves and the manager. We were advised that a new report form has been introduced to improve communication practices between the management team.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The significantly high turnover of managers over an extended period of time impacted on the quality and safety of the service. The long term managerial instability and lack of consistent oversight and leadership at both manager and provider level meant that many of the quality and safety issues we found during the previous and current inspection had not yet been fully addressed. An improvement plan was in place which identified the need for new and more robust quality assurance mechanisms but much of the work required was still ongoing.
- The new management team had been post for a relatively short period of time and had inherited a number

of longstanding issues found at the previous inspection. We saw that they had made some headway with regard to making the required improvements, most significantly in terms of recruiting a permanent staff team. This had a positive impact on staff morale. A staff member told us, "Last year was a struggle with agency staff but the new staff are really nice much more routine now."

- A number of new systems and processes had been put in place to drive improvements but it was too soon to comment on their effectiveness as they were not yet embedded in practice.
- Throughout the inspection we found the management team honest and open and extremely transparent regarding the failings of the service. They demonstrated enthusiasm and commitment to making the required improvements to ensure safe and good quality care.

The above represents a continued breach of Regulation 17 of the Health and Social Care Act (2008) Regulations 2014.

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

- The manager told us they recognised that the current method of engaging with people and seeking their views was not fit for purpose as was a 'tick-box' exercise which failed to provide any meaningful information about people's experience of living at the service. Plans were in place to re-design the satisfaction survey to get a clearer picture of people's views. The service also planned to introduce a monthly newsletter to improve communication between people and the service.
- Trust and confidence in the provider from people and staff had been shaken due to the frequent changes in management. However, feedback from people, relatives and staff was positive about the new management team. A person told us, "I think the new manager is really trying to improve things." A member of staff said, "I like working here, it's rewarding and I feel supported in my role."

Continuous learning and improving care

- Whilst little improvement was seen since the last inspection due to yet another change in management, there was evidence that the provider had learned from past mistakes. The recruitment of a locally based operations manager to provide more intensive support and oversight of the service demonstrated a commitment to improving care in the short and long term.

Working in partnership with others

- The service was working with the local authority's quality improvement and safeguarding teams to address failings at the service. Feedback we received from the local authority indicated that the culture of the service was improving.
- Links had been made with a local school to help people feel part of their community.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents There was a failure to submit statutory notifications in accordance with regulatory requirements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Mental Capacity assessments and DoLS applications were not always made or had expired which meant people were being deprived of their liberty unlawfully.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Staff training, knowledge and competence needed to be improved.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding concerns not always reported or investigated appropriately. CQC not notified of safeguardings.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Insufficient monitoring and oversight of safety and quality of service and staff. .

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Lack of support mechanisms for staff such as training, supervision, appraisals and observations of competence to ensure staff have necessary skills and knowledge to be competent in their role.