

Cephas Care Limited

# Dunsland

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Inadequate** 

Is the service caring?

**Inadequate** 

Is the service responsive?

**Inadequate** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Dunsland is a residential care home providing personal care and support for up to 14 people aged 18 years and over living with learning disabilities, autism, physical and mental healthcare needs. At the time of the inspection, 10 people were living at the service.

The service has not been developed and designed fully in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The service was a large home, bigger than most domestic style properties, and larger than current best practice guidance for people with learning disabilities and autism.

The size of the service was having a negative impact on some of the people due to building design and layout, and the number of people sharing communal areas of the service. Not all the principles had been applied to the service provided, to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that includes having control, choice, and independence. People using the service should also receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were not being supported by consistently caring and suitably trained staff. This was confirmed by our observations and feedback received from people living at the service.

We identified ongoing significant environmental risks and concerns impacting on the standards of safe care being provided. People living at the service were not always able to assess risks independently and relied on staff for support. Leadership and governance arrangements within the service had further deteriorated since the last two inspections.

We identified new and repeated breaches of regulation and the provider, in the absence of a registered manager, was not meeting their legal regulatory responsibilities to ensure people received good standards of care or that sufficient action was being taken to address shortfalls from the last two inspections.

People were not always supported to have maximum choice and control of their lives. We observed examples of restrictive practice. Staff did not always support them in the least restrictive way possible; policies and systems in the service were not followed to support good practice or reflecting the principles and values of Registering the Right Support.

We continued to identify concerns regarding the levels of activities and social stimulation for each person. This had less impact on those people able to access the community independently. The service had not implemented recommendations made in the last comprehensive inspection report regarding people's end

of life care planning, and care records did not consistently contain protected characteristics in relation to personal choice and preferences.

The care environment remained unclean, with ongoing concerns regarding infection, prevention and control risks to people. We continued to identify concerns regarding people's medicines management at the service.

#### Rating at last inspection

Dunslund was previously inspected 09 May 2019 and rated as Inadequate overall, with breaches of regulation and the service was placed into special measures. The report was published 27 August 2019.

A focussed inspection visit looking at safe and well-led, in response to concerns received was completed 17 October 2019, the service remained rated as Inadequate, with breaches of regulation and remained placed in special measures. The report was published 22 November 2019.

This will be the third, consecutive inspection where the service has been rated inadequate and remained in special measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified repeated breaches of regulation in relation to the provision of safe care and treatment, keeping people safe from risk of harm or abuse, maintenance of the care environment and good governance processes. We have also identified breaches of regulation relating to adherence with the Mental Capacity Act (2005), staffing levels; training and competence, provision of dignified and person-centred care and support, at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Special Measures

The overall rating for this service remains 'Inadequate' and the service remains 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 effective.

Details are in our effective findings below.

**Inadequate** ●

### **Is the service caring?**

The service was not caring.

Details are in our caring findings below.

**Inadequate** ●

### **Is the service responsive?**

The service was not responsive.

Details are in our responsive findings below.

**Inadequate** ●

### **Is the service well-led?**

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Dunsland

## 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 and one medicine inspector.

#### Service and service type

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

The service had a manager in post who was registered at another one of the provider's services. They were providing managerial oversight to both services and had applied for dual registration with the Care Quality Commission at the time of the inspection. This means that the provider is 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 information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with five people, and observed care and support provided in communal areas. We spoke with the

manager, two deputy managers, the head of adult and community services and the maintenance person. We looked at five people's care and support records and seven people's medicine records. We observed the morning medicine round. We also reviewed staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

After the inspection

Due to risks identified during the inspection, we asked the service to send us additional information and updates on actions taken as an outcome, this information was provided within agreed timescales. We spoke with two care staff, and two relatives by telephone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

At our last two inspections, risks to people and the care environment in relation to cleanliness and preventing the spread of infection were not well managed. 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.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- Areas of the service remained unclean, and we found staff were not routinely checking the condition of people's bedrooms and bathrooms at regular intervals during each shift.
- Not all toilet facilities contained basic personal care products such as toilet paper and hand soap for people to use, to prevent the spread of infection and maintain comfort.
- Some bedrooms continued to have malodour, and this was added to by items of soiled linen being left in the rooms after staff completed personal care tasks with people. We also found a seat without a cover, leaving an exposed foam surface that could not be kept clean.
- We observed staff members responsible for completing care tasks to be wearing jewellery and have painted and false nails. This was not in line with the service's dress code or infection, prevention and control policies.
- The service still had a poor food hygiene rating of one star.

### Using medicines safely

At our last two inspections, risks to people in relation to the safe handling and administration of medicines remained an area of concern. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- Medicines were not always administered in the way the prescriber intended, which could affect the way the medicine works. Person specific care plans were not consistently followed for example in the need to use thickener with a person's liquid medicines. This placed the person at risk of choking.
- On inspection, we observed that the changeover of medicines occurred at the same time as the morning medicines administration round, with both tasks being completed by one member of staff. This was not in line with the provider's policy. This could lead to an increased risk of errors due to high levels of distraction.
- We saw inconsistent practice when signing for medicines given by staff. We identified examples of where hand written medicine records lacked a required second signature. This practice again was not in line with

the provider's medicine management policy.

- Protocols to assist staff on when to administer as required (PRN) medicines were in place but lacked detail on how outcomes could be assessed particularly for those people who had difficulties expressing their needs.
- Medicines were stored securely, however there were gaps in room and fridge temperature monitoring, therefore we could not be assured that medicines were stored in optimum conditions.
- We found one out of date medicine, that required specific storage and recording to be in place. We brought this to the attention of the management team as soon as this was identified.

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

At our last two inspections, risks to people and the care environment, and learning from when things went wrong were not well managed. 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.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- There continued to be concerns around the quality of information accessible for staff to follow in people's care folders. Changes had been made to the content of some care plans and risk assessments, and to the recording of day and night time care provision. However, we continued to find gaps and inconsistencies in the recording of people's care provision, particularly during the night. This resulted in the management team being unable to accurately monitor people's needs across a 24-hour period.
- We identified examples of where changes to people's risk status, or their health requirements had been identified, but corresponding updates had not been made to their care records to ensure staff were following the most up to date information. For example, a person had been assessed by the speech and language therapy department as an outcome of our last inspection visit. Yet their care plans and risk assessments had not been updated to reflect guidance and advice around management of their choking risks. Where people were assessed to be at risk of constipation, staff were not keeping accurate records of when the person had been to the toilet, to ensure that where time had elapsed, this would be recognised and medical advice and intervention sourced.
- Overall, we found care records to not be designed for staff to easily access key information. This was of particular concern as the service used agency staff who would not be familiar with people and their assessed needs.
- Based on our observations and inspection findings, further improvement was still needed in relation to the monitoring of accidents and incidents. To ensure lessons learnt, implementing changes into practice and sharing of information within the staff team.
- Improvements had been made to the information being recorded regarding water safety checks, in line with the recommendation made in the last inspection report.

Systems and processes to safeguard people from the risk of abuse

At the last two inspections, we identified that people were not consistently being kept safe and protected from harm. At the first inspection, a recommendation was made. At the second inspection, this was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 13.

- We identified and observed safeguarding concerns during the inspection visit, and reported our findings to the local authority safeguarding team for further investigation.

- We continued to identify concerns in relation to staff culture and practices within the service, particularly in relation to their oversight of people to maintain safety. Based on our observations we were not assured that safeguarding training was being implemented into practice. This was reinforced by feedback received from people living at the service.
- Some people exhibited distress through behavioural presentation rather than by giving verbal feedback. Staff were not consistently interpreting people's behavioural presentation and making timely changes to the environment or offering activities or reassurance as a means of de-escalating situations.
- We received verbal assurances from the manager that they were consistently notifying CQC of safeguarding incidents involving people living at the service. However, we identified repeated episodes of where follow up information for notifications was being requested by CQC and not provided by the service. This did not provide us with necessary assurances that all follow up actions were completed following an incident.

### Staffing and recruitment

- We identified that there was a lack of consistency in how frequently people were being checked overnight, in line with the guidance set out in their paperwork. The manager told us that through completion of out of hours visits, they had identified a staffing deficit at night time. Having identified these risks, no action had been taken by the provider to mitigate them.
- The manager also raised concerns regarding day time staffing levels where people required supervision and oversight to access the community. The manager told us that they were in the process of introducing a new dependency tool, which would assist them to calculate required staffing levels in relation to people's support needs. At the time of the inspection, the new tool had not been completed.
- We asked for provision of information relating to staff supervision and performance-based appraisals. The information received combined staff supervision and staff meeting dates and did not show that all staff were receiving regular supervision. No information regarding completion of performance-based appraisals was provided. One staff member told us they had not received any supervision since starting work at the service, this was confirmed from reviewing the matrix provided. This did not provide assurances that supervision was being given to new members of staff during their probationary period. If in place, this would offer the staff member and manager the opportunity to review their performance and identify potential training and development needs.
- The management team told us there were profile documents about each person in place for new or agency staff to access as a means of familiarising themselves with people's needs. Existing care records did not offer a timely means of gaining this information. Access to quick reference guides was an area of concern identified at the last 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 Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

At our last comprehensive inspection, the security and safety of the building had not been fully considered for the people who lived there. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 15.

- There continued to be a lack of signage to aid familiarity within the care environment. Few people had their names on their bedroom doors. We identified that some people were experiencing difficulties with their continence needs and felt greater consideration of navigational signs to support people with accessing toilet facilities independently were required.
- A stairlift had been installed in one half of the service. However, this had resulted in an overall reduction in the width of the flight and there was now only one bannister rail in place for people and staff to hold. Risks for people and staff had not been fully considered alongside changes made to the care environment.
- Refurbishment works remained ongoing at the service, and priority had been given to communal living areas. Some people had moved bedrooms, and we found that not all their personal effects had been moved from their old rooms.
- We identified security concerns on arrival to the inspection. Previous concerns around building security and maintaining people's safety when they have Deprivation of Liberty Safeguards in place had been identified.

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. A recommendation relating to MCA and consent was made as part of the last comprehensive inspection completed.

- Not all staff had completed MCA and DoLS training. From our observations of staff practice, and from reviewing care records, we were not assured that training was being implemented into practice.
- We identified that the service had not submitted a renewal request for a DoLS within required timescales, and this had resulted in the DoLS expiring. The service were implementing deprivations that were no longer authorised. Continued deprivation of liberty without authorisation is unlawful and breaching the person's human rights.
- We identified examples of capacity assessments that were out of date or had not been reviewed. Some of the language used in these assessments was not person-centred.
- Where people were subject to DoLS, we saw examples of where people were asking to go out, and not being offered the opportunity to spend time outside. Staff were not consistently working to least restrictive principles in line with the MCA.
- We identified examples of where we would expect to see the completion of capacity assessments, and these had not been completed. Staff were therefore not working in line with the MCA guidance and law.

Staff did not consistently work within the principles of the Mental Capacity Act (2005) and DoLS. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Whilst improvements to training completion had been made, there remained low completion rates in role specific training areas including learning disabilities (37%), Mental Capacity Act and Deprivation of Liberty Safeguards (69%) and PEG (percutaneous endoscopic gastrostomy – a tube inserted into the stomach as a means of feeding a person) (32%).
- We identified that only 64% of staff had completed mental health awareness training, which would aid their understanding and confidence to support people with complex support needs. We also identified that training regarding anxiety was not listed as a requirement for staff, yet some people living at the service were known to experience and received medicines for the management of their anxiety.
- We also identified that oral hygiene training was not listed as one of their mandatory training requirements. The service was therefore not working in line with nationally recognised best practice.
- Whilst the service had an induction programme for staff new to the service, where staff shadowed shifts with experienced staff, we could not be confident that new staff were learning the right way to support people. Particularly as we identified concerns relating to staff competency and culture within the existing staff team.
- During the inspection, two members of the management team demonstrated poor practice relating to medicines management. These staff were responsible for overseeing medicine competency checks for the main staff team.

Staff did not have access to specialist training and were not up to date with the provider's mandatory training requirements. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- We identified examples of where staff were not proactively supporting people to access dental and

medical support in a timely way. For one person their denture was broken, and they were waiting for an appointment to have this addressed. Their oral healthcare plan made no reference to the person having a dental plate. The person told us their broken denture was impacting on their ability to comfortably chew food.

- The second person was unable to be given fluids by mouth, and only had a limited number of teeth. There was no guidance in place to ensure the person was receiving adequate oral hygiene care and support. During the inspection, we identified that the skin surrounding the person's mouth was sore and inflamed. At our request, a GP appointment was arranged, and guidance sourced on treatment and specialist mouth care required to keep this person well.

- We identified that a person had experienced significant healthcare changes, resulting in a hospital admission. When they were discharged back to the care of the service, advice and information around management of their condition had not been provided by the hospital. From reviewing the person's care records and speaking with the manager, we were unable to source assurances that sufficient attempts had been made to clarify the person's healthcare needs and ensure the required level of guidance was in place.

Provision of poor standards of support with oral hygiene and sourcing healthcare advice was placing 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.

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

- Care records contained variable levels of current detail and did not evidence whether they had been written collaboratively with the person and their relatives, if appropriate. They did not consistently reflect people's personal preferences.

- We identified examples of where people had been discharged from hospital using an item of equipment or requiring specialist continence care. Their needs had changed once living back at the service, and their records had not been updated to accurately reflect this information. Staff were therefore not working, in line with best practice guidelines to ensure provision of accurate and personalised care.

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

- We continued to identify concerns in relation to the management of people's choking risks. Staff were not consistently following the guidance in place in people's care records, or we identified reviews and guidance by the speech and language therapy service to reflect advice information received or updated in people's care records.

- Overall, the food quality and presentation had improved since the last inspection, and people were being encouraged to complete kitchen activities, which they told us they enjoyed.

# 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 now deteriorated to Inadequate. This meant people were not treated with compassion and there were breaches of dignity; staff caring attitudes had significant shortfalls.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; equality and diversity

- Risks within the care environment, and individual risk management were not consistently mitigated. This was not conducive to a high standard of care provision.
- We observed examples of where a staff member repeatedly shouted at a person and did not treat them with respect. We raised our concerns regarding our observations during the morning of the inspection to one of the deputy managers, yet the staff member continued to work with the person in the afternoon, and we observed further examples of poor practice by this staff member.
- We observed a staff member to be critical about the condition and cleanliness of a person's bedroom when asked by the manager to complete some cleaning. The staff member's comments were made while the person and manager were present. This did not demonstrate that staff gave sufficient consideration to their manner, attitude and use of language when working with people.
- Some people experienced episodes of behaviours which challenge themselves and others. We observed that some behavioural incidents were in response to the atmosphere within the service and the way staff spoke to each other or to other people. This resulted in people displaying increased levels of anxiety and agitation.
- When people approached staff or showed signs of distress, staff did not always respond to their requests and provide reassurance. At times, people remained in the communal areas with the inspectors who they were unfamiliar with, while staff completed other tasks. People approached the inspectors for reassurance and support.
- We identified that staff were not consistently supporting people to maintain good standards of personal hygiene and appearance. We found examples of people's bedrooms with malodour and the condition of some people's clothing was poor, damaged and stained. This was not ensuring people's privacy and dignity was upheld at the service or when accessing the community.
- We observed a person to require support with their personal hygiene while seated in the dining room. The manager walked past the person, and other staff were present in the room and had not offered them any support. At our request, the person was given assistance to maintain their comfort and dignity in the presence of others.

Staff did not ensure that people's privacy and dignity was upheld. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- From the care records reviewed, people and their relatives had not always been asked for their views or had the opportunity to discuss, contribute and learn about their care records in line with recognised good practice.
- The service did not hold meetings for people living at the service to provide an opportunity to give feedback and suggestions for ways to improve the service. This would offer people greater choice and control over forthcoming activities and enable them to feed their ideas into the running of the service.
- The manager told us they were trying to improve working relationships with people's relatives and were making sure relatives were kept updated of any changes or incidents at the service, while recognising this was not something that had been happening prior to them coming into post.

# 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 now deteriorated to Inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- We identified concerns in relation to use of restrictive practices, which were impacting on people's abilities to have choice and control over their daily lives. Some staff practices and approaches seen during the inspection did not reflect consistent standards of person-centred care provision or implementation of training into practice.
- People's care records did not demonstrate exploration of protected characteristics such as people's sexuality and wishes around having relationships. Records tended to say the person had not shown any interest in having a relationship and did not demonstrate such areas of personalised care had been discussed or fully considered.
- The service was completing ongoing work to develop people's care and support plans and adding details regarding personal preferences and choices. However, further work was still required in collaboration with people and their relatives to make these personalised documents.
- A recommendation was made as an outcome of the last comprehensive inspection that the service needed to review best practice guidance for end of life care, and where appropriate, discuss end of life preferences with people or their representatives. From reviewing people's care records, these did not demonstrate that staff had always spoken with people and or their relatives or referred to best practice guidance available. Therefore, the recommendation had not been acted on or implemented into practice.
- Only 48% of staff had completed end of life care training. With training and support, more staff could feel confident to engage in discussing people's wishes.

Staff did not ensure that people's care was person-centred, including their end of life care wishes, and preferences had been explored and discussed with them and their relatives. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs; 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

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 identified examples of where people's care records contained approaches and techniques to aid communication and people's abilities to make decisions, for example, through use of picture cards. From

our observations, and speaking with staff, this guidance was not being implemented into practice. For one person, when we asked the manager and member of care staff about the use of meal cards referred to in their care plan, they were not aware of this guidance.

- Clear guidance for new or agency staff around each person's communication styles and information on nonverbal communication needed to be made accessible. This would ensure people were able to express their wishes and preferences. For example, to assist people with expressing to staff when they were experiencing pain or discomfort.
- Care records demonstrated some improvements with access to service and community-based activities. However, we continued to see people seated in the dining room throughout the day of the inspection, with minimal interaction with staff, and minimal stimulation.
- People able to take themselves out into the community had access to greater opportunities to reduce social isolation than those people reliant on staff support.

Staff did not ensure that people's individual communication needs were met in line with AIS or that people had access to meaningful activities and social stimulation. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

At our last comprehensive inspection, the service was not implementing and following their own procedures for managing and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The compliments and complaints box had been moved, making it accessible for people and visitors to the service. However, for those people unable to independently provide written or verbal feedback, further exploration by the service around offering alternative ways to seek their feedback was required. People would also benefit from the option to give feedback anonymously.
- There had been no formal complaints received by the service since the last inspection visit.
- The manager told us they were maintaining regular contact with people and their relatives and encouraging provision of feedback on the service.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. 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.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last two inspections, there were poor governance systems and processes in place, which meant people were not protected from risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- Significant risks and concerns around standards of unsafe care and support being provided remained. In the absence of a registered manager, greater oversight of the service should have been in place by the provider. The provider has overall legal responsibility and accountability for how the service is run, and for the quality and safety of the care provided.
- With the ongoing levels of external support being provided to the service by the local health and social care authorities and by an external consultancy company, sufficient levels of improvement still had not been achieved. Overall, the rating and number of breaches of regulation had further deteriorated since the last two inspections.
- Overall, staff training completion rates remained a concern, with a lack of role specific training in place to ensure staff had the required knowledge and skills to meet people's needs and associated risks. From our observations, staff were not implementing training into practice and poor practice, when reported or observed by members of the management team was not being routinely challenged.
- There were quality audits and spot checks being completed, but shortfalls in the service and care environment found during the inspection had not been identified through these processes. We were also concerned that the service was relying on external auditors to find shortfalls and were not identifying these independently. We were therefore not assured that processes in place were robust.
- Further work around the development of person-centred care provision was required. Care records lacked key details and were not being routinely reviewed and updated following incidents, to reflect changes in risk and presentation.
- From our observations and inspection findings, we were extremely concerned about the culture within the staff and management team. We observed unprofessional and poor standards of practice. We also observed

episodes of staff speaking unkindly towards people and episodes of bullying within the staff team. We did not feel assured that staff were consistently respectful of people or each other. We were concerned that there was not an open culture within the staff team, which could discourage people and staff from raising concerns or acknowledging when something went wrong, in line with their duty of candour.

- The provider had not learnt lessons based on previous inspection findings and feedback. We met with the provider team as an agreed outcome of the last inspection, where they provided assurances of improvement plans being implemented. The outcomes of this inspection do not demonstrate that sufficient levels of improvement have been made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Prior to completing this inspection visit, we had received multiple notifications, reporting information of concern anonymously from members of the public. People using the service were not being offered opportunities to give feedback on the running of the service.

- Further work was required by the provider to improve partnership working in the local area and with people living at the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care provider was not always providing person-centred care in-line with people's wishes and preferences. People did not have access to regular, meaningful activities.</p> <p>Regulation 9: (1) (a) (b) (c) (2) (3) (a) (b) (c) (d).</p>

### The enforcement action we took:

Variation of condition to remove this location from the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The care provider was not protecting people's privacy, dignity and empowering people to make choices or have control over aspects of the daily routine, care and support needs.</p> <p>Regulation 10: (1) (2) (a) (b) (c).</p>

### The enforcement action we took:

Variation of condition to remove this location from the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The care provider did not work within the principles of the Mental Capacity Act (2005).</p> <p>Regulation 11: (1) (2) (3).</p>

### The enforcement action we took:

Variation of condition to remove this location from the provider's registration.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

The care provider did not ensure that people and the care environment were consistently kept safe. Risks to people were not well managed, including with medicines management.

Regulation 12: (1) (2) (a) (b) (c) (d) (f) (g) (h).

**The enforcement action we took:**

Variation of condition to remove this location from the provider's registration.

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

The care provider did not protect people from risks of harm and abuse; or alert external agencies to potential safeguarding concerns.

Regulation 13: (1) (2) (3) (4) (5) (6) (b) (d).

**The enforcement action we took:**

Variation of condition to remove this location from the provider's registration.

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 15 HSCA RA Regulations 2014 Premises and equipment

The care provider did not have environmental safety checks in place. The care provider did not keep people's accommodation in a safe condition.

Regulation 15: (1) (a) (b) (c) (e) (2).

**The enforcement action we took:**

Variation of condition to remove this location from the provider's registration.

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 17 HSCA RA Regulations 2014 Good governance

The care provider did not have good governance processes and procedures in place. Audits and quality checks were not identifying risks and areas of poor practice. The care provider did not have good leadership and management in place. The care provider did not ensure people's care records were kept up to date or contained the required

level of detail relating to risk and care needs.

Regulation 17: (1) (2) (a) (b) (c) (e) (f).

**The enforcement action we took:**

Variation of condition to remove this location from the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The care provider did not ensure there were always enough staff to be responsive to risks and meet people's needs. The care provider had not ensured staff had the skills and training needed to meet the requirements of their roles. Staff performance was not monitored or addressed where concerns were identified.  Regulation 18: (1) (2) (a).

**The enforcement action we took:**

Variation of condition to remove this location from the provider's registration.