

Donness Nursing Home Limited

# Donness Nursing 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: Donness Nursing Home is a residential care home that was providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The home is registered to support 34 people.

In 2017, the home was rated as 'good' by CQC. The appointment of a second registered manager had helped drive improvement in the home. A team of multi-disciplinary health and social care professionals had also provided intensive support to the service to address a previous lack of staff training, poor record keeping and poor management. This high level of support had been instigated when the service was rated as 'inadequate' and 'requires improvement' following CQC inspections in 2016. The second registered manager left shortly after the inspection in 2017. In July 2018, there was a further inspection and the service was rated as 'inadequate'. This showed the provider was unable to sustain the improvements made. A team of multi-disciplinary health and social care professionals provided further input to support the provider. The provider chose to employ an interim management team to help them make improvements, who were working at the home at the time of this inspection.

People's experience of using this service:

- The level and standard of activities and meaningful occupation did not meet the social needs and well-being of everyone living at the home.
- The recruitment process was not robust with some required information not in place before staff started work.
- The interim management team were committed to improving the experience of people living at the home. They ensured the provider was updated about progress and barriers to improvement by the completion of a service improvement plan.
- There were on-going problems with equipment to help staff keep in touch with one another, such as radios/pagers. The provider had not addressed these issues in a timely manner.
- Concerns were not routinely responded to in a consistent manner so people were unclear about the outcome and if action had been taken to address their concerns.
- Fire drills did not take place regularly which put people at risk in the event of a fire as staff may not be competent and confident to respond appropriately.
- Maintenance issues, such as hot water temperatures and hot water availability, were not monitored in an adequate way to maintain people's safety and promote good hygiene practice.
- The staff training matrix showed some staff had undertaken little training and there was low attendance at some sessions. There was mixed feedback about whether staff were paid to attend training. Staff competency in a person-centred approach was variable.
- A sluice door was not locked on one occasion, which put people at risk of potential harm.
- On one occasion, medicines were left unsecured, which put people at risk of potential harm.

- The main lounge and a person's bedroom were malodorous, which undermined people's dignity.
- Work was continuing to embed improvements in the way the home was run to benefit the people living there. Staff were positive about the support they received to carry out their job and the role of the interim management team.
- People's nutritional needs were identified and monitored. Nutritional care plans contained details to instruct staff on how to support people in relation to eating and drinking.
- People received their medicines in a safe and caring way, although there were some areas of medicines management that needed improving.
- Plans were in place to increase the competency of staff to run shifts and delegate effectively to benefit the experience of people living at the home.
- People's health, safety and welfare was improved because there were sufficient numbers of suitably qualified, skilled and experienced staff on duty.
- We saw positive interactions between people and staff. We saw staff were kind, friendly and patient when assisting people. However, some staff were not skilled in their approaches with people.
- People enjoyed the choice of meals provided; staff knew people's preferences.
- There was camaraderie between people living at the home and people were relaxed with one another.

Rating at last inspection: At the last inspection the service was rated as 'inadequate' (published September 2018) and was placed in Special Measures. At this inspection we found the service had begun to make improvements and is rated as 'requires improvement' overall.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

#### Enforcement

During the inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up: This service has been in Special measures. Services that are in Special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore this service is now out of Special Measures. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. The provider's action plan submitted to CQC in response to the breaches will be reviewed to ensure improvement actions are timely and appropriately address the identified concerns. If any concerning information is received we may inspect sooner. We will be meeting with the provider jointly with the local commissioners of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 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** ●

# Donness 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by two inspectors, a member of the medicines team and 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. Their area of expertise is dementia care.

#### Service and service type:

Donness Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager now only retains a few managerial duties, such as the systems relating to staff recruitment. An interim management team from another provider are currently working at the service to make improvements.

#### Notice of inspection:

The inspection was unannounced on 13 February 2019 and the second day on 14 February 2019 was announced.

#### What we did:

Prior to the inspection we reviewed the information we held about the service. We reviewed notifications we had received from the service. A notification is information about important events which the service is required to send us by law. Prior to the inspection, we contacted health and social care professionals for their feedback on the service; three responded.

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.

During the inspection we met with the majority of people using the service, including people in their rooms, and spoke with eight people about their views on the care at the service. We also spoke with three relatives, the management team and staff. We reviewed seven people's care files, recruitment and training files, meeting minutes, rotas and audits. We looked around the premises. We reviewed eleven medicine administration records. We observed medicines administration at lunchtime. We contacted the local authority's deprivation of liberties team for feedback on the applications made.

The provider did not participate in this inspection but was provided with detailed written feedback.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as 'inadequate'. At this inspection the rating had improved to 'requires improvement'.

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

RI:  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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- There were systems to assess environmental and individual risk but these were not consistently completed. This included the use of equipment such as bed rails, risks in relation to malnutrition and pressure damage. Falls risk assessments were not regularly reviewed.
- Hot water checks were not meaningful as action has not been taken to address or report problems. For example, hot water temperature was variable, and in two sinks there was no hot water.
- The sluice room and a medicine's cupboard were left unlocked during the inspection, which potentially put people living with dementia at risk.
- The annual fire risk assessment was out of date; staff said it was due to be reviewed.
- Fire drills did not take place on a regular basis, which potentially put people's safety at risk.
- One person who stayed in their room was physically unable to use their call bell and therefore could not summon help. Their relative said "They are not always checked frequently enough. On some days the chart in their room shows they were only visited at meal times, so they apparently go several hours without anyone looking in on them." Staff said a new call bell was on order to meet their needs.
- An incident report showed a person was injured whilst being moved by two staff. Neither staff members' training had been reviewed since the incident; one staff member had no moving and handling training recorded.

The provider had not addressed and audited identified risks, which was a continued breach of Regulation 12 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

- People said they felt safe. A visitor commented "At first [my relative] was very uncertain and felt at risk moving about the building because their eyesight was very significantly reduced... But staff members always watched them and were able to give support and reassure them. Now they are more stable and confident moving around, having got used to their new environment."
- Systems were in place to ensure that all equipment was maintained and serviced. A regular programme of safety checks was carried out. For example, in respect of gas safety, fire systems, electrical safety and building safety.
- Staff had access to moving and handling training. Staff worked together, using equipment to ensure people with mobility problems were moved safely. Staff were conscientious regarding people's safety and well-being as they assisted people to move.

- People had a personal emergency evacuation plan (PEEP). The evacuation plans set out the specific physical and communication requirements for each person to ensure they could be safely evacuated from the service in the event of an emergency.
- People had accessible call bells in their rooms; they said they used their bells quite often, with a prompt response on most occasions. For example, "I am safe here, and my visitors come whenever they want so they can also make sure I'm safe."

#### Preventing and controlling infection

- Improvements were needed to address offensive odours in the main lounge and a bedroom, which undermined people's dignity.

The provider had not ensured the environment was free from odours, which was a breach of Regulation 15 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

- Staff understood how to protect people from the risk of infection. For example, staff explained how they maintained hygienic standards in the laundry, the equipment they used for cleaning and confirmed they had a range of cleaning materials to avoid cross contamination.
- People said missing laundry was quickly found and nothing was permanently lost.

#### Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines
- Medicines records were mostly accurate and showed that people received their medicines as prescribed. Systems were in place which had identified one recording error, however we found one other medicine where two doses appear not to have been given with no reason recorded
- Handwritten entries on records were not always double signed by two members of staff which is not in line with best practice guidance or the home's policy.
- People's allergies were not always recorded on the medicines record charts, this requires updating.
- Protocols were in place for medicines prescribed 'when required' to guide staff, but were not always up to date when medicines were changed.
- Medicines update training for nursing staff had been provided. Plans were in place to train newer members of staff. Competency checks needed to be put in place to ensure nurses gave medicines safely.
- Error and incident reporting was in place and investigated to improve medicines management in the home.
- Systems were in place for checking and auditing medicines. Some actions had been identified and completed. However not all the areas for improvement that we found had been identified.

We recommend that the provider update their policy and practice in relation to medicines management to incorporate current best practice.

#### Staffing and recruitment

- Appropriate information was not routinely sought for all new staff, for example from previous care employers. An audit in January 2019 had highlighted recruitment practice needed to be improved.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, other checks were in place before people started work at the home, such as police checks and identification documents. Before nurses started working at the home, the provider ensured they were



registered with the Nursing and Midwifery Council.

- People were positive about the attitude and quality of the care staff. They said, "I feel it's very safe because there are people about all of the time, and they can check everything is okay".
- Staff said the current improved staffing levels enabled them to meet the care needs of people living at the home. For example, increased numbers of care staff in the afternoon. People were not rushed with their care; two people said they thought staffing levels had improved in recent months. Staff members were available in communal areas and checked with each other to ensure this cover was in place before they left the area.
- Some people said response times to call bells at weekends were noticeably slower than during the weekday day-time. However, rotas showed there was the same staffing arrangements at the weekend as there were during the week.
- There was a consistent group of care staff and new nurses had been recruited to replace agency nurses. People looked relaxed with staff. Staff completed extra shifts to cover any sickness or leave so people were usually supported by staff they knew, rather than by supported by agency staff.

Learning lessons when things go wrong

- There were contingency plans in place to deal with unforeseeable emergencies; staff recognised these had not been reviewed recently, which they said would be addressed.
- On previous inspections, the layout of the building had been highlighted as hindering staff working in an effective way to help keep people safe. The service improvement plan showed there was on-going problems with equipment to help staff keep in touch with one another, such as radios and pagers.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because prior to the inspection the interim management team had demonstrated they understood their safeguarding responsibilities. However, records showed some staff had not received safeguarding training.
- Staff were confident the management team would take action should they raise any concerns and would take matters further until they were satisfied people were safe. One staff member told us "If I am still not happy with what I am told, I am free to report it up the line."

# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'inadequate'. At this inspection the rating had improved to 'requires improvement'.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- A health professional who worked as part of an NHS training team said the interim management team were committed to making training available for staff and worked closely with them. However, the level of attendance was variable and could be low.
- Records were being collated to establish what training staff had undertaken. This showed training for different topics was overdue for a number of staff. For example, some staff were unclear about their responsibilities linked to Deprivation of Liberties applications.
- Staff records showed some people had not attended training relevant to the people they supported, such as dementia awareness. Some staff practice showed further training was needed in this area of care.

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

- Due to new staff recruitments, the staff team was more stable. Supervision systems were being finalised and needed to be embedded. Supervision provides an opportunity for staff to discuss their work and training needs and to receive feedback about their performance.

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

- Best practice in terms of design and decoration were not followed for people living with dementia. For example, some bedroom doors were only numbered with no names or features to help people distinguish one room from another. Colour was not used to define areas to assist people's independence and orientation.
- Some carpets were patterned. Patterned flooring can result in an increased risk of falls for people living with dementia.

We recommend that the provider should seek advice from a reputable source regarding the design of buildings for people living with dementia.

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

- Prior to moving to the service, people's needs and choices were assessed, to ensure the service was suitable for them. Senior staff also gathered additional information from health and social care

professionals.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Records showed people's capacity to consent to various aspect of care or treatment had been assessed. Work was taking place to ensure all the necessary documentation was in place to protect people's rights. For example, requesting copies of legal documents, such as Lasting Power of Attorney.
- Appropriate applications for DoLS had been made to the supervisory body when necessary.
- Handover sheets detailed clear information regarding people's decisions linked to resuscitation and whether a DoLS application had been requested or authorised.

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

- On both days of inspection, there was lack of planning and oversight at mealtimes, which meant support by staff in the dining room was disorganised. On one day there was a lack of continuity for people who needed one to one support with their meals.
- People had sufficient amounts to eat and drink and to maintain a balanced diet by support from staff. A visitor said "I see exactly what is served and it looks well cooked and nutritious. I know [my relative] likes the food and eats very well here."
- People's weights were regularly monitored and timely action was taken to reduce risks, such as weight loss.
- Staff encouraged people to drink, and where necessary, assisted people to drink to prevent the risk of developing infections and falling due to dehydration.
- Work had taken place to improve people's mealtime experience; this included changing the location of the dining room to be closer to the lounge. However, the space was restricted and there were plans to address this issue in the future.
- People had an improved choice at mealtimes, menus and condiments were on each table.
- People said they enjoyed the food. People liked the menu choices and having their main meal in the middle of the day suited their needs and preferences. For example, "I have a good appetite and enjoy my food. We are very well fed here and the cooks know what we like" and "I really enjoy the food and look forward to mealtimes."

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

- People had access to health professionals to meet their health care needs. The service made referrals in a timely way.

- Written and verbal handovers between shifts showed staff updated each other on people's changing health needs. They contacted external health professionals for advice and requests for assessments.
- People said staff knew how to support them. For example, "They know what's wrong with me and do everything that I need to help my recovery."

# Is the service caring?

## Our findings

At the last inspection this key question was rated as 'inadequate'. At this inspection the rating had improved to 'requires improvement'.

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

RI:  People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- Some staff assisted people with their drinks and meals with kindness and compassion. They checked with people when they were ready for the next mouthful and ensuring they knew what they were eating. Other staff did not consider the experience of the person being assisted with their meal. For example, leaving them without explanation, not provided support at their pace and not making a meaningful connection with them as they sat beside them.
- People said their privacy and personal dignity was respected by staff. For example, "They are really good at personal privacy things, like knocking and waiting a moment before coming into my room." However, one person had their health needs discussed by a staff member in a communal area.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- A few staff did not consider how their intonation, tone of voice and their body language could potentially negatively impact on people living with dementia. For example, we saw a staff member's response to a person about to leave the dining room could have resulted in confrontation. Fortunately, the person accepted their intervention despite the staff member's manner.
- A lack of planning at mealtimes meant people's personal choices were not always met. For example, one person who wanted to sit with two friends so they could chat was moved by a staff member as they said another person needed their place. The staff member explained that because of the person's physical needs they must sit on a different table.
- People's records showed when personal care had been provided but not if people had been offered a bath or a shower instead of a strip wash. This meant people's choice was not evidenced; some people said they would like to have a bath or shower more often.
- Some staff were particularly responsive to people's individual needs and recognised what topics of conversation met their personal interests and emotional needs. We could see how some staff members' skills had developed in providing person centred care and they provided more confident role models. They were affectionate and caring in their interactions with people. One person said "They know I have a very poor short-term memory which must be frustrating for everyone, but they are so patient and never get cross if I repeat myself or forget something they've already told me about."
- Relatives could visit the home without restriction. This supported people to maintain contact with those who mattered to them. One visitor said they appreciated the opportunity to eat meals with their relative.

Visitors commented "I would never have the patience to do what they do, with so many people living with quite serious challenges. Some of the staff are saints" and "They are really good with [my relative] and they adore them as much as we do."

- ☐ People said that staff were kind and friendly and treated them as individuals. For example, "The staff are good people. I am a lucky fella to be able to talk to people; the carers I mean. They always have time for a chat and a laugh, so I'm never lonely."

- ☐ People said they felt there was no discrimination against them because of who they were, how they presented themselves, what they liked and whom they loved.

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection the rating remained at 'requires improvement'.

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

RI:  People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some care records showed people had individual interests but despite this personalised information their emotional and mental health needs were not met. For example, one person's religious preference was to take communion on a Friday. Daily records showed this had not been arranged for four weeks.
- Another person's activities records lacked detail of how their individual social needs were met, despite their love of music being a significant aspect of their life. A visitor said, "The staff are too busy to spend time on activities with him; look the stuff is there but it's not used."
- Not everyone living at the home benefited from meaningful ways to spend their time. Activities were the responsibility of one staff member who worked five days a week, However, they had not been available for four weeks. Care staff had been allocated to organise social activities but the quality of these activities was variable. For example, a staff member singing along with songs on a mobile phone and not knowing the words. They tried to encourage people to sing with them. However, on other occasions people participated in decorating cakes and playing armchair skittles.
- Activities were concentrated on people using communal areas; a number of people living at the home chose not to leave their rooms. Records did not show how their social needs were met. One visitor commented "[My relative] is not able to leave the bedroom much. I wish that 1:1 activities could be thought of for them, not just group activities in the sitting room."
- Feedback from people showed not everyone was having their social needs met. For example, one person said, "I wish sometimes that there was more variety in the activities offered to people because I can get a bit fed up with the same old things."

We recommend that the service seeks advice and guidance on developing activities and social interactions for people who chose to stay in their own room and are living with dementia.

- The interim management team understood the Accessible Information Standard which aims to improve how information was provided to people. For example, people's care plans included a section about how staff should communicate with people who experienced communication difficulties. However, not all staff recognised effective communication as an important way of supporting people to aid their general wellbeing.
- Further work was planned, for example to provide pictorial menus so people living with dementia could make an informed choice at mealtimes.
- Staff interactions with people showed they took time to get to know people. Recent pre-admission

assessments were detailed and staff felt informed about the care needs of people moving to the home.

- Care plans detailed how people liked their care and support delivered and when. These were being audited to improve the quality of them.

Improving care quality in response to complaints or concerns

- People and relatives felt confident in the interim management team's response if they had a complaint or a concern. Information on how to make a complaint was displayed in the entrance hall.
- The interim management team have responded in a thorough and robust manner when complaints or concerns have been shared with them by external agencies.
- However, feedback from people suggested there was not a consistent approach by all staff to ensure complaints and concerns were logged with clear outcomes and people updated on the action taken. A visitor said, in their view, staff were stuck in routines. For example, "You can ask, and for a day or two you might see a change, but the next shift will come on and the routine will go back to how it was because nobody passes anything on and things just get done the way they've always been done. I don't make a fuss now because it's a waste of my time."

End of life care and support

- At the time of our visit no person required end of life care. Information was available regarding people's decisions relating to being resuscitated but information was not routinely in place to show people had been consulted about end of life care.



# Is the service well-led?

## Our findings

At the last inspection this key question was rated as 'inadequate'. At this inspection the rating had improved to 'requires improvement'.

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

RI:  Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last CQC inspection, the provider had arranged for an interim management team to manage the home. The provider is also the registered manager but they no longer work nursing shifts at the home. They do not provide management support or supervision to staff. They do not record if they visit the home to audit the quality of the service. They remain legally responsible for the quality and safety of care at the home.
- A manager from the interim management team has been in day to day charge of the home. This has been alongside them being the registered manager for another nursing home. Another manager was appointed by the interim management team in January 2019 but this was not successful. After our inspection, the original cover arrangements were reinstated but with the manager from the interim team working more hours at Donness Nursing Home.
- The service improvement plan dated January 2019 showed some planned improvements had not progressed. They had not been actioned or agreed by the provider, who is also the registered manager. For example, addressing ongoing odour issues, recruitment checks and funding staff training.
- Audits in January 2019 identified on-going areas for improvement. For example, the quality of records including care plans and risk assessments. These had not been effectively addressed.
- Environmental checks and fire drills had not been effectively audited to identify shortfalls.
- Feedback from people living at and visiting the home was gathered informally during general conversation and through questionnaires. However, other feedback systems, such as through regular one to one reviews and residents' meetings were not currently part of the home's culture.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's care plans were not routinely reviewed with them, which meant they did not have the opportunity to influence their care on a regular basis.
- There was not an effective system to manage concerns raised within the service.
- Not everyone benefited from meaningful ways to spend their time.

These are examples of a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Continuous learning and improving care; Working in partnership with others

- People living and visiting the home were positive about the role of the interim management team. People knew about their involvement with the service, although there had not been a recent meeting to update people on how improvements were progressing. People said the interim manager was approachable and friendly.
- The interim management team were committed to increase the skills and competence of staff; they worked in partnership with a local training team. Staff were positive about the future of the home. Team meetings took place and staff said there was better team work. The role of nurses was being reviewed to introduce increased responsibilities in the running of each shift and the delegation of work among care staff.
- Systems were being introduced to ensure staff supervision occurred in a regular and meaningful manner.
- The home's rating was displayed and we received notifications about events linked to people's welfare and the running of the home.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There were systems to assess environmental and individual risk but these were not consistently completed or reviewed. Some aspects of the environment put people living with dementia at potential risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  There were offensive odours in the main lounge and a bedroom, which undermined people's dignity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems were not effective in monitoring the quality of service provision.
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's recruitment procedures were not effective in ensuring staff were suitable to work at the service.
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 were suitably trained.