

Classic Care Limited

Bricklehampton Hall

Inspection report

Bricklehampton
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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

Bricklehampton Hall is a nursing home providing personal and nursing care to 54 people at the time of the inspection. The service can support up to 55 people in an adapted building with a purpose-built extension.

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

The registered provider had not always informed the Care Quality Commission of changes within the management arrangements and of notifiable events which had taken place.

During our inspection we brought to the attention of the registered manager areas of concern regarding the environment whereby people's safety was compromised. The registered manager took immediate action in respect of these areas where possible.

Concerns were identified in the administration and management of people's medicines. People did not consistently receive their medicines at the right times as prescribed. There were inconsistencies in the recording of people's medicines. The recording of wound care needed to be improved to ensure the treatment required took place to meet people's needs.

People raised concerns about staffing levels and the time taken to respond to the call bell system. Improvement was needed in relation to safe recruitment procedures.

People were supported to have maximum choice and control of their lives. However, staff did not always support them in the least restrictive way possible. This was because best interests decisions were not in place to support this practice.

Some staff were identified as requiring to undertake refresher training. Improvement was needed in one area of the home at lunch-time to ensure people received a similar choice as others. Improvement was also needed in relation to areas around recognising people's right to privacy and dignity.

Most people believed their care and support to be safe and were satisfied with the care they received finding staff to be kind and caring. Staff were aware of their responsibility in relation to the reporting of any abuse. Newly appointed staff received induction training and worked alongside experienced members of staff.

People were able to access healthcare professionals. People were able to engage in fun and interesting activities and were able to personalise their bedroom.

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

Rating at last inspection

The last rating for this service was Good (published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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

We have identified breaches in relation to safe care, safety within the environment, medicine management, consent and best interests and areas around the management of the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 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.

Requires Improvement ●

Bricklehampton Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the clinical commissioning group and professionals who work with the service. In addition, we contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and six relatives and other visitors about their experience of the care provided. We spoke with ten members of staff including the registered manager (known as matron by people living at the service, relatives and staff), one of the deputy managers, nursing staff, care staff, senior care staff, housekeeping and admin. We spoke with a visiting healthcare professional. In addition, we spoke with a director of the company and a consultant brought in to assist the registered manager make improvements following the first day of the inspection.

We reviewed a range of records. These included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. In addition, we looked at a variety of records relating to the management of the service.

After the inspection

During and after the inspection a director of the company sent us updates on the actions they were proposing to take and actions they had taken. We continued to seek clarification from the registered manager. We spoke with an additional relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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; using medicines safely

- There was a failure to ensure people were fully protected from risks associated within the environment and medicine management.
- Two fire extinguishers were blocked by a hoist awaiting repair. Staff told us the hoist had been located there for about a week. The hoist was removed once we brought this observation to staff's attention. On the final day of this inspection we found the same two fire extinguishers blocked by an office chair. On this occasion we were told the chair had been there since the previous day. Having firefighting equipment blocked could delay access to these items in an emergency.
- We found doors to sluice areas either had keys within the lock or keys hanging by the side. On the final day of the inspection the registered manager told us plastic chains holding the keys had been removed and keys were now more secure. We had a look around the home with the registered manager and found two sluices with the key left in the lock. This placed people at risk of harm due to the potential access to these items.
- We found potential trip hazards due to an area of floor covering and equipment in use. An area of carpet was showing signs of lifting and therefore a potential trip hazard. A pressure mat in one person's bedroom designed to alert staff if the person had got out of bed had wires leading across the room to it. This therefore presented a hazard for a person already identified as at risk of falls.
- The registered manager monitored accident records. However, it was not always clear what action was taken in the event of staff working outside of people's care plans in relation to staff training or supervision when an incident had taken place. This was to ensure staff were working safely and not placing people at unnecessary risk. Accident records were not always numbered to account for any missing records.
- Breakfast medicines were not completed until 11:30am on the first day of our inspection and 11:45am on the second day. The nurse was aware this meant other doses of the same medicine would need to be delayed to ensure sufficient time gaps between doses. This meant people were not always receiving their medicines at their prescribed times to meet their specific healthcare needs and conditions.
- Medicine records were not always completed accurately to show whether people had received their prescribed medicine, the dose to be given and whether remaining medicines had been returned to people on discharge back to their own home.
- Homely remedies were kept. These are medicines which may be purchased over the counter without a prescription. The records maintained were incorrect whereby the balance held for these medicines was wrong. For example, one item was recorded under the wrong medicine name and no stock was in place although records showed there to be some for one medicine.
- Due to the recent introduction of a computerised system for administering medicines and the incorrect entering of the number of medicines held it was not possible to carry out an audit. Therefore we could not establish whether medicines were given. The date when medicines and creams commenced was not always

entered on the original box or container to assist with audits. Therefore the provider could not assure themselves staff were following safe medicine practice.

The provider had not fully ensured people were protected from the unnecessary risks within the home environment, staff practices and medicine management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection tape was fixed to the carpet and accident record forms were numbered. On the final day of our inspection the registered manager arranged for a sign to be displayed to remind staff not to block the fire extinguishers in question.
- Most relatives believed their family member to be safe. One relative told us, "I don't have any worries anymore" since the person had moved into the home.
- Staff were seen to use items of equipment such as hoists and wheelchairs safely. Some people used specialist cushions to prevent skin damage. We saw staff transfer these cushions from people's armchairs into a wheelchair when assisting people to move. One relative told us they had noticed a cushion was always in place for their family member.
- Weekly fire alarm tests and emergency lighting tests were taking place as well as annual servicing to fire alarms and emergency lighting. Torches in case of emergency were available as well as personal evacuation plans for people living at the home.
- Nurses were seen explaining to people what their medicines were and knelt down, so they were at an appropriate level with people when administering their medicine.
- The storage of medicines requiring additional arrangements was in place.

Staffing and recruitment

- People told us they believed there to be insufficient staff on duty. People felt staff were struggling and there were problems in the recruitment of new staff. One person told us the problems with staffing had got progressively worse recently. A relative told us they believed the standard of care provided had deteriorated over the summer months due to staffing. They were however happier with the care their family member was now receiving.
- Another relative told us the care provided was, "Quite good" with "Kind and considerate staff." However, they told us about times when they believed the home to be short staffed. A further relative also commented on the shortages of staff and the shortfalls in the care provided as a result.
- Agency staff were used to cover the rota. However, we saw agencies had at times not managed to cover shifts therefore leaving the home short in their staffing arrangements. People told us the agency staff were not always as good as the permanent staff and did not always know how to meet their needs effectively. The registered manager was in the process of recruiting staff to fill vacancies at the time of the inspection. One member of staff told us the registered manager had tried hard to recruit new members of staff.
- Dependency levels were assessed and information on these levels was available. However, no tool had been used to assess an appropriate number of nurses and care staff to meet people's needs and establish how many staff they required to assure these needs were responded to and met.
- Robust recruitment procedures were not always followed. We looked at three staff members recruitment documents and found these did not always include a full employment history. This meant the registered manager was not able to fully assess potential employees' suitability for the role they had applied for. We found conflicting information within these records which had not been clarified prior to the member of staff commencing employment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home.
- One relative told us they found the staff to be lovely with people. They told us they had never heard any raised voices and believed people to be safe with the staff team. Another relative told us they were one hundred percent happy on leaving their family member when they went home knowing them to be safe.
- The registered manager and staff were aware of their responsibility to report any safeguarding concerns. One member of staff told us they had confidence in the registered manager and knew they would take the appropriate action in the event of suspected or actual abuse taking place.

Preventing and controlling infection

- The majority of people told us they believed the home to be kept clean.
- People and family members told us a system of each person having two flannels and two towels in their bedroom was in place to prevent cross infection.
- A member of the housekeeping staff told us bedrooms were cleaned every day.
- The registered provider was aware of broken tiles and a stained floor in one of the bathrooms. During the inspection we were informed the bathroom floor would be replaced. The broken tiles formed part of the ongoing refurbishment plan for replacing.
- Staff had personal protective equipment available to be used when providing any personal care and blue plastic aprons for when serving food. These were in place to prevent cross infection.

Learning lessons when things go wrong

- The registered manager told us they learnt lessons from when situations went wrong to make improvements. These improvements had included codes to doors to prevent people leaving unsupervised and promoting people's safety.
- The registered manager was keen to make improvements when areas of concern were noted during the inspection.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans and risk assessments did not always cover all aspects of people's care and support needs. The newly introduced electronic care planning system did not have a section for recording wound care. The registered manager was aware of this shortfall and we were assured by a director they had contacted the provider of the computer programme about the need to have this added.
- A means of a reminder for nursing staff regarding wounds needing attention such as a dressing change were recorded within a diary. We saw occasions where nurses had indicated they had carried out the required treatment by ticking the name off in the diary. However, we saw other occasions when the name was not ticked. We found evidence these wounds had not been dressed in line with the time set at the previous dressing change.
- We saw a recommendation from a nurse specialist in skin care. From the records we were unable to establish when the treatment had commenced. There was conflicting information regarding the availability of the prescribed cream as to when this first became available for nursing staff to apply.
- We saw a record regarding concerns raised by a family member about a person's care and how their needs were met. Although reassurances had been given to the family member the individual's care plan was not updated to include the agreed actions.

The provider had not fully ensured people received safe care and treatment. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Because of our findings and until such time an electronic wound care plan could be introduced we were informed by the registered manager paper care plans would be introduced. This was a means of ensuring the needs of people with wounds could be recorded. These would enable staff to have a record of the agreed plan of care as well as guidance for when further treatment and dressings needed to be changed.
- A relative told us they felt reassured by the registered manager when their family member first moved into the home. They told us equipment needed to provide care and treatment for the individual was in place prior to their admission.

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Applications had been made to the local authority when people's liberty had been restricted. However, assessments regarding people's ability to make specific decisions were not consistently made.
- Best interest decisions were not consistently recorded to show who was involved in decisions about people's care and support for example the use of alarm mats to alert staff when a person had got out of bed.

The provider had failed to ensure people's capacity was assessed people's ability to make decisions and to involve appropriate people in best interest decisions. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were heard seeking people's permission prior to moving their wheelchair or using a protective apron at meal times.

Staff support: induction, training, skills and experience

- Staff had not always completed training updates to refresh their knowledge in key areas. The registered manager believed training was up to date. However, the training records did not evidence this to always be the case.
- The registered manager took immediate action to ensure staff who needed key training were reminded of this. For example, staff working within the kitchen without an up to date basic food hygiene certificate. In addition, the registered manager undertook to look at staff member's training whereby the records indicated it to be out of date. This was to make sure all staff were provided with refreshment training courses.
- Staff confirmed they received moving and handling training from a trained trainer member of staff. Staff told us they received training either face to face at the home or undertook e-learning on a computer.
- Induction training was undertaken by newly appointed members of staff. This included working alongside and shadowing, experienced members of staff.
- Staff told us they felt supported by the registered manager and received regular meetings with them or a senior member of staff to talk about and gain feedback about their work.

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

- The majority of people were complimentary about the food provided. One person described the food as, "Very good indeed. Well done and palatable." Another person told us, "Never had food like it. We seem to be eating all the time".
- A relative described the food as, "Nice" and told us they had eaten at the home and their family member had built them self-up because of the food provided. Another relative described the food as, "Excellent".
- Some people were seen to have adapted cutlery to enable them to eat independently where this was

required.

- When people had drinks in the lounge we saw they were within easy reach.

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

- People told us they had access to their doctor when needed. One person confirmed they regularly saw the GP about a health-related matter. The same person told us they were now better off than before they moved into the home due to their health care needs now been met.
- A relative told us, "No shortage of GP" and added they [staff], "Always play on the side of caution" in the event of healthcare advice been needed. The same relative told us staff would ensure their family member was ready for any outpatient appointments and worked alongside the family.
- A healthcare professional confirmed they regularly visited the home. They told us they were asked to see people appropriately and in a timely manner. They told us any advice given was acted upon regarding the healthcare needs of people. Records showed people who had a fall had been brought to the attention of the GP as necessary to ensure no injury had been sustained.
- People told us, and care records confirmed the involvement of other healthcare professionals to ensure people's wellbeing was maintained.

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

- People told us they liked their bedroom and confirmed they were able to personalise it to their own taste. People had a choice where they spent their day such as in their bedroom or communal areas of the home.
- A relative described the home as, "Lovely" and told us their family member liked the views.
- People had a telephone in their bedroom, so they could keep in touch with family and friends. Some people had access to information technology such as the internet and voice recognised technology enabling lights to be turned on and off through voice command.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Although people told us they believed their privacy and dignity to be respected this was not what we always found during the inspection.
- People told us staff knocked on their bedroom door before entering. However, this was not what we always observed. We saw staff entering bedrooms without knocking first. In addition, we saw, and people confirmed, staff not waiting for a response prior to entering people's bedrooms if they had knocked.
- We heard staff asking people or informing people about personal care needs. We heard a member of staff say, "I am going to take [a person] to the toilet in a minute". The same member of staff was heard informing their colleague of this who at the time was in a communal lounge where other people were sitting.
- Records of when people had a bath were in two of the bathrooms. These records contained people's names and therefore did not respect people's right to privacy.
- A relative told us they were pleased with the privacy and dignity provided. They gave an example of how they were asked to leave their family member's bedroom while personal care was provided.
- Staff were able to describe to us ways in which they maintained people's dignity such as while they provided personal care.
- Staff were seen to encourage people with their mobility to maintain independence.

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

- The majority of people were complimentary about the care and support they or their family member received. One person told us, "I think it is excellent" and added staff, "Are keen you are well looked after." Another person described the staff as, "Kind and caring." A further person described the staff as, "Fantastic." A family member described the care provided as, "Good."
- Staff were seen to be kind, caring, and responsive when one person reported not feeling too well. One member of staff told us, "The care here is good. We try and meet [people's] individual needs."
- During the inspection we saw and heard friendly banter involving people and staff members whereby people were heard laughing and seen to be smiling.

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

- One person told us they felt listened to and as a result, they felt at home.
- Meetings involving people who lived at the home took place and minutes were available. One person told us they had a meeting coming up in the foreseeable future to discuss areas further. Recent questionnaires had been sent out and the registered manager was working on evaluating the results of these.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- People had access to a call bell when in their bedroom. Some people were seen around the home wearing a pendent linked to the call alarm system.
- People told us they at times had to wait for staff to answer their call bells. The registered manager told us the call bell system went into emergency mode if sounding more than six minutes.
- People told us of occasions whereby they had waited 30 or 45 minutes for staff to respond to the call bell. During our inspection we heard the call bell system sounding. We saw occasions whereby the system did go into emergency mode. However, we also witnessed times when it did not. On the final day of the inspection we witnessed a call bell sounding for 14 minutes before it was silenced. We activated the call system with the registered manager in two locations. In a communal lounge the call went into emergency mode after six minutes. However, in a bedroom it did not go into this mode having sounded for more than ten minutes.
- A relative told us the call alarm could sound from a few minutes to 45 minutes before it was answered.

We found no evidence that people had been harmed the provider had however failed to ensure people received the safe care to meet their individual care needs. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People told us they were able to make choices about their everyday lives. However, we found choices available to some people differed depending upon where they had their mid-day meal. In the main dining room, we saw people were provided with a starter before their main meal. In addition, people were offered a choice of drinks including red or white wine, fruit juice and squash. In another dining room used for people requiring more assistance we saw no starters were offered and drinks were limited to squash. We brought this observation to the attention of the registered manager who told us they were not aware of this happening. They took immediate steps to ensure this imbalance in care was addressed and people were provided with the same level of choice.
- People told us staff looked after them well. One person told us staff, "Are keen to know what your needs are." Another person told us moving into the home was the best choice they had ever made.
- One relative told us they believed their family member to have their oral care needs addressed as they were regularly asked to bring in toothpaste.

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- Staff were seen to take time when communicating with people. We saw staff lowered themselves down, so they were able to maintain eye contact with people.
- The registered manager felt confident they were able to communicate with people. However, they undertook to look at alternatives such as large print documents if needed. Large print and audio books were available for people to read or listen to.

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

- People had fun and interesting things available for them to participate in within the home. One person told us, "We have entertainment" and added how they liked going to these events. Another person told us, "Activities extremely good."
- People were seen reading newspapers, books, completing puzzles as well as involved in their own personal information technology such as computers.
- Information was displayed and available to people regarding events taking place at the home. One relative told us, "There is a programme every day for people in the lounge. Bowls, music and movement, flower arrangement and cookery."
- People were seen engaging in a harvest festival on the evening of an inspection visit. Pictures of this event and others appeared upon the home's social media site.
- We saw photographs displayed of people celebrating their birthday with a cake. One relative told us their family member was over the moon with the celebration they had.
- We were told about events which had involved visitors such as a dog show which was judged by a person who lived at the home. May Day celebrations had involved local school children and staff had enabled people to watch the recent 'Tour of Britain' cycle race which had passed the drive of the home. We were also told of events such as Saint George's Day celebration and D-Day.
- Visitors told us they were able to see their family member whenever they wanted. This assisted in preventing social isolation.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise any concerns with the registered manager. One relative told us the registered manager was always available if they had any concerns.
- During our inspection we became aware of some concerns raised by the family of one person. The registered manager and director arranged, an immediate meeting to discuss these concerns and find a solution to the areas raised regarding the care provided.
- The provider's complaints procedure was displayed for people and visitors to view in the reception area of the home.

End of life care and support

- Care plans contained details of people's wishes for end of life care including funeral arrangements.
- We saw photographs and awards on display in the reception area of the home in relation to the provider being awarded the Gold Standard Framework. This award recognises the care and support provided for people near the end of their life.
- Some members of staff had received training in a recently introduced local initiative regarding end of life care.

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 Good. At this inspection this key question has now deteriorated 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.

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

- The provider failed to inform the Care Quality Commission [CQC] they had appointed a new nominated individual. The person named on records held by the CQC had not carried out this role since December 2018.

Failure to notify the Care Quality Commission of a change to the nominated individual was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

- The provider undertook to complete the required notification to the CQC without any further delay. Prior to us writing the report the provider formally notified us of the name of their nominated individual.

- The registered manager told us they were aware of their responsibility to send us 'statutory notifications'. Statutory notifications are required by law for us to review and take any follow up action required.

- We were aware we had not received any notifications regarding approved Deprivation of Liberty Safeguards [DoL'S] since April 2018.

- We found approved deprivation of liberty safeguard authorisations since this date. The registered manager acknowledged they had not sent us notifications regarding these approved DoL'S. They were aware they should have been sent. The provider's quality monitoring had not picked this shortfall up.

Failure to notify the Care Quality Commission of DoLS authorisations was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Management systems where not sufficient to ensure regulations were fully met. The provider had failed to ensure the CQC were notified of changes within the home and events which took place.

- Action taken following accidents whereby staff had not worked in line with people's care plans were not recorded to evidence investigations had taken place. Systems to ensure accident records were in place and correctly logged were not effective so lessons could be learnt.

- Systems to ensure people's wounds were dressed were not sufficiently robust to make sure people's needs were effectively met.

- Systems operated by management were not effective and had not identified shortfalls in relation to staff recruitment, gaps in staff training and meal time practices.

- Shortfalls were identified during the inspection in relation to the environment. Although highlighted on the first day of the inspection we found the practice of fire extinguishers not being easily accessible continued to be the case. Two fire extinguishers were blocked on the final day of the inspection.
- Shortfalls with the call system whereby it was not always triggering into emergency mode were not known prior to our inspection so action could be taken to ensure people's needs were consistently responded to.

Systems were not sufficiently robust to ensure the quality of the service was suitably well led. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider recognised at the end of the first day of our inspection improvement was needed as well as support and assistance for this to take place. An external consultancy firm was appointed to provide this assistance and guidance as to how improvements could be made and retained.
- Improvements were made immediately where possible. An engineer was contacted to address the shortfalls with the call system.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Following our first day on this inspection we received a message from one of the directors of the company telling us a meeting had taken place involving the nurses. This was to inform nurses of the concerns identified and to formulate how improvements were to be made.
- One person described the management as, "First class."
- A relative told us how they had felt looked after as well as their family member when they first moved into the home. The relative told us, "I can't praise them [staff team] enough. I had handed over a loved one to their care."
- The registered manager had engaged with people and family members using a questionnaire to seek opinions on the service provided. The registered manager had started work on collating responses.

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; continuous learning and improving care

- The registered manager and provider were open to our findings and in places took immediate action.
- The registered manager told us they were keen to learn having been in post for a year as manager and wished to make improvements within the home.
- The provider's previous rating was displayed in the reception area of the home as well as on the provider's web site. A copy of the previous inspection report was available for people to read.

Working in partnership with others

- The registered manager worked with external healthcare professionals and had a positive relationship with them. The director told us they were keen to work alongside others such as the local authority, the clinical commissioning group and the CQC.
- Community links had been established for example with local schools.

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 15 Registration Regulations 2009 Notifications – notices of change</p> <p>The Registered Provider had failed to inform the Care Quality Commission of changes within the management arrangements.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The Registered Provider failed to notify the Care Quality Commission of authorised deprivation of liberty safeguards.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The Registered Provider had not carried out specific assessments of people capacity and recorded best interest decisions.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The Registered Provider failed to have safe and effective systems to place to ensure people's safety.</p>
Accommodation for persons who require nursing or	<p>Regulation 17 HSCA RA Regulations 2014 Good</p>

personal care

governance

The Registered Provider failed to have effective systems in place to monitor and improvement the quality of the service.