

Mrs P Hunter

Hunters Lodge

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 responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Hunters Lodge is a residential care home providing personal care and support to older people and people living with a learning disability, autism, physical disability and dementia. There were eight people living there at the time of the inspection. The service can support up to nine people.

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

People were not always protected from the risk of avoidable harm. Risks were not always appropriately assessed and care plans were not always clear and detailed. Some people's care records lacked accurate, detailed, person-centred information. We found continued failings in the use of guidance for the administration of 'when required' medicines. 'When required' medicine protocols were not always person-centred or accurate. There was no system in place for checking the status and condition of window restrictors. The provider did not always operate safe and effective recruitment practices to ensure staff working with vulnerable people were suitable.

People's communication needs and preferences were not always appropriately and consistently recorded. This meant staff did not always have enough detailed information to communicate effectively with people to understand their behaviours and wishes. Some people's care records did not contain enough person-centred information for staff to ensure people had choice and control and to meet their needs and preferences.

Managers lacked some knowledge and understanding of regulations, guidance and standards. The provider did not display the most recent CQC rating. The provider's audits were not always effective and had not identified the failings found by us during our inspection. This meant the provider was less likely to be able to identify areas for improvement. The registered manager did not have a good level of knowledge about the service and the management arrangements in place were not sufficient to drive enough sustained improvement. The provider continued to be in breach of five regulations.

Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and were appropriately supervised. The provider was in the process of arranging mental capacity assessments for people. Appropriate DoLS applications had been made and the provider always contacted the appropriate relative to seek consent when a person did not have the capacity to decide for themselves.

The provider had robust Infection Prevention and Control (IPC) policies and practices in place.

Staff received appropriate training and supervision and had the knowledge and skills to provide the care people needed. Staff knew people well and supported them to stay healthy.

The provider worked in partnership with other agencies and organisations to provide and improve people's care.

Despite some improvement since our last inspection, some of the planned improvements had not been fully embedded. The provider said they had prioritised their focus on dealing with the COVID-19 pandemic. This meant at the time of this inspection there was not enough evidence of consistent good practice over a sustained period of time.

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.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

People lived in a shared household in a residential home in the community. People had their own bedrooms, could come and go as they pleased and have visitors whenever they liked. This meant people could live their own individual lifestyles.

Right care

The information in some people's care records was person-centred but some people's records did not have enough detailed person-centred information. This meant staff did not always have enough information to support all people in line with their interests and preferences. However, staff knew people well and this meant the support people received was mostly individual to their needs and preferences. Staff were caring and respected people's dignity.

Right culture:

People's ability to do things independently had not always been robustly assessed and care records did not always contain enough information about how staff should support people to do more things for themselves. It was not clear from the support provided and recorded whether people were as empowered as they could be and were living as independently as they could. Information in people's care records about their interests was basic and did not contain enough detail about how staff should support people to live as full a life as possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 20 November 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection there had not been enough sustained improvement and the provider was still in breach of regulations.

Why we inspected

We carried out an announced focused inspection of this service on 30 March 2021.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We also looked at IPC 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hunters Lodge on our website at www.cqc.org.uk.

Enforcement

The overall rating for the service is requires improvement. We have identified breaches in relation to safe care and treatment; person-centred care; fit and proper persons employed; requirement to display CQC performance assessments and good governance.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also 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 overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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 six 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, 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.

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 responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Inadequate ●

Hunters Lodge

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.

At our last inspection breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment; person-centred care; need for consent; staffing; fit and proper persons employed and good governance.

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.

Service and service type

Hunters Lodge 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 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

We gave the service 24 hours' notice of the inspection. Due to people's needs we wanted to give the provider enough time to prepare people for our inspection. We also wanted to check the home's COVID-19 status to make sure it was safe to inspect.

What we did before the inspection

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

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the deputy manager and two care workers.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, accident and incident forms and audits were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection in October 2020 we found the service was not always safe because people's risks were not always appropriately assessed. The failure to ensure people's care was planned and delivered safely was a breach of Regulation 12 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 12.

- The registered manager told us there were no people with challenging behaviour and that nobody required a Positive Behavioural Support (PBS) plan. A PBS plan is created to help understand and support people who have a learning disability and display behaviour that others find challenging.
- However, one person's care records indicated they presented with behaviours which may challenge. The person's risk assessments and care plan had insufficient information for staff regarding triggers for the person's challenging behaviours and what to do when they displayed challenging behaviour. This meant staff did not have enough clear and detailed information to manage the person's challenging behaviour safely. This put the person, other residents and staff at an increased risk of emotional, psychological and physical harm.
- The person's care plan contained contradictory information. It said the person did not have any communication needs but also stated the person was unable to communicate their views. This meant that known risks associated with behaviours may not have been effectively managed.
- The provider did not have systems in place for checking and recording condition of window restrictors. This meant the provider could be unaware of faulty window restrictors. This put people at an increased risk of harm from falling from a window.

Although we found no one had been harmed, not enough improvement had been made to manage people's risks, environment and medicines at this inspection. As a result, the provider remained in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments and risk management plans in place.
- The provider had built a room in the garden and staff used it to change their clothes and don and doff PPE.
- There were robust cleaning schedules in place and cleaning audits were carried out.
- The provider had completed COVID-19 risk assessments for people and staff.
- All people's rooms had suitable window restrictors to prevent people falling from windows.

- Foods in the fridge were correctly labelled. Staff knew what date the foods were opened and when they should be used by.

Using medicines safely

At our last two inspections we found medicines were not always managed safely. Staff did not have guidance in care records regarding 'when required' medicines. There were no arrangements in place for staff to record medicines errors or concerns and management checks did not always identify errors that had occurred. No action was taken when temperatures which could damage medicines were reached. The failure to ensure that people's care was planned and delivered safely was a breach of Regulation 12 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 12.

- The guidance for 'when required' medicine in some people's care records was not specific to the individual. Some people's 'when required' medicine guidance contained the same information as each other. This meant staff did not have accurate information to know whether to give people their 'when required' medicine or try an alternative approach. This put some people at risk of being given medicine more frequently than necessary.
- One person's 'when required' medicine guidance did not include accurate information about staff contacting the GP before administering it and then recording contact with the GP. This meant staff did not know the correct procedure to follow. This put the person at risk of being given medicine more frequently than needed.
- Staff had not recorded whether they had contacted the GP about giving the person 'when required' medicine. This meant there was no evidence the correct procedure had been followed. This put the person at risk of being overmedicated because the provider could not show the correct procedure was being followed.
- The person's 'when required' medicine guidance said staff should encourage the person to verbalise their feelings. However, their care plan stated the person was unable to communicate their views. Their 'when required' medicine guidance and care plan did not contain information for staff about how to communicate with the person. This meant staff did not have accurate information to know whether to give the person 'when required' medicine or not. This put the person at risk of being given medicine too often.

Although we found no one had been harmed, not enough improvement had been made to manage people's risks, environment and medicines at this inspection. As a result, the provider remained in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had put a system in place for staff to report medicines errors and concerns and the provider carried out effective medicines audits.
- The provider had installed temperature control equipment in the medicine's storage room to ensure the area did not reach temperatures that could damage medicines.

Staffing and recruitment

At our last two inspections we found the provider did not always operate and maintain effective recruitment procedures. This was because the provider had not always carried out robust checks on staff providing people with care and support. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- We looked at recruitment files for new carers that had started employment since our last inspection.
- One staff member's file did not contain any employment references. The provider's recruitment policy stated offers of employment would be subject to references and only written references would be accepted.
- The deputy manager told us they had been unsuccessful in obtaining references from this staff member's previous employers. The provider had at times made the person a shift-leader. However, they had not carried out a risk assessment or put extra monitoring or supervision in place for this person. This put people at risk of receiving a service from unsuitable staff.
- We had a discussion with the provider about carrying out risk assessments and implementing extra monitoring and supervision when references were difficult to obtain. The provider said they would do this in future. We will follow this up at our next planned inspection.
- The provider's recruitment policy stated that all positions would be offered on a 13-week probationary period. Although new care workers had received some supervision, we did not find any evidence they had received specific supervision or an interview at the end of their probationary period. This meant the provider had not formally reviewed their suitability for the role. This increased the risk of people receiving a service from unsuitable staff.

The provider's failure to operate and maintain effective recruitment procedures was a continued breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One file showed appropriate recruitment checks had been completed. It included an application form with details of previous employment, a signed contract, evidence of identification and address, a Disclosure and Barring Service (DBS) check and written references. The DBS is an organisation that helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were somewhat assured that the provider was admitting people safely to the service.
- The provider had not updated their admissions policy to include what they would do to prevent new residents catching and spreading COVID-19. The provider knew what procedures to follow. After our inspection the provider said they would update their admissions policy to include their procedures for preventing new residents from catching and spreading COVID-19.
- We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's IPC policy was up to date.
 - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training which provided them with the knowledge and skills to recognise signs of abuse and know what action to take should they suspect abuse. The provider had a safeguarding

policy and procedures in place.

- Staff understood the provider's whistleblowing procedure and there was a process in place for reporting near misses and accidents and incidents.

Learning lessons when things go wrong

- The provider had systems and processes in place for recording, auditing and reviewing near misses and accident and incidents.
- Areas for improvement were discussed in staff meetings and in individual staff supervision and further staff training was provided if necessary.

Is the service effective?

Our findings

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

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

At our last inspection we found staff did not always receive adequate training and supervision to enable them to carry out their duties effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- New staff had completed induction training. This included an introduction to the service, the providers policies and procedures, reading people's care plans and learning how to use the electronic care planning and recording system.
- The registered manager told us staff without a health and social care qualification were required to complete the Skills for Care Certificate. This is a set of standards that health and social care workers should adhere to in their work. Records showed two new staff were in the process of completing their care certificate.
- Staff had received training in various areas, including safeguarding, medicines administration, manual handling, behaviours which may challenge and health and safety. One member of staff said, "So far the training has been good and has helped me to deliver good care."
- Records showed staff had supervision with managers during which they discussed their work performance. A member of staff said, "I had supervision when I started." Staff told us they felt supported and the managers were approachable. One member of staff said, "The managers are ok, any problems I can speak with them" and "I would go to the deputy manager, she's good, she has helped me with my progression."

At our last inspection we found staff did not always understand the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People that required mental capacity assessments had not been assessed and the provider had made inappropriate DoLS applications. This meant people with capacity were at risk of being deprived of their liberty without their consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 decisions 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.

- Staff had completed MCA training and displayed enough knowledge and understanding of the training. Care workers knew how to support people in line with the principles of the MCA. One member of staff said, "It's used to determine if an individual has the capacity make decisions related to their care" and "[Person] was prescribed some medicines which they felt they didn't need, we supported them to make an informed decision and met with the GP and family to come to a decision."
- The inappropriate DoLS applications had been withdrawn and the provider had contacted people's GP to organise mental capacity assessments for people that required one.
- Care plans included some basic information about people's capacity to make decisions related to their care and treatment.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had not always worked with other healthcare services quickly enough. There had been one incident when a person fell and bruised their face and staff did not seek medical treatment for the person until after the weekend. A manager then instructed staff to take the person to the hospital. The provider reviewed this incident with staff and ensured staff knew the importance of following the correct procedure.

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

- The provider did not always deliver care in line with standards and guidance for people's communication needs and the administration of medicines.
- People's choices and needs were assessed and where necessary assessments were carried out with health and social care professionals from other organisations.

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

- Staff ensured people ate and drank enough to maintain a balanced and healthy diet.
- People received the support they required to eat and drink.

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

- The provider had systems and processes in place to monitor people's weight and how much they ate and drank.
- Staff supported people to access healthcare services and professionals and community services.

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

- The care home was set up in a way that met people's needs. There was a stairlift to support people to

move between floors. People's bedrooms were personalised.

- The home had a well maintained garden for people to use.
- The provider had built a large room with toilet facilities in the garden that could be used by people in the future.

Is the service responsive?

Our findings

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

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

At our last inspection we found that some people's care records were incomplete, consisted of single sentences and contained contradictory information. This meant their preferences about how they wanted their care and support provided were not recorded or available to staff. This was a breach of Regulation 9 (Person Centred Care) 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 9.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person's care plan did not include person-centred information about their communication needs, how staff should communicate with them and their preferred ways of communication. The person's care plan also contained contradictory information about their ability to communicate. It stated the person was unable to communicate their views. This meant staff did not have enough clear information to be able to communicate effectively with the person and in their preferred ways. This meant the person's behaviours could be misunderstood and misinterpreted by staff.
- The lack of detailed person-centred information about the person's communication needs meant the provider did not always follow the five steps of the AIS.

This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service gave some people information in an accessible format. This included pictorial information, Makaton and British Sign Language. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate.

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

- Some people's care plans contained basic information that was not detailed or person-centred enough. This meant some people's choices and preferences about how they wanted their care and support provided were not recorded or available to staff. This meant some people were at increased risk of receiving care that was not specific to their individual requirements.

This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments and care plans in place and some of these care records contained detailed person-centred information.
- Staff had access to people's care records.
- Staff knew people's needs well.

Supporting people to develop and maintain relationships to avoid social isolation

- The provider continued to allow people to have visits during the COVID-19 pandemic. They provided people's relatives with a visiting area, PPE and lateral flow tests.
- Families also stayed in touch with people via video and telephone calls. The provider made a tablet available to people for video calls.
- Staff supported people to go out in the community and people that had capacity could come and go as they pleased on their own.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and people and their relatives knew how to make a complaint.
- The provider investigated complaints, responded to people and made changes where necessary.

End of life care and support

- Staff had received training and had the knowledge and skills to support people at the end of their lives. People had end of life care plans.
- The service worked in partnership with St Christopher's hospice to develop people's end of life care plans. St Christopher's had awarded Hunters Lodge an end of life care certificate for following the hospice's end of life care programme.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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 we found quality checks had not identified that staff did not always have access to care records and some staff did not understand the Mental Capacity Act. We found staff competency checks had not been carried out. We also found there was no cleaning audit and quality checks had not identified food had been unsafely stored in the fridge. We were concerned the registered manager had failed to ensure the deputy manager received an appropriate induction and appropriate support and the management arrangements in place were insufficient to drive improvements.

This was a 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.

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

- The provider's audits, systems, processes and checks were not always effective and had not identified any of the failings found by us during this inspection. This meant the provider was less likely to be able to identify areas for improvement and in some cases, people were potentially at risk of harm. For example, some people's care records did not contain enough detailed, person-centred information for staff to know how to provide safe, person-centred care to people. Care records were not always updated with information about changes to people's medicines in a timely manner.
- Audits were not always effective. Health and safety audits did not include checks of window restrictors and IPC audits did not include checks of cleaning records.
- During this inspection the provider was in the process of carrying out a family feedback survey. However, there was no evidence of family feedback surveys having been done before March 2021. The lack of family feedback surveys took place while visits to the home were happening less frequently due to the COVID-19 pandemic. This meant the provider was potentially less likely to know the views of relatives or their suggestions for how to improve the service.
- Some people's relatives told us they had not met the registered manager and always had contact with the deputy manager and had thought the deputy manager was the manager of the service.
- The registered manager did not display an adequate level of knowledge about the daily operations of the service and its processes. The deputy manager was responsible for the daily operation of the service. This

was the deputy manager's first job in social care. The registered manager's lack of knowledge and the amount of responsibility and workload given to the deputy manager concerned us. We were concerned the management arrangements in place were not adequate and were insufficient to drive the required level of improvement within the required timeframe.

The provider's failure to monitor and improve the quality and safety of the service was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection the provider displayed the CQC rating requires improvement from our inspection dated 03 February 2020 instead of the rating of inadequate from our inspection dated 02 October 2020. This meant people, families, staff and other professionals could have been misled into thinking the service's rating was requires improvement instead of inadequate.
- During the inspection we raised this issue with the provider and they removed the incorrect rating of requires improvement. They said they would display the correct rating of inadequate.

This provider's failure to display the correct CQC rating was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were treated with dignity and respect and staff listened to people. Some people were supported to participate in preparing meals. One person's family said "[Name] is doing better there than we could ever have hoped."
- The provider had a statement of purpose and clear values. These were given to staff and displayed in the home to make staff and people aware of the principles driving people's care.
- Staff were encouraged to talk openly about themselves so managers could identify their strengths and support them to make plans to achieve progress. There were regular staff meetings and staff were encouraged to contact managers at any time. Staff had the registered manager's telephone number and could contact them with any issues or suggestions.
- The provider had been flexible with staff working hours during the COVID-19 pandemic to support staff with family commitments. When staff had self-isolated they had received full pay. There was an employee of the month scheme and it was decided by people, staff, the deputy manger and the registered manager together. The provider gave staff small gifts each month to show their appreciation.
- The provider responded quickly to staff issues, including changing staff rotas and shifts.

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 understood their responsibility to report serious incidents, including notifying CQC and sending safeguarding concerns to the local authority.
- Staff informed people and their families when something went wrong.

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

- Staff held residents' meetings to gather people's feedback and get their views and any suggestions they had for improving the service. Records of the meetings were kept for people to read and for the provider to monitor progress. Staff communicated with people on a daily basis about their care.
- The provider held staff meetings in which staff could share their views and give their input and managers

provided updates. Staff also had regular supervision and yearly appraisals.

Continuous learning and improving care

- Staff worked with local authority support teams to improve the service.
- The provider had systems and processes in place to learn lessons when things went wrong.
- The provider participated in seminars on the internet and attended meetings with the local authority and Clinical Commissioning Groups.

Working in partnership with others

- The service worked in partnership with people and their families; health and social care professionals; community services; voluntary organisations; leisure centres; faith groups and education providers to provide and improve people's care.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to plan personalised care and meet people's communication needs to ensure people had choice and control and to meet their needs and preferences.</p>

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 failed to ensure people's care and treatment was planned and delivered safely.

The enforcement action we took:

We served the provider with a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to monitor and improve the quality and safety of the service.

The enforcement action we took:

We served the provider with a Warning Notice.

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 failed to operate and maintain effective recruitment procedures.

The enforcement action we took:

We served the provider with a Warning Notice.