

St. Georges Nursing Home

St Georges Nursing Home

Inspection report

61
St. Georges Square
London
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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?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Georges Nursing Home is a residential care home providing nursing and personal care. At the time of our inspection 24 people were living at the service. The service is registered to support up to 28 people. This is a family run business and this is their only registered care home.

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

There was an increased risk to people's safety and wellbeing because there were significant building and maintenance issues which had not been addressed within the home. The provider did not have effective measures in place in the event of a fire.

The provider did not have quality assurance processes in place which meant there was no formal system to identify concerns within the home and to agree what action needed to be taken. We were not assured that people were protected from the risk of abuse and harm. There was not always enough staff to care for people in a safe way.

The home was not following their infection control policy which meant people were at risk. Risks to people had not always been assessed and planned for. Risk assessments did not always provide staff with adequate information to care for people. We were not assured people's needs were fully assessed before they moved into the home.

People were not happy with the food they received. We made a recommendation to the provider to consider people's preferences and needs at mealtimes to ensure a better mealtime experience. Staff were not receiving supervision and appraisals in line with the providers policy.

People's care plans did not always record people's wishes and preferences in how they would like to receive their care and support. People's end of life wishes were not recorded. The provider could not evidence that they were following their complaints policy.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We made a recommendation to the provider to review their practice to ensure they were working within the principles of the MCA.

Despite the concerns we found at the inspection, we did observe some good care and support. We saw individual care staff providing support in a respectful manner to people. Medicines were administered safely.

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

Rating at last inspection and update

The last rating for St George's Nursing Home under the previous provider at the same premises was requires improvement (published on 18 May 2021). Whilst the home had reregistered, this service has been operating for many years with the same management structure and staff.

Why we inspected

This inspection was prompted due to concerns that we received about potential fire risks and concerns over maintenance issues not been addressed. A decision was made for us to inspect and examine those risks. We looked at infection and prevention control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified breaches of regulations in relation to person-centred care, dignity and respect, safe care and treatment, premises and equipment, complaints, staffing and good governance.

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

Follow up

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?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate 

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate 

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate 

The service was not well-led.

Details are in our well-Led findings below.

St Georges Nursing 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and a nurse specialist professional advisor.

Service and service type

St Georges Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent upon their registration with us. St Georges Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post. The registered manager made us aware they were leaving the home prior to the inspection. The home has recently recruited a new manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the owner of the building, the nominated individual and eight staff members. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four people living at the home during the inspection and four relatives. We carried out observations throughout the day in relation to infection prevention and control procedures, mealtimes and staff awareness of best practice.

We reviewed a range of records. This included five people's care records in full including records related to their medicines. These included both electronic and paper records. Following the inspection, we looked at four people's care plans. We looked at four staff files in relation to recruitment and staff supervision and the training records for all staff working at the home. We also reviewed a variety of records relating to the management of the service, which included policies and procedures.

Is the service safe?

Our findings

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

At our last inspection under the previous provider this key question was rated as requires improvement. At this inspection the rating has changed 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

- Risks to people's health, safety and welfare were not always identified or managed effectively. During the tour of the building the inspection team observed dangerous telephone wires that were exposed and hanging loose on the second floor of the home. This had been reported by staff, but no action had been taken to address the exposed wires. This posed a significant risk to people and staff.
- One person was at risk of leaving the building. The front door CCTV camera was not working. The registered manager confirmed during the inspection that the camera had not been working since September 2021. There were no effective measures put in place to protect this person from this risk.
- The provider did not always have effective arrangements to help protect people from risks associated with the environment. Staff were not carrying out any fire checks other than the weekly testing of the alarm. One staff member told us they would not know what to do in the event of a fire.
- Risks to people had not always been assessed and planned for. Whilst there had been improvements to the risk assessment process since the last inspection further work needed to happen to ensure risk assessments identified potential risks.
- For example, we identified one person who was being supported with a percutaneous endoscopic gastrostomy (PEG) feed. This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. This person's risk assessment needed more information to guide staff as they were at risk of pressure sores, but this was not recorded.
- We found conflicting information in people's files that placed people at risk of harm as staff might not have the necessary information to mitigate risks in a consistent way. For example, one person's falls risk assessment stated when using a piece of equipment to stand they can sometimes let go, however there was no risk recorded for this person to help guide staff.
- If people were supported to leave the home there was no risk assessment in place to mitigate any potential risks to the person.
- There was no evidence of the provider learning from accidents and incidents. Whilst accident and incidents records were completed, we found no evidence of any adjustments made to reduce the risk of further incidents.

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.

Following the inspection, the provider took action to mitigate immediate risks to people.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures to safeguard people from the risk of abuse. During the inspection one staff member told us that a senior manager turned off the lights, televisions and sometimes people's medical equipment. The lack of understanding of the potential risk which this posed meant we could not always be assured that people were protected from the risk of abuse and harm.

This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were effective procedures in place to support people who may have behaviours that challenged the service. The registered manager had sought support from the psychiatric team, information was recorded in a clear and concise way with clear strategies in place to support people.
- Staff told us, and records confirmed that staff were up to date with their safeguarding training. The staff we spoke with understood the right processes to take if they suspected a person was at risk of harm.

Staffing and recruitment

- Staffing levels at the home needed to be reviewed. There were not always enough staff to care for people and staff told us they had to cover for domestic and cleaning staff. Comments included, "We have been short of cleaning staff. If we are short, we have to do it. There isn't a cleaner today and nobody to do the laundry" and "We do bits when we can, but the people are the priority. You can see it needs to be cleaned but it is an issue. They tell us in the handover to just do our best. "
- The home was using a high number of agency staff. This meant that people were not always receiving consistent care and support from care staff who knew their needs well. One staff member told us, "Sometimes, I have been the only full-time staff member on the floor. I have to spend time showing the agency staff, and hold their hands, check they know what they are doing. This takes up my time".

There were not enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safer recruitment practices were followed for recruiting permanent staff. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references and proof of identity had been carried out as part of the recruitment process.

Preventing and controlling infection

- People were at risk of harm due to widespread, poor Infection Prevention Control (IPC) practices and a failure by the provider to follow their own policies and procedures to manage infection control.
- The provider was unaware of the current government guidance around COVID-19 testing for care home staff and the registered manager and staff confirmed this. Staff comments included, " We used to do a weekly PCR test, we have been given some LFT's, but we aren't doing testing. We just do it randomly." and "We are only testing if we have symptoms". This increased the risk of infection within the home.
- The provider was unaware of the current government guidance around personal protective equipment (PPE) and staff did not always wear PPE safely. We saw staff not wearing masks throughout the inspection. This meant they were not following the recommended government guidance.
- There was not a robust cleaning process in place. The home was not clean, and it was dirty in places. On the day of the inspection there was no cleaning staff working. We conducted a tour of the building, and we found all bathrooms needing repairs as tiles were cracked, with mildew around the sinks, and they were dirty. In one bathroom we observed what appeared to be faecal matter on a tile.
- Bathrooms did not have shower curtains and they were cluttered with equipment such as wheelchairs. Staff confirmed that people used these bathrooms.

- People's bedrooms were not always clean and tidy. Domestic staff were meant to complete a cleaning schedule which was stored in the person's room, but none of the records we checked had been completed since 26 February 2022.
- The registered manager told us that the home did not have regular domestic staff on site and when they did, they struggled to get cleaning materials as they were stored in locked cupboards.

Systems were not in place to assess, monitor and mitigate risks related to infection, prevention, and control. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback to the nominated individual, owner and the registered manager they agreed to address the concerns we identified. On the following day we received an action plan from the nominated individual explaining what action they were taking to ensure people were protected from the potential risk of infection.

Using medicines safely

- People received their medicines as prescribed, and medicines were given individually with a clear explanation.
- Medicines were managed safely and stored securely at the correct temperatures.
- Controlled drugs were stored safely and the stock we looked at matched the stock levels recorded. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.
- There was evidence of reviews of medicines by the home GP. This provided staff with a detailed record of people's medicines.

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 our last inspection under the previous provider, we did not rate the key question as we only looked at part of the key question. At this inspection the rating has changed 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 the last inspection under the previous provider we identified concerns with the lift and bathrooms. The provider had not ensured the home was adequately maintained to meet the needs of people who used the service. The home was not purpose built and needed to be modernised, but this had proved difficult due to the layout of the building.
- Some improvements had been made for example a new lift had been installed. However, there was still issues with the lift breaking down which meant some people could not always move freely throughout the home. One family member told us, "There was concern about the lift as it was out of action fairly frequently. There have been multiple days when the lift was not working and [person] can't come downstairs."
- We identified windows which were in poor condition and needed replacing throughout the home.
- The registered manager and staff reported repairs in a maintenance book but the majority of times there was no action taken to address repairs. For example, staff raised concerns about an air flow mattress which needed fixing, but we could not be assured if appropriate action had taken place to fix the mattresses.
- The stairs in the home were narrow and we identified trip hazards throughout the building as carpets and flooring were poorly maintained in places.
- Every room we visited was in poor decorative order and needed some form of attention, for example, plaster was blown off two walls, furniture was old and of a poor standard, curtains were not hung correctly which impacted on the overall look and comfort of people's rooms.
- Room layouts were also not appropriate. For example, in one person's room there was an en-suite, but there was no door between the room and the bathroom just a short curtain to separate the rooms which impacted on the overall feel of the room.
- Communal space for activities was in the lounge but there was no space to use wheelchairs. This meant that activities had to happen in the dining room and there was not enough space.
- The design and decoration of the premises did not always meet the needs of people living with dementia. There was poor signage and points of reference throughout the building and the layout of the building was hard to navigate. The walls were painted in plain colours and there were very few pictures around the building to provide a homely feel.

The failure to ensure the premises and equipment were adequately maintained and suitable for the intended purpose is a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

- The provider was not working within the principles of the MCA. Where the registered manager had assumed people were lacking mental capacity to give consent, the service had not always acted in accordance with the requirements of the Mental Capacity Act 2005 and completed appropriate or relevant mental capacity assessments or best interest meetings. This meant it was not always clear what the service was doing to ensure people's needs were being met and to ensure they were receiving support in a way that best met their needs.

We recommend the provider review their practice to ensure they are working within the principles of the MCA.

- Applications to deprive people of their liberty were made where appropriate. Records confirmed staff were up to date with MCA and DoLS training.

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

- The service was not always delivering care in line with current guidance and law. People's protected characteristics under the Equality Act (2010), such as religion and disability were recorded but the provider could not send us any evidence how they were considered as part of the pre-admission process. There was no evidence if these were discussed with people after admission or during their stay. This demonstrated that people's diversity was not always included in the assessment process.

The above meant that people's needs were not always appropriately assessed prior to moving into the home to make sure the provider would be able to meet their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- We were not assured agency staff were competent to care for people. Since the provider had changed their legal entity, the provider had introduced mandatory training for all permanent staff. However, we found no evidence of the provider seeking confirmation on what training agency staff had completed and if they had been assessed as competent before they started working at the home.
- The registered manager confirmed that staff did not receive supervisions which meant they were not following the providers supervision policy.

- At the previous inspection, the provider had not completed staff appraisals. At this inspection, there was still no appraisal programme scheduled for staff. We raised this with the registered manager, and they told us that the nominated individual had not set objectives for the year ahead so there was no point in completing appraisals.

The failure to ensure staff received adequate training, supervision and appraisals is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

- People's dietary needs and nutritional requirements were not always assessed and accurately recorded to help people maintain a balanced diet. We were unable to find any completed Malnutrition Screening Tool (MUST tool), which is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. Following the inspection, the new manager confirmed they were reviewing all care plans for each person.
- We observed the breakfast and lunch time meal and found there were ineffective arrangements in place to enhance people's enjoyment of their meals. There were no menus or condiments given to people. People confirmed they were not always given a choice. Comments included, "Breakfast is porridge and sometimes it's cooked. They don't ask you if you want it as it just arrives" and "We get no choice in what we eat."

We recommend the provider considers people's preferences and needs at mealtimes to ensure the experience was positive and supportive.

- Records in the kitchen regarding people's allergies, dietary needs, and how food should be provided were accurate and up to date.
- The kitchen staff confirmed there was a three-to-five-week menu which was designed with feedback from people, staff and relatives where possible. They told us, "We make sure we know what people like and try to cater for everybody. If somebody doesn't like something on the menu, we have enough items to knock an alternative meal up, there is always a chef in the kitchen until 7pm."
- The cook also confirmed that all the main meals were made from fresh produce, which included a daily homemade soup, baked cakes and desserts.
- Following the inspection, the new manager confirmed they would be reviewing people's mealtime experience to ensure it was meeting their personal preferences.

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

- People's health needs were not always clearly recorded in their support plans. However, they were supported to have their physical health issues addressed. There was a local GP and other health professionals who visited the home.
- People and their relatives told us the service worked well with other professionals to ensure people received care and support when required.
- We saw evidence of improvements to people's physical health issues, one person who was supported with some medical equipment had seen significant health benefits.

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 our last inspection under the previous provider this key question was rated as good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Due to the systematic failings outlined throughout the report people living at the home did not always benefit from a caring culture. Whilst some staff were individually caring the culture of the home did not respect people's dignity. For example, one relative spoke about items of clothing going missing from their room.
- People and their relatives gave mixed feedback about the care received, comments included, " [Staff] have shouted at my loved one in the past, I am afraid to make a complaint as [person] does not want me too ", " They lack the milk of human kindness" and "They have some lovely people" and "[Staff member] is a saint."
- People who needed support to eat were supported but on one occasion we observed one person who was left without cutlery to eat their breakfast and the cover had been left over their plate. We had to ask the registered manager to get a staff member to address this right away.
- People's personal care products were often left on display in their rooms. Some bedrooms were untidy, and we identified clothes being stuffed into cupboards and wardrobes. This showed little care or attention was paid to people's experience and limited respect given to their possessions.

The provider had not ensured that people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the inspection we observed staff to be kind in their response to people and their approach was observed to be caring and it was clear permanent staff knew people well. One staff member told us, " My main role is to take care of the residents and look after their wellbeing. I make it my duty to know about them and what they want."
- We raised concerns with the manager, and they told us they were reviewing all people's care and support plans and reviewing staff training.

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

- We saw some evidence of people been involved in their care and staff provided examples of involving people in making decisions about their care. One staff member told us, "I also ask what they would like to wear."
- The registered manager had been proactive in ensuring one person was being supported by an advocacy

service. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider this key question was rated as requires improvement. At this inspection the rating has changed 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

- Care plans did not have detailed information about people's cultural and religious needs. This meant there was a risk that these needs would not be met in a responsive way. We reviewed five care plans during the inspection and found limited information about people within all records. We read about one person's religious and cultural beliefs and how they needed support but there was limited information to guide staff to care for this person.
- Following the site visit, we reviewed the care plans of four more people. We found no information recorded within the care plans about their past histories, likes and dislikes.
- Reviews of people's care had not always been completed when people's needs changed, and no evidence was available of people being involved in their reviews. We could see evidence of people's physical health needs deteriorating however the support plans had not been reviewed and updated to reflect people's changing health care needs.
- We found in one person's file information recorded in another person's name which meant we were not sure if the information was accurate.
- People did not have end of life care plans in place. This meant staff may not have known about what people's wishes were or how to support them appropriately at this stage of their lives.
- There were daily handover meetings which allowed staff to discuss each person and agree how the shift would run. This was the only group meeting that staff attended as there were no team meetings in place.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we spoke with the new manager of the home who confirmed they were updating all care plans.
- We spoke with one relative who acknowledged that although there may be a lack of paperwork, they felt staff would be able to look after their loved one and understand their specific needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- There was no information made available to people in alternative formats. For example, in one person's file we read they did not speak. There was no information provided in an accessible format to this person and within their communication log there was no meaningful information or guidance on how to effectively communicate with this person.
- People had communication plans in place, but they were not detailed, and they provided basic information about the person's needs. For example, one person living at the home did not speak English as their first language, but their goal recorded within their care plan was 'Understand to be understood'. There was no record to guide staff to support them to be able to be understood.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We observed no activities happening for people at the home. On the day of the inspection the activities worker was working in the laundry room. We observed people left in their rooms in the same position for long periods of time without any engagement or interaction.
- There was no formal activities schedule in place as the activity's worker told us, "Most of the time was interacting with people on a one-to-one basis, such as having a chat, going through old photos with people, doing their nails, hand massages". One person told us, "It's the sameness all the time". One relative told us, "Nothing happens, and it is well below what they need. Staff are kind and caring but there is not much more than that. "
- In the afternoon we did observe the activities worker walking into some people's rooms speaking and engaging with them. However, we also observed one person walking around the home throughout the day and staff did not always interact with the person in a meaningful way.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. 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

- The registered manager could not demonstrate that the service was responding to people's complaints according to their complaints process. The providers policy stated that, 'People would receive a conclusion stating the outcome'. We were provided with one complaint, but we could not be assured that it was investigated in line with this policy.
- Following the inspection, the manager told us they were reviewing how they were recording complaints.

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 our last inspection under the previous provider this key question was rated as requires improvement. At this inspection the rating has changed 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.

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

At the last inspection we made a recommendation to the provider to review their ongoing schedule of building works to ensure the building meets the needs of people living at the home. The provider has not met this recommendation.

- The provider did not have appropriate oversight of the home. This meant the provider did not have robust systems and processes to ensure the environment was safe. As cited in the safe and effective section of this report, people were at risk due to the provider's failure to ensure the safe environment for people living at the home. We could not be assured that the provider would have independently identified the need to improve these areas to promote people's safety if we had not brought them to their attention during the inspection.
- There were concerns regarding how the management team behaved and interacted with staff. It was unclear who made decisions on a day-to-day basis and there were no effective processes in place to ensure the home was managed safely. Staff comments included, " Every time we raise things, we are told 'I don't want to know' or 'I'm not here to listen to this'. When you try and raise this with them and you don't get an answer, where else can I go? There isn't anybody" and " It is a real challenge; the biggest challenge of this job is dealing with [management] and a lot of us are not happy as they are not helping us."
- There was a lack of understanding of the necessary audits and checks that needed to be carried out to ensure people were not placed at risk of poor and inappropriate care and to monitor the service provision. Therefore, safety issues had not been addressed. For example, there were no audits relating to infection control since the change of provider and we could see no evidence of any learning when incidents and accidents occurred.
- Since the last inspection under the previous provider the provider had transitioned all of their care records to an electronic system. This had resulted in the quality-of-care planning to vary depending on the skills and knowledge of the staff. The registered manager had not ensured that care plans were accurate and there was no evidence of care plan reviews taking place. This placed people at risk of receiving unsafe care.
- The provider did not have any effective processes in place to ensure agency staff were suitably trained to carry out the support required.

The above shows that there were no systems were not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- At the last inspection under the previous provider staff raised serious concerns about the behaviour of one member of the management team but the registered manager felt it was no longer a concern. At this inspection the registered manager and some staff voiced the same concerns about the member of the management team who had continued in their role despite the change in provider. This placed people at risk of receiving unsafe care.
- Even though some staff members reported issues and concerns these were not followed up or acted upon by the maintenance team or nominated individual. The registered manager told us they were unable to drive change as the management team did not want to listen.
- The registered manager was not always following the provider's policies and procedures. For example, staff had not received any supervisions or appraisal since the provider changed. We raised this with the registered manager, and they told us they did not always have time to complete these tasks.
- The registered manager was unable to provide any evidence of feedback from people who use the service, staff or their relatives.

The above shows that there were no systems were not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff did however feel very supported by the registered manager, one staff member said, "It is a mix with management really. I have no issues about the care and feel that it is good, and the support from the registered manager is there."

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

- As part of the inspection we spoke with the nominated individual and the registered manager about their understanding of their responsibilities under the duty of candour and they demonstrated they understood their responsibilities, yet they failed to take action to ensure people received safe care and treatment. The issues we identified at the inspection had been the culture of the home for some time. This meant people were placed at risk of harm.

Working in partnership with others

- The service worked closely with the local GP surgery and other health professionals and the local authority.