

The Koppers Care Limited

The Koppers Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Koppers is registered to provide accommodation with nursing or personal care, for up to 25 people with dementia. There were 23 people using the service on the first day of our inspection. The home is a detached property situated in the centre of the village of Kilmington.

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

Systems and processes to monitor the service were not effective, did not drive improvement. As a result, the quality of care provided to people had deteriorated since the last inspection.

The provider had not always ensured they had skilled experienced staff on duty at all times to support people's needs. Action was taken during the inspection to review all staff duty allocations to ensure a good skill mix.

The provider had not ensured staff were suitably trained and sufficiently supervised. As a result, new staff did not have the skills to support people effectively. People had received poor care and could have been exposed to the risk of harm.

Recruitment procedures did not ensure that people were supported by staff with the appropriate experience and character.

People who were able said staff were caring and kind. We observed that people were not always treated with dignity, their privacy respected, and their independence promoted. We saw a mixed picture of staff interactions during the inspection with regard to staff being kind, considerate and patient when assisting people, some positive and some negative. We established this was because some new staff had not had the training and supervision to ensure they had the skills to support people appropriately.

Care records were very detailed and reflected the needs and preference of people using the service. However, staff at times worked in a routine orientated manner and did not give people personalised care and choice in line with their care plans. Action was taken during the inspection to address these concerns and after the inspection the provider sent an action plan telling us how they were continuing to address these concerns.

People's changing needs were monitored and were responded to promptly and the involvement of health professionals sought, and their advice followed. People receiving end of life care were treated respectfully and with compassion by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. However, improvements were needed in relation to recording family and professional involvement in best interest decisions as this was not always clear and recording of the legal powers family and relatives might have to support people.

People's medicines were safely managed, and their nutritional needs were identified and monitored. People enjoyed the meals provided.

Activities were offered which people appeared to enjoy. However, it was not clear how activities were set to take into account individual interests and preferences or consider individual's abilities.

Some aspects of the premises were tired. The provider had a new maintenance person and had started a redecoration program. Environmental risks had not been recently assessed, so the provider did not have a clear oversight of the potential risks at the home although a health and safety audit had been carried out. Overall there were good infection control standards found throughout the home.

We identified four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance, staffing and ensuring fit and proper persons were employed. Details of action we have asked the provider to take can be found at the end of this report.

More information is in the full report

Rating at last inspection and update:

The last rating for this service was good (published 31 August 2018). At this inspection the ratings for the service have changed to requires improvement.

Why we inspected

The inspection was prompted in part by notification of a specific incident. This incident is subject to an investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about accessing prompt medical attention. This inspection examined those risks but did not identify any risks regarding people accessing prompt medical attention.

We have found evidence that the provider needs to make improvements. Please see all of the sections of this full report.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information we receive about the service until we 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 ●

The Koppers Residential Home

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

Two inspectors visited the service on the first day of the inspection with an expert by experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited on the second and third day.

Service and service type

The Koppers Residential Home 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 on the first and second day. We announced the third day of the inspection, so the provider was available to support the inspection.

What we did before the inspection

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

from the local authority and professionals who work with the service. We also reviewed notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, a team leader, senior care staff, care staff, maintenance person, a housekeeper and the chef. We also spoke with a director of the service.

Some people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully.

We reviewed a range of records. This included three people's care records on the provider's computerised system and medication records which were computerised. We looked at three staff files in relation to recruitment, training and induction. A variety of records relating to the management of the service, including policies and procedures, supervisions/appraisals, complaints, quality assurance, quality monitoring and maintenance records were reviewed. We completed checks of the premises and observed how staff cared for and supported people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with professionals who regularly visit the service.

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.

Staffing and recruitment

- Recruitment procedures did not ensure that people were supported by staff with the appropriate experience and character. For example, one staff member did not have an application form in their file. This meant the provider had not been able to assure themselves about the staff member's employment history and qualifications. There was no interview record to demonstrate how the provider had assured themselves about the staff member's character. The registered manager said they had conducted a telephone interview but had not recorded this. There was a disclosure and barring check (DBS) and two reference letters but it was not clear what relationship these referees had with the staff member

The failure to operate safe recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels met people's needs but the registered manager had not ensured a good staff skill mix to support people appropriately on the first day of the inspection. We discussed this with the registered manager who acted upon this concern and reviewed all shifts to ensure they had staff with the right skill mix on duty at all times. We saw this on the second and third day of the inspection.
- People, relatives and staff said planned staffing levels were sufficient. One person said, "Plenty of staff around here, they come straight away when I ring my bell... see." They demonstrated by ringing their bell and a staff member responded within four rings. A review of the staffing rotas showed preferred staffing levels were generally maintained. A relative said, "I think that this home is well staffed even at night, over the last week end I stayed with my (relative) all night ... the staff were very attentive all night long."

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

- People's individual risks were safely managed. Care records contained individual risk assessments for falls, nutrition monitoring and skin integrity.
- The registered manager and/or a deputy manager assessed people prior to them moving to the home to ensure they could safely meet the person's individual needs.
- The provider's computerised system had a traffic light system to identify if people were having a good day or showing signs of agitation. This meant staff could look at how people had been presenting to identify if there was a developing pattern of agitation which needed addressing.
- Staff acted appropriately when there was an accident or incident. We saw they had clearly recorded the actions they had taken on the provider's computerised system. The registered manager said they were

aware of all accidents and incidents but did not have a formal system to look at patterns and trends.

- Environmental risks had not been recently assessed, so the provider did not have a clear oversight of the potential risks at the home. The last environmental risk assessment we were shown was undertaken in January 2018, although a health and safety audit had been completed in April 2019. We discussed with the provider the need to review their environmental risk assessment to ensure environmental risks were being identified and managed to keep people safe. We made the provider aware of a ramp leading from the dining area to the conservatory which was not highlighted to make people aware of the changing height. They took action immediately and the ramp was highlighted with appropriate tape.
- The equipment was safe and well maintained. The provider had employed a new maintenance person who undertook checks to protect people from the risks of unsafe and unsuitable premises. For example, water temperatures, testing of portable electrical appliances and window restrictor checks.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and stairlift maintenance. This helped to make sure the equipment was safe for staff and people to use.
- Work was being carried out regarding fire safety at the home. The maintenance person was working with an external fire company to ensure the home was safe in the event of a fire.
- People had personal emergency evacuation procedures in place (PEEPs) in their care records which detailed how staff needed to support individuals in the event of an emergency to keep them safe. This information was also held near the fire panel so emergency services would be able to access people's information in the event of an emergency evacuation.
- As a result of an incident the provider and registered manager had made changes to the way they undertook new admissions to the home to make the process safer. This included not taking admissions on a Friday.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. Comments included, "I feel safe in this home, plenty of people around here to look after me."
- The majority of staff had completed training and understood safeguarding issues. They said they would have no hesitation in reporting any concerns to the management team and were confident that action would be taken to protect people.
- The provider had policies and procedures to guide staff and keep people safe.
- The registered manager understood their responsibilities and had made appropriate referrals to the local authority safeguarding team and followed their guidance.

Using medicines safely

- Medicines were safely managed. The provider had introduced a new computerised medicine system since the last inspection in August 2018. Staff used an electronic device which highlighted when people's medicines were required. Staff scanned people's medicines boxes to ensure they were the correct medicine, and this kept a running total of medicines in stock.
- People said they were happy with how their medicines were managed. Comments included, "I get my medication every day, never a problem at all regarding my medication." A relative told us, "I am confident that (relative) gets the right tablets every day."
- Staff had clear guidance about the medicines they were administering and regarding the use of when required medicines using the new system.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- The management team had been working with the local GP surgery and pharmacy providing medicines to ensure people had an adequate supply of medicines each month.
- Senior staff administered medicines at the home. They had received the necessary training to support their

responsibilities in dispensing medicines.

Preventing and controlling infection

- People were protected from the risk of infection. The environment was clean and when there were spillages these were cleaned up. We raised with the management team that staff on one occasion had not followed good infection control practices when cleaning up a spillage. The registered manager addressed this.
- Staff had access to protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.
- In August 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained. The kitchen was clean and appropriate cleaning schedules and checks were in place.

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 deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were placed at risk of inappropriate and unsafe care because of the lack of staff training and support. The provider's training records showed since the last inspection training had almost lapsed at the service. This meant new staff working at the service had received very little training. For example, two new staff members new to care had only received training in moving and handling, infection control and dementia. This had impacted upon people because not all staff during the inspection demonstrated how to support people safely and correctly. For example, poor infection control practice and poor support at meal times.
- Staff had not all received supervisions to enable them to carry out their duties and ensure their competency was maintained. The registered manager had a supervision schedule in place to record staff supervisions. This showed staff had not received regular supervisions since the last inspection in August 2018 in particular new staff. This meant new staff working at the home were not being sufficiently supported in their new roles. The provider said they were aware of supervisions falling behind and supervisions would be undertaken.
- New staff said they had shadowed more experienced staff when they started work at the home but had not completed a formal induction process. The registered manager set up an induction checklist for these staff during the inspection.
- Nobody was undertaking the care certificate (which had been introduced in April 2015 as national training in best practice) or an equivalent process at the time of our inspection.

The provider had not ensured new staff were suitably trained and effectively supervised which was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities).

- The provider had identified training had fallen behind and were working with an outside training company to provide a training system at the home. They had also arranged for designated staff to undertake 'train the trainer' training in moving and handling and first aid, so they could train other staff.

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

- People had their needs assessed before they moved to the home. From these assessments care plans were put in place to show how people's needs would be met. Care and support records were reviewed regularly and updated when required.

- People's care records had a life history and included information about people's choices and preferences.

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

- People were positive about the food they received. Comments included, "The food is really good here, they have a set menu, but if you don't like it, the chef will get you what you want really" and "The food is very good here, I never go without my food."
- The mealtime experience for people was poor. We observed a lunchtime meal on the first day which was rushed, disorganised and routine task orientated with poor interactions between people and staff. Action was taken to address this during the inspection and improvements were seen on the other days of the inspection. Following the inspection, the provider sent us an action plan setting out the improvements they were making. This included, undertaking role play with staff regarding no choice of food and drinks and keeping noise to a minimum with peaceful music playing.
- Care records on the computerised system had detailed information about people's dietary needs and included information about people who required fortified or specially modified meals.
- The cook had a good understanding of how to support people who required modified diets, such as those who needed a softer diet due to swallowing difficulties. The cook supported people each morning during breakfast ensuring they had what they wanted.
- Staff recorded people's diet and fluid intake on the computerised care system.
- Care records included monitoring for weight and malnutrition screening tool (MUST) to identify those at risk of weight loss. We saw that suitable referrals were made to people's GPs and Speech and Language Therapy (SALT) when additional needs had been identified.

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

- People's changing needs were monitored and were responded to promptly and the involvement of health professionals sought, and their advice followed. For example, one person had been unwell, staff had identified an infection and requested a GP visit.
 - There was good communication between the staff to ensure they had the information needed to support people's changing needs. Staff received a handover when they arrived on shift to ensure information about people's changing needs was shared. For example, the staff were aware the person had an infection but had not been advised how to support the person while awaiting a GP visit. We discussed with the registered manager that there was no guidance regarding how staff should support the person to minimise the effect while waiting for a GP visit. For example, regular fluids and monitoring checks. They said they would put in place a care plan to guide staff.
 - Staff supported people to see health care professionals according to their individual needs.
 - Records showed people had been referred to health professionals when required. For example, the speech and language team (SALT), physiotherapy team and falls team.
- People had access to a community dentist service, community optician. and private chiropody.
- Several people had moved to the home under emergency conditions. Health professionals praised the way the staff had supported these people at this time and the improvements they had made both physically and mentally since being at The Koppers.

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

- The home was tired in areas and in need of redecoration. The provider had recently employed a new maintenance person who had started working through a program of redecoration agreed with the provider and registered manager. This included changing the carpet in the lounge as this was worn.

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.

- Mental capacity assessments had been completed when people lacked capacity.
- Care records did not contain clear information about relatives and friends' legal power. For example, if they held a power of attorney for health and welfare.
- Best interest decisions had been completed for people, but it was not always clear how family and professionals had been involved in these.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. The service had policies and procedures to underpin this.
- Care plans reflected the principles of the MCA and DoLS and applications to the local authority had been made where restrictions were in place.

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 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

- People who were able told us they were treated with dignity and had their privacy was respected. However, on the first day of the inspection we observed people not being treated respectfully. For example, there was poor support of a person who was suffering from an infection. Not all staff were considerate in their actions towards this person which escalated their anxiety. We raised this with registered manager and they addressed the issue with staff.
- Staff did not always address people respectfully. On the first day of the inspection were not referring to people by their preferred names. Instead they used terms like 'love, darling and gorgeous'. This did not demonstrate that they respected people as individuals and with an identity. The registered manager took action and staff used people's names on the other days of the inspection.
- Staff did not always ensure people who required support with their meals were treated respectfully. For example, on the first day of the inspection a staff member was supporting more than one person at a time. The registered manager addressed this concern with staff and on the other days of our visit we observed staff sitting with people supporting them appropriately.
- Staff did not always support people's independence. On the first day of the inspection a person was enjoying a dessert and managing independently. A staff member took the spoon they were using away and gave them a different spoon but placed it on the far side of their dish, so they could not reach which meant they did not finish their dessert.
- People were not always being supported in accordance with their care plan, for example, how to approach a person who was anxious was not followed.

The provider had failed to ensure people received the appropriate care and treatment, which was a breach of Regulation 9 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014.

- The provider sent us an action plan after the inspection telling us how they were working with staff to improve interactions and promote independence.
- Visitors were welcomed and there were no time restrictions on visits. They said they were always made welcome when they visited the home. One relative commented, "I think the staff here are very supportive to me, as soon as I come into the home I am offered a cup of tea."

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

- People who were able said staff were caring and kind. Comments included, "The staff are very good, they

look after everyone really well, they are kind and caring, they listen to me and give me a choice in everything" and "The staff are very nice, kind and caring, I like them all."

- We observed positive and negative interactions between people and staff. We established, and the provider agreed this was because some new staff had not had the training and supervision to ensure they had the skills to support people appropriately.
- Some staff had gone above and beyond in their support of people for example one person had been to a hospital appointment the week of our visit. The registered manager had accompanied them and on return to the home had stayed and supported them through the night.
- People were protected from discrimination. People's care records demonstrated that people's individual, religious and cultural needs were respected.

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

- People who were able said they felt able to speak with staff and raise concerns. However, it was not clear how people who could not express their views were offered choices. Staff worked in a routine orientated manner. For example, food protectors were placed on everybody without asking them first, not all staff offered meal choices at mealtimes and routine toileting undertaken.
- Care records were regularly reviewed by the registered manager. Staff discussed concerns and outcomes with people and relatives, but this was done informally. Relatives told us they were kept informed about their relatives.

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 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 were not always receiving personalised support. People's care plans were detailed and included information for staff about the support they required to meet their needs. They included information about what was important to the person and their likes and dislikes.
- Some staff worked in a routine orientated manner which was not personalised. Following the inspection, the provider sent us an action plan telling us how they were working with staff to ensure people's personal needs and choices were followed.
- People who were able to express their views told us they were able to make choices about their day to day routines and told us that staff knew them well. One person commented, "The staff know everything about me and what I need to be done, they look after me well." Another said, "The carers all of them understand what needs to be done, they do things well, I have been in other homes, they do a good job here."
- People had their needs assessed before they moved to the home to make sure it was the right place for them.

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

- Activities were offered which people appeared to enjoy. People were undertaking activities during our visits which included a reminiscence session and crafts. These activities were facilitated by volunteers and an external company. We were told that formal activities took place two days a week, on the other days staff provided activities as time allowed. We saw on the first day of the inspection nail care was provided in the afternoon. It was not clear how activities were set to take into account individual interests and preferences or consider individual's abilities although people were happy with the activities offered.
- There were links with the local primary school. School children visited the home and undertook activities with people.
- People who stayed in their rooms were regularly visited by the volunteers and relatives and said they were satisfied with the social interactions they received.
- Staff supported people to celebrate dates which were important to them. For example, people's birthdays.
- There was a house cat and staff regularly brought their dogs in to see people which they seemed to enjoy.

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.

- People's communication needs were identified, recorded and highlighted in care plans. For example, one person's care plan recorded they could not communicate verbally, and staff were advised to break conversations down into component parts.
- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard. For example, the complaints procedure was in an easy read picture format.

Improving care quality in response to complaints or concerns

- The complaints procedure was pictorial to advise people how they could make a complaint. People and relatives said they would be happy to raise concerns. One person said, "If I had a complaint at all I would speak to the manager, I see him every day." A relative said, "Nothing to complain about here, everything is so very good here."
- There was no log detailing complaints which had been received at the home. We were told by the registered manager they had only had one which was still an active complaint which they were dealing with on their computer. From discussions with them they were following the provider's complaints policy.
- Staff could record compliments on the provider's computerised system but not concerns. We discussed with the provider ensuring staff had a means to record concerns and grumbles so senior staff could monitor and take action as required.

End of life care and support

- There was good end of life care at the service. There were two people receiving end of life care at the time of the inspection. They were treated respectfully and with compassion by staff. The registered manager had put in place specific end of life care plans for these people to ensure their personal needs were met. The registered manager and staff were supporting both people and their families at this difficult time
- Procedures were in place for people to identify people's wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.
- Staff ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
- The registered manager had received thank you cards from people's families thanking them for their kindness and 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 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; Continuous learning and improving care

- The service had a manager registered with the Care Quality Commission (CQC). 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. Following the inspection, the provider informed us the registered manager had left the service and they had appointed a new manager.
- There was a lack of clarity of roles and responsibilities between registered manager and the deputy manager. This meant that some tasks had not been completed because it was not clear whose responsibility they were. For example, staff performance meetings.
- People lived in a home where the provider did not have effective systems to monitor quality, identify risks or drive improvement. It was difficult to establish what audits had been undertaken. Where audits had been undertaken some areas had not been completed and lacked details about how things had been followed through and acted upon. For example, staff recruitment records and inconsistency in how issues with staff performance were followed up.
- Since the last inspection it was evident that things had fallen behind at the home. The registered manager said they had fallen behind in undertaking supervisions, training and audits because of other priorities and personal issues they were dealing with. At the last inspection they were delivering all of the training to staff as they were a trained trainer, this had nearly totally lapsed. A lot of their responsibilities had fallen to the deputy manager who had struggled to complete their own work as well as additional responsibilities.
- The provider visited the home weekly and undertook three monthly audits. The last one completed on 30 May 2019 focused on the environment and identified the need to make a list of priorities of work to be undertaken. The provider was aware of the gaps in training and supervision and were addressing these with the registered manager. However, they were not aware of all of the concerns we identified.
- Staff said they were well supported by the management team but said things had deteriorated at the home. One staff member said, "The home is no longer well led ... they just seem to be playing at it, they do not check up on the staff at all now."

We found no evidence that people had been harmed however they had received poor care. This was because systems to assess, monitor and improve the quality and safety of the service provided to people were either not in place or not robust enough to demonstrate good governance. This placed people at risk

of harm. This is a breach of regulation 17. (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives knew the registered manager and deputy manager well and spoke positively about them. One commented, "See the manager around the place a lot, seems very nice and approachable, they look after me really well here.". Both the registered manager and deputy manager worked alongside staff to help support the care provision and monitor staff practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.
- The registered manager and deputy manager had an open-door policy and people, relatives and staff were confident about approaching them.
- The registered manager said they were proud of their achievements at the home. These included, better staff retention, more consistent care, building a stronger team, being more visible, implementing electronic care plans and medicines system.
- The home had been through a difficult period where there had been challenges at the home. At the inspection the provider was open and honest about these concerns and demonstrated throughout the inspection and by sending us an action plan promptly they had learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- The registered manager, deputy manager and provider speak with people regularly to ask their views, but these are not recorded. After the inspection the provider sent us an action plan telling us they would be having residents' meetings every three months to ask people their views and keep them informed.
- The provider had undertaken surveys of people and relatives. We were unable to see the results of these surveys, but the registered manager said the results were analysed and action taken where needed. They recalled the action they had taken included, changing menu's and getting additional garden furniture.
- The provider, registered manager and deputy manager speak with staff daily, work alongside them and have staff meetings. Where they identify areas for improvement they had taken action. For example, there was only one computerised device to undertake the medicine round This meant only one member of staff could administer medicines at a time, so a second device was purchased,

Working in partnership with others

- The registered manager and staff had developed good working relationships with local health care professionals. Local health care professionals said the home had been a preferred home for people in the area with dementia because of the positive outcomes people had experienced.
- The community nurse team recorded in a communication book their visits and actions they required staff to take. The deputy manager said this was working well.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured people received person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The systems for ensuring good governance were poor. The internal quality improvement processes had not identified or address a number of issues. |
| 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 did not have effective recruitment procedures in place to undertake checks to ensure staff were of good character with the skills and experience required. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff deployed had received appropriate support, training and supervision to enable them to carry out their duties. |

