

Oak Farm (Taverham) Limited

Oak Farm

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Oak farm is a Nursing home and rehabilitation support unit providing accommodation, personal and nursing care to up to 32 people living with a brain injury, under the age of 65. At the time of the inspection the service was fully occupied supporting 32 people.

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

Risks to people's safety had not been adequately assessed or reviewed. We identified that equipment was in use that should have been removed from service due to safety issues. Staff did not ensure pressure relieving equipment was used safely and in accordance with the assessed settings.

People were not protected in a safe environment. The premises were unclean in places and not maintained to a standard which ensured people were safe. We identified risks in the environment which had not been recognised or addressed by staff or the management.

The management of medicines had improved since our last inspection, but we found improvements were still required in record keeping, ensuring safe application of pain-relieving patches and administration of controlled drugs. Improvements needed to be made to the providers recruitment processes to ensure suitable staff were employed to work at the service.

We identified insufficient monitoring and oversight of people's nutrition and body weight, including where people used a feeding tube and did not eat orally. Action was not always taken when peoples body weight began to decline. Improvements had been made to staff training and supervision of their practice. People felt staff were competent.

We were not assured that people were always supported to have maximum choice and control of their lives and that staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported did not support best practice.

People told us the staff were caring and kind towards them. However, staff did not always promote people's dignity to ensure their right to privacy was upheld. People were not always involved in all aspects of their care planning, we found that goals had been identified in care records for people without their input.

Care records did not always provide sufficient detail to guide staff on how to look after people and were not updated when peoples needs changed. Regular reviews of care records to ensure they remain relevant were missed. Staff understood how to support people in line with their communication needs. People had the opportunity to be involved in activities within the service and local community. People understood how to complain and told us concerns had been acted on. Plans were in place to give staff guidance on how people wished to be supported at the end of their life

There was a lack of clear governance in the service and the provider did not have effective systems in place

to consistently assess, monitor and improve the quality of care. This meant poor care was not identified and rectified by the provider. Our two previous inspections have rated the service as Requires Improvement and the service is now rated Inadequate. We are therefore concerned about the overall governance of the service.

Rating at last inspection

The last rating for this service was requires improvement (published 11 October 2018) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

We found concerns during this inspection and there were repeated as well as new breaches of regulations. We rated the key questions safe and well led as inadequate. The key questions Effective, Caring and Responsive were rated Requires Improvement. The overall rating is Inadequate. This is based on the findings at this inspection. This is the third consecutive inspection where the provider has failed to obtain a rating of Good.

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

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

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least Good. We will work with the local authority to monitor progress. We will 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 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

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 well-led.

Details are in our well-Led findings below.

Inadequate ●

Oak Farm

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

On the first day of our inspection visit, two inspectors and a specialist advisor in nursing care for people with a neurological condition or brain injury attended. The two inspectors returned the following day with an assistant inspector to complete the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last 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.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the regional manager, registered manager, clinical lead, care manager, physiotherapist, occupational therapist, nurse, the cook and care staff. We also carried out observations of how people received care and support.

We reviewed a range of records including four people's care plans, multiple medication records and daily records and checks of people's equipment such as pressure relieving mattresses. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service including audits, policies and procedures.

After the inspection

After the inspection visit we spoke to the providers nominated individual by telephone to seek assurances that concerns we raised identified during our inspection visit were addressed without delay. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 two inspections this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last two inspections the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a repeated breach of regulation 12 (Safe Care and Treatment) 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 for the third time.

- People were not always protected from the risk of harm. Daily checks of specialist pressure relieving mattresses had not taken place as required. We found the settings on the mattresses for three people were incorrect and had not been identified. The care plans that detailed this information were inaccurate, contained conflicting information and had not been reviewed when changes to people's body weight had occurred. This placed people at a higher risk of getting a pressure ulcer.
- We found that risk assessment records to mitigate and monitor people's health conditions were not always reviewed or updated. For example, one person who had a grade two pressure ulcer in May 2019, had not had this reviewed since July 2019. Another person had a support plan to monitor their breathing, however this had not been fully completed and there were no dates of when this was started.
- Risk assessments did not contain enough detail for staff to follow to reduce or mitigate risk. For example, some risk assessments stated, "Check to be done regularly", but there was no indication to what how often or what should be checked. Where people had been identified as being at high risk of injury or decline in health, guidance for staff to follow to mitigate this was not always detailed.
- Changes in people's body weight or body mass index had not resulted in changes being made to other parts of the care plan such as the management of skin integrity or nutritional health. We found that measurement tools to monitor this had been added up incorrectly. One person had lost 7.9 kilogrammes, more than 10% of their bodyweight, between March and September this year. This means their Malnutrition Universal Screening Tool should have been updated on a monthly basis. However, we noted that this had not been completed in four of the seven months. The persons weight had not been taken at all in the month of October.
- Baseline assessments of people's health were not always recorded for staff to monitor and measure against. This meant that people were at increased risk of harm and injury.
- Although regular safety checks of manual handling equipment were arranged, we found that some equipment had not been checked and continued to be in use. Staff did not check to see if the equipment was safe to use before doing so. Some hoist slings used to lift people were frayed but had not been taken

out of use. This put people at increased risk of being injured through the use of unsafe equipment.

- We found some hot water pipes which had a risk of burning should they be touched had not been covered. This had been identified and reported on at our last inspection in October 2018. These had not been identified through any of the services audits or safety checks.
- The provider had a system whereby all accidents and incidents should be reviewed by the registered manager. However, we found these were being completed by the area manager, and on occasions had not been completed, and there was no analysis to look for any themes or trends.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the third consecutive time the service has been in breach of this regulation.

- The registered manager and staff demonstrated an open culture towards learning lessons when things went wrong. As we identified these concerns during our inspection, we asked the registered manager to take action to address them. The registered manager acted without delay and arranged the reviewing and checking of assessments of risks to people and implemented changes where necessary.

Preventing and controlling infection

- People were at risk of harm because the service had not been kept clean, measures were not in place to protect people from the risk of infection and cross contamination and not all equipment used to support people had been checked to ensure it was safe. Audits carried out on behalf of the provider had not identified the shortfalls we found.
- We identified areas of the home had not been cleaned sufficiently, including higher risk areas such as bathrooms or people's bedrooms where personal care took place. For example, we found dried faecal matter smears on shower chairs and bed side protectors. In one person's room we found globules of dried unidentifiable matter on walls and radiators that had been there for some time.
- Surfaces of equipment had fallen in to disrepair meaning they could not be properly cleaned to keep people safe from the risk of cross infection. Surfaces of the fabric of the premises that had become damaged and not been repaired or identified as needing to be. This included door frames, and radiator covers repeatedly struck by mobility equipment in high risk areas which could therefore not be kept clean. We found the surfaces of grab rails and safety rails in some bathrooms had been severely damaged through use and very rusty.
- Personal protective equipment for staff to use and reduce this risk of infection such as aprons and gloves were provided. However, we saw that this was not always distributed to the place where staff needed them. For example, we saw that although there were in excess of 900 gloves in one person's room, the apron dispenser was empty on both days of our inspection. We also found apron dispensers to be empty in other areas of the home.

This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We shared our concerns with the registered manager on the first day of inspection. They took action to replace some damaged equipment straight away and ordered replacement equipment that was not in stock. On the second day of our inspection, we saw that decoration of those areas identified had already commenced, and the provider arranged for trades people to make repairs in the days immediately following our inspection visit.
- We found that the kitchen area of the home was very clean, the head cook had obtained a five star rating from the Food Standards Agency for cleanliness. Suitable cleaning schedules were in place and carried out.

Food was stored safely.

Staffing and recruitment

- From records we reviewed, we found staff had not been recruited in line with all the requirements stated in the regulations. Recruiting managers did not have an agreed set of questions that applicants should be asked to ensure they are suitable to work in social care at interview. There was no record of the questions asked or responses given, the date of the interview was not recorded.
- We saw that applicants had been given scores to rate their experience and competence that did not reflect the evidence recorded. For example, one person who had never worked in social care, had been given a score that stated they were experienced, qualified and competent as a social care worker. We also found that discrepancies between dates of employment on an applicants curriculum vitae and their application form had not been identified or explored.
- A recent audit of the files we looked at had been undertaken by the area manager but had not identified the shortfalls we found during our inspection. We shared our findings with the registered manager and the providers regional manager during or inspection who took action to review the recruitment processes.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and their relatives told us there were sufficient staff employed to meet people's needs and keep them safe. One person told us, "There's plenty of staff." People did not have to wait to receive care and support, and there were enough staff to support activities and access the local community.
- Records showed that all staff working at Oak Farm had undertaken checks with the disclosure and barring service and obtained suitable references to vouch for their character.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of people's topical medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken.

There was no longer a breach of this aspect of Regulation 12, although further improvement was still required.

- People told us they received their medicines as required and did not have any concerns. However, improvements are required to ensure medicines are always administered or stored as the prescriber intended.
- Medicines with an expiry date after opening, such as antibiotic creams for eye infections, were not clearly labelled to show when they were opened, or when they should be discarded.
- Staff did not always record where painkillers administered through an applied skin patch were placed on a person. Staff should record this so these medicines are applied in alternating areas of the body to reduce the risk of a reaction or irritation.
- Through our checks we identified that a controlled drug requiring two staff signatures to ensure it had been administered properly, had only been signed by one staff on a recent occasion. Checks to ensure all records were completed at the handover between nursing staff at a shift change had not identified this. This had not been notified to the registered manager in accordance with the providers own procedure.
- Monthly audits and weekly spot checks had been implemented to ensure medicines were stored and administered in line with best guidance and practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, relatives we spoke with confirmed this. One person said, "If I had any concerns then I would speak with [care manager] I would be listened to."
- The registered manager and staff were aware of the different types of abuse and understood their role in keeping people safe from harm.
- The registered manager's training matrix recorded all staff had either completed or were in the process of completing safeguarding training.

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.

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

- Improvements need to be made to the monitoring of people's nutrition to ensure they remained healthy. We found that action had not always been taken in a timely way where a person had lost weight. Care plans, risk assessments and screening tools were not completed accurately or reviewed on the intervals stated.
- For example, one person who had their nutritional needs met mainly through a feeding tube had lost significant weight and, staff had not contacted their dietician to alert them to this. Action was not taken to increase the person's intake until the regular review with the dietician which took place six months after the weight loss began.
- We also saw that the person's nutritional wellbeing risk assessment completed on arrival at the home six months before, had not been fully completed, which affected the score and subsequent risk rating.
- Records showed another person had experienced significant weight loss over the past 18 months. Their weight had reduced by 20kg in this time with a corresponding change to their body mass index. This weight loss was related to a decline in health from a long-term illness. However, their care plan and screening tool had not been reviewed regularly to identify and mitigate associated risks.

This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People had a choice of what they would like to eat from a set daily menu and could if they wish, ask for items outside of the menu. Specialist diets were catered for. One person told us that having stayed at a number of care homes, Oak Farm was by far the best they had experienced in meeting their needs for intolerances and allergies.
- People told us they could request additional snacks and drinks as and when they wished. Regular food-based events were organised to encourage people to eat and not become bored. This included an upcoming pub theme night, complete with a singer and traditional pub food like scampi and chips.

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

- Improvements needed to be made when assessing people's needs on admission to the service. We found that some records were incomplete and did not accurately measure potential risks, and what ongoing monitoring may be needed to maintain people's wellbeing.
- The service had implemented a new system whereby 'goals' were added to care plans for people to achieve. However, we found that these goals were non-specific, had not included the person in setting them and in some cases were not realistic or attainable. For example, one person had lost significant weight

through a regressing health condition. Their goal was set as, "To maintain a healthy weight." The person had already declined past a healthy weight and due to their condition, had no realistic prospect of obtaining one.

- The service had created champions roles in a number of key areas of nursing and social care to promote and maintain best practice. This included, oral health, end of life care, infection prevention and control and wound care amongst others. Staff received additional training for undertaking this role and were part of champions networks. Although this was positive, we found that the potential benefits of this needed further implementation to ensure improvements were made in the areas where we found shortfalls during this inspection.
- Assessments were obtained from health and social care professionals prior to people's admission to the home and used to help plan people's care.

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

- Although improvements had been made to the decoration of the home since our last inspection. We found further improvements were still necessary.
- The registered manager told us the home had been through a complete refurbishment since our last inspection. However, we found that areas of the home were still in need of repair and refurbishment to keep people safe and promote their dignity.
- We found several areas where the fabric of furniture was very stained or dirty, redecoration not completed, windows needed cleaning, or outdoor communal space needed cleaning. We found patio areas that had become slippery and in need of weeding, and the smoking area was littered with cigarette ends, and buckets full of water, cigarette ends and packets.
- We found one bathroom to have unsecure flooring and very damp, the extractor fan had a snapped switch cord and did not work. Routine maintenance was not being reported or actioned in a timely way, nor identified in environmental audits carried out by managers.
- The environment was very accessible and used technology such as sensor-controlled doors. There was an accessible garden and other accessible communal areas. Equipment to aid people's mobility had been installed.

Staff support: induction, training, skills and experience

- People and family members told us staff were competent and supported them well. Staff members confirmed this. One staff member said, "Overall we are trained very well. I was brand new and I thought I was trained well."
- The service had made improvements since our last inspection in the training delivered to staff supporting people with a brain injury. Staff had also undertaken specialist training in supporting people living with dementia in anticipation of more people living with the condition using the service.
- Staff told us they received a comprehensive induction period when they started employment and felt confident to support people. They received regular supervision and checks of their performance.

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

- We saw evidence in people's care records of the input of other health care professionals. Although staff did not always record the detail of this. For example, one person regular received input from the continence service, but staff did not make a record of this.
- People and their relatives told us that access to community healthcare professionals, GP's and Dentists was routinely organised.

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.

- Improvements had been made to the assessments of people's mental capacity since our last inspection. These assessments were now decision specific and covered the different areas of people's support. However, we did find this had been missed for one person and the record covered all areas of their daily lives in one assessment. The registered manager told us this was an oversight and took action to rectify.
- People living in the home were supported by staff to make day to day decisions. For example, what to wear, what time to get up or go to bed.
- Applications for DoLS had been submitted to the appropriate authorities as required. There was a system in place to help ensure applications to renew DoLS authorisations were made before they expired.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The poor condition and cleanliness of the environment and some of the equipment that people needed to use did not promote their dignity or treat them with respect.
- Staff practice did not always contribute to maintaining people's dignity and privacy. For example, we saw staff use a screen in a communal area before providing support to one person. However, this did not cover the other side of the person where another service user was sitting. In addition to this, a domestic assistant entered this area and started to clean.
- We also observed a non-care staff member enter a person's room without knocking, who was receiving personal care at the time, despite there being a sign on the door saying the person was receiving personal care.
- People's confidential personal information was kept securely to ensure their right to privacy was respected.
- People's bedrooms were personalised to them. Family photographs and the keep sakes that were important to them were close at hand. This was important as it showed the service respected people's personal space.
- People told us they felt listened to. Staff knew how people liked to be addressed and called people by their preferred name or title.

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

- People's diverse needs were not always assessed or planned for in the delivery of care. This meant staff did not always have sufficient information about people's needs in order to ensure good care was provided all of the time.
- Staff were kind and showed compassion towards people, however, at times became task orientated. They did not consistently ensure support was focussed on the person. For example, we saw that for one person receiving 1:1 support, the staff member did not use the chair provided outside the room to sit on when the person was sitting but sat in their room and watched the person's TV whilst they slept.
- Relatives we spoke with were very complimentary about the kind and caring attitude of staff towards their loved one. One relative told us, "They really care, they look after [family member] really well, they look after all the people really well."

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

- People living in the home were not always supported to express their views about their care. Although some people attended reviews about their care needs, we saw that goals had been set for people in their

care plans without consultation.

- People were able to attend residents' meetings, people also told us they were able to share their views with the registered manager and care manager, who regularly went around the service to speak with people.

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.

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

- Improvements needed to be made in the collation and recording of how people wanted their care to be delivered. Care plans were not sufficiently detailed and or person centred, instead described tasks for staff to complete, rather than what an individual wanted. We also found staff did not always record dates of when the care plan was written, and in some cases care plans were not reviewed for six months although people's needs had changed.
- Since our last inspection, a new format of care plan had been used which contained 'Goals' for people to achieve. We found that these had not always been written in conjunction with the person, were largely unachievable or not aspirational.
- For example, one person had stated, "There are no long-term goals for [person] at present, please maintain dignity and respect needs." For another person, staff had recorded a goal as having different options to eat and to continue having a soft diet. These needs were essential basic care for the person to maintain their wellbeing as prescribed by a speech and language therapist, rather than any goal a person may have set for themselves.
- Reviews of people's care had not always been completed when people's needs changed. This meant people were at risk of receiving inconsistent care. One person who arrived on a short-term placement had stated in their oral care plan that they did not need to see a dentist unless their placement was extended. The placement had been extended to over eight months, but the care plan had not been reviewed and the person had not seen a dentist.

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.

- We saw that information was provided in different formats to meet the needs of people. For example, menus were available in pictorial form with photographs of the actual meals served.
- Signage was provided for people who used alternative formats of language, including symbol-based language.

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 were encouraged to access activities and facilities in their local community and were supported by staff to do so.

- The registered manager and staff arranged for events to take place at the service that included members of the local community. This included a recent community bonfire night event, a visiting pet therapy dog, and the local church group providing services.
- Care plans and risk assessments included the use of specialist mobility equipment in the community, and the extra precautions staff may have to take.

Improving care quality in response to complaints or concerns

- None of the people we spoke with had ever made a complaint or raised a concern, however they all felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that any complaints received had been investigated and addressed providing the complainant with a formal response, in line with the service's complaints procedures.
- The home provided a range of accessible ways to do this through regular surveys and other meetings held with people and their relatives. People and family members were given information about how to make a complaint.

End of life care and support

- Care plans contained appropriate information about people's wishes and needs to be taken into consideration at the end of their lives. This information was collated in a specific folder called a 'Thinking ahead' document and was reviewed with people and their families periodically.
- A senior member of staff had been appointed the role of 'champion' in supporting people who were at the end of their lives. This staff member had completed an accredited eight-week training course to give them additional knowledge and skills.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last two inspections the provider had failed to ensure good governance of the service. This was a repeated 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 for the third time.

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

- There was a lack of effective governance systems in place to monitor the service and mitigate risks to people. For example, although audits had been completed, they had not identified the shortfalls we found, and there was a lack of clarity as to who was responsible for completing them. This included monitoring of pressure mattresses, peoples body weights and skin conditions and recruitment of staff. People were at risk of receiving poor care because of this lack of oversight.
- Since our last inspection there had been a change in management roles at the service. However, it had not been established clearly which manager was responsible for carrying out checks and audits of the quality of care, or who was responsible for some day to day management activities. In some instances, the area manager was completing both the registered manager checks, and the area manager checks at the same time, this meant the providers two tier oversight system to look for any errors or challenge findings had not taken place.
- Care records were not always accurate and had not been updated to reflect a change in people's needs. This meant there was a risk people would receive inconsistent and unsafe care.
- The provider has a history of non-compliance with the regulations and has not improved their rating to Good after three inspections. This showed the provider did not have an effective system in place to continually learn and make sustainable improvements to the care people received.
- The provider did not always promote a person-centred culture that ensured people achieved good outcomes. People did not receive a consistently good level of care because the risks to their safety and wellbeing were not always mitigated to protect them from the risk of harm.
- We received positive feedback about the newly registered manager from staff, and they were confident that they could raise concerns which would be received in an open and transparent way. However, other staff we spoke with raised concerns with us that some managers within the provider organisation were not approachable and did not take their issues seriously.

- Some staff told us they felt there was conflict between some managers which had impacted on the service moving forward with improvements. We received feedback that some staff felt bullied and unable to raise their concerns. Prior to our inspection the CQC was contacted by an anonymous whistle-blower raising concerns of a similar nature.

The provider had failed to ensure there were effective systems in place to manage the service and mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the third consecutive time the service has been in breach of this regulation.

- We shared the concerns and shortfalls we identified during the inspection with the providers senior managers, and the registered manager. They took action immediately and in the days following our inspection to address our concerns and updated us regularly.

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

- The provider had ensured their previous inspection rating was on display for people to access.

Notifications had been submitted to the local authority as required.

- Feedback was gained from people and relatives in the form of a questionnaire. The registered manager had analysed the completed questionnaires to ensure feedback was acted on.

Working in partnership with others

- The registered manager had worked with community professionals such as the local Clinical Commission Group quality assurance manager and infection prevention and control nurse to make improvements at the service. Although we found that this support had not yet led to consistent improvements within the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were risks to people's safety associated with the way their support needs were managed. Risks to people, and the planned actions to help mitigate them were not adequately planned, adhered to or monitored. 1, 2 (a) (b) (d) (e) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People at risk from not eating or drinking enough, were not adequately monitored to promote their health. 1, 2 (a) (b) 4 (b) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment were not always kept clean or secure. 1 (a), (c), (e) 2 3
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good

governance Systems for monitoring and improving the quality and safety of the service and having regard to the accuracy of records were not operating effectively. 1, 2 (a), (b), (c) (d) (f)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA RA Regulation 2014 Fit and proper persons employed. Systems to check that suitable people very employed were not robust, audits or recruitment records did not identify shortfalls in records. 2 (a) 3 (a) (b)