

Midland Healthcare Limited

Woodlands Care and Nursing Home

Inspection report

Wardgate Way
Holme Hall
Chesterfield
Derbyshire
S40 4SL

Tel: 01246231191

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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?

Inadequate ●

Summary of findings

Overall summary

About the service

Woodlands Care and Nursing Home is a care home that was providing personal and nursing care for up to 50 adults and older people with a range of health needs such as dementia and physical disability and provides palliative care. At the time of the inspection 30 people were in residence.

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

Since our last inspection, the provider had made some improvements to the medicines system, but there was further work and closer monitoring required to ensure people were provided with medicines safely. We found that infection control could be improved and cleaning schedules made more detailed to ensure staff were fully aware how all areas of the home were cleaned thoroughly and were hygienic. There was work required to ensure people's safety and all the required changes in the 2018 electrical report had not been carried out.

The complaint procedure was not used effectively. Though people were encouraged to complain if they wished to, the current procedure needed to be updated and local authority contact details added. Monitoring of complaints made to staff was not completed thoroughly and a complaint remained uninvestigated.

The provider's governance system was still not fully implemented. Further action was needed to improve the monitoring, consistency in the leadership and quality of care and support.

People told us they felt safe at the service. Some risks to people's health, safety and welfare were assessed, managed and monitored to protect people from avoidable harm. People were mostly supported to take their medicines safely and people's healthcare needs were met promptly.

There were enough staff to meet people's needs and the registered manager continued to monitor staff to ensure they worked effectively and responded to people's needs promptly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and procedures developed by the service supported this practice. People were provided with a choice of meals that met their dietary and cultural requirements and were supported by staff to eat as required. People were supported by staff who had undertaken training in topics such as safeguarding and health and safety procedures. Staff were knowledgeable about people's needs and had their competency assessed.

People's equality and diversity was respected, and their privacy and dignity maintained. People had developed and maintained positive relationships with staff, and family and friends. People's cultural and religious needs were identified and supported.

People's rights and choices were promoted, and they were protected from discrimination. People were cared for by kind and caring staff. People's privacy and dignity was protected, and their independence was

promoted by staff. People's wishes as to their end of life care were identified, planned for and respected.

People and relatives were involved in aspects of care planning where appropriate. People, and where appropriate their relatives, were encouraged to contribute to care reviews. People had opportunities to take part in organised activities and outings. People received visitors and maintained contact with family and friends. People, their relatives and staff had opportunities to give feedback and influence service development.

Rating at last inspection and update

At the last inspection the service was rated Requires Improvement (report published 3 April 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made some limited improvements in medicines but remained in breach of Regulations 12: Safe care and treatment. There had also been some improvements in Regulation 17: Good governance, though further improvement was needed to ensure people received safe care through an effective monitoring process. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

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

Why we inspected

This was a planned inspection based on the rating of the service at the last inspection. At this inspection the domains of safe, effective, responsive and well led were rated as requires improvement.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Woodlands Care and 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

The inspection was undertaken by two inspectors.

Service and service type

Woodlands Care and Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as a 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 CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This inspection was unannounced.

What we did before the inspection

We used the information in the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the health and local authority who monitor the care and support people received

and used all this information to plan our inspection.

During the inspection

We spoke with three people using the service, three relatives and two visiting health professionals. We left messages for four other relatives who did not return calls to us. We observed people being supported in the lounges and in both dining rooms during lunch time. 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 talk with us.

We spoke with the registered manager, two nurses, two care assistants, the chef, a domestic staff member and a maintenance staff member and the area and operations managers'.

We reviewed a range of records which included 4 people's care records and other associated records. We looked at 4 staff recruitment files, training information and staff rotas. We looked at records relating to the management of the service, which included complaints, quality audits and the home's improvement plans.

After the inspection

We requested some information following the inspection. This information was received and used to inform our judgement of the service.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remains Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were at risk from an environment that was unsafe. Improvements required from a report completed on the electrical wiring in the home in 2018 had not been actioned. This placed people and staff at risk from an electrical system which was described by the report as 'unsatisfactory' and so was not safe. The management team were unaware of the shortfalls in the report until we pointed them out. The operations manager stated that the arrangements for repairs and upgrades was delegated to a member of staff who had recently left the company. They said they would now arrange the necessary repairs.
- The environment increased the risk of people falling. There were areas both in and outside the home that presented with trip hazards. There was frayed carpet in a lounge and the threshold strip was loose, both presented a trip hazard, as did the wood piled in an area outside a lounge near a shed in the communal garden. These placed people at an increased risk of falling. We mentioned these to the operations manager who said these would be repaired or replaced with other planned expenditure although there was no specific start date for these changes.
- A report produced by a structural engineer in September 2019 highlighted the cracks to the outside walls at the back of the home. The provider showed us the survey on the property and the internal safety of the home had not been compromised. However, outcomes from the report still had to be actioned and there was no start date for the commencement of remedial work. The operations manager stated that the provider had identified funds for this and other improvement work and this would be planned in with other changes to doors and windows.

This is a breach of Regulation 15: Premises and Equipment, of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Risks to people from behaviours which may challenge were not managed or assessed to ensure people's safety.
- Where people had presented behaviours which may challenge, assessments were not completed effectively to ensure the person's needs could be fully met and any risks reduced. We spoke with the registered manager about this who agreed that all future nursing assessments would include the clinical lead, who as an experienced member of nursing staff would provide valuable medical knowledge to the assessment and admission process.

This is a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Assessments were completed before people were admitted into the home and were updated when people's needs changed. Assessments covered most aspects of people's care, and included the risks of falling, mobility and environmental risks.
- There was regular servicing and maintenance of the equipment within the home.
- Care plans had guidance for staff to follow on how to reduce risks to people using specific pieces of equipment, such as hoists and bed rails.
- People were assisted with moving around the home safely.
- Staff were trained in delivering care. A staff member said, "One thing we regularly do is to check equipment, we had to take a hoist out of service till it was repaired."
- Emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely in the event of a fire. There was copies of these plans, along with other emergency equipment stored near the home entrance and throughout the home.

Using medicines safely

At our last inspection in February 2019 medicines were not administered in line with the company policies and procedures. This was a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection there had been some improvement.

- Staff mostly followed safe protocols for the receipt, storage and disposal of medicines. However, there had been signatures missed off the medicines records and staff were not following the most recent guidance when administering some time specific medicines. Even though we found these anomalies we did not find any significant impact on people using the service.
- The registered manager took this information on board and started to make amendments to ensure these were resolved. The registered manager said they would look at further audits of the medicines system to provide further information and reveal any shortfalls in a timelier way.
- People received their medicines when they should and as prescribed.
- Staff were trained to administer medicines and their competency was checked regularly. We saw nursing and care staff administered medicines in the correct way and signed records to confirm the medicine had been taken.
- The medicines policy and procedure were available for reference to all staff. Protocols were in place for people prescribed 'as and when required' medicines, such as pain relief. These gave clear instructions for staff to identify when these should be given and why.

Preventing and controlling infection

- Action was needed to ensure all areas of the service were kept clean and hygienic. For example, some carpets were observed to be stained and worn, but these had not been recorded in the infection control audit. We made the registered manager aware, so these issues could be addressed.
- The infection control audit and cleaning schedules could be more detailed to ensure staff were aware of each area to be cleaned and disinfected and how that process should be undertaken.
- The service had some systems in place to manage the control and prevention of infection. Posters and information was displayed about good hand hygiene practices to ensure staff, people using the service and visitors understood and followed them.
- Staff were trained on maintaining infection control and were aware of the need to wash their hands thoroughly and used protective equipment such as disposable gloves and aprons when providing people with personal care.

We recommend the provider uses national guidance to ensure guidance on infection control is comprehensive.

Staffing and recruitment

- The provider had followed safe staff recruitment procedures. Staff files contained evidence of a Disclosure and Barring (DBS) check, references obtained, and the professional registration of nurses was confirmed with the Nursing and Midwifery (NMC) before they started work.
- The provider had a programme to renew staff Disclosure and Barring checks to ensure people were protected
- The staff rota showed adequate staffing levels were maintained. Regular agency and bank staff were used to cover unplanned care staff and nurse absences.
- The registered manager told us staffing levels were planned based on the needs of people. They were looking at employing a second nurse to work on days, to ensure people's nursing needs were covered even with further admissions.
- The recent addition of activities staff ensured people had more choice in the activities on offer.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people were cared for safely.
- Staff were trained and understood safeguarding issues and how to report concerns. A staff member said, "If I saw it (people were being abused) I would report it to the manager, if not handled properly, onto social services and CQC."
- The registered manager understood their responsibilities for keeping people safe from harm. Safeguarding concerns had been reported to the local safeguarding team and CQC, and action taken when required.

Learning lessons when things go wrong

- The registered manager shared examples of when lessons had been learnt and the changes implemented as a result. This included an updated falls assessment where a person intentionally placed themselves on the floor. Changes were then made to the person's lifestyle which positively affected their behaviour.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some people were not fully supported by a responsive staff group that were fully equipped to meet people's needs. We found the provider had not purchased equipment that would normally be expected in a nursing home and had to arrange for these items to be delivered. This had a negative impact on a person receiving the service.
- The registered manager stated that they were looking to employ a second nurse on days. That would allow greater flexibility and allow nursing staff more time on developing specialised care plans.
- People's vision and hearing needs were assessed and where referrals were needed these were made. People's oral health was assessed and monitored as part of care planning with dental referrals in place where required.
- The management team were working with a local surgery who provided regular and emergency visits to the service. A community matron and GP visited regularly and worked closely with the registered manager.
- Staff and management spoke of their relationship with the Community Matron assigned to the service as positive. Other health professionals including speech and language therapists, occupational therapists and community psychiatric nurses visited people and made recommendations to improve peoples' wellbeing.
- The service worked with other organisations such as local authorities when producing assessments and reviews of care plans using a multi-agency approach.

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

- The décor in the home was in need of updating in some communal areas, and some areas of flooring required to be repaired or replaced. That would mean people would be provided with a safer environment.
- The provider had commissioned a report about the interior of the home. This highlighted changes to the fire rating of corridor and bedroom doors which would further enhance people's safety. Though these were planned along with changes to the windows, there was no planned commencement date.
- People had adequate personal space in a purpose-built building. People had enough space for their personal possessions, any necessary equipment and for staff to provide care. People had choice and control over how their personal space was decorated.
- Dementia-friendly contrasting colour schemes, updates to service items in the dining room such as plates and tablecloths and pictorial signage to assist people with dementia was discussed with the management team as a development opportunity. This would aim to improve the experience of people living with dementia at the service. Toilets and bathrooms would benefit from clearer signage and assist people to identify these areas.

We recommended the provider look at best practice for adaptations to the building and arrange these in line with people's current needs.

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

- Assessments of people's nursing needs were not well detailed and did not include staff that were adequately trained or qualified to ensure assessments were detailed.
- The management and staff were aware of legislation and research-based practice and had developed aspects of their end of life services and dementia care in accordance with this.
- People received an initial assessment that captured their individual histories, preferences, routines, abilities and activities of daily living where assistance was required.
- The management team had considered aspects of people's needs such as their identity. As an example, on people's doors a photo and their name was accompanied by a small picture that captured something about them - an area of interest, a hobby or a previous profession.

Staff support; induction, training, skills and experience

- Staff received a formal induction and training relevant to their roles. Courses on key topics were run by a corporate trainer. Some staff had attended outside courses to gain knowledge in end of life support.
- Relatives told us they felt the staff were experienced and sufficiently trained to support people. One relative said, "They know what they are doing." Staff told us opportunities to refresh their training were available and some topics such as safeguarding training were refreshed on a yearly basis.
- Staff in support roles such as catering or domestics were trained to assist with care, so they could provide assistance if needed. A staff member told us that they were being trained to be a back-up senior care assistant which would allow them to cover this role if a senior carer were on leave.

Supporting people to eat and drink enough with choice in a balanced diet

- People had sufficient to eat and drink, and they and their relatives were complimentary of the food provided. We observed people enjoying their meals and the food appeared fresh and well-presented. There were meal options available at each meal to suit people's preferences.
- Meal times were observed to be sociable and calm, with some people having meals in dining rooms and lounges and others opting to have meals in their rooms. Adapted cutlery, cups and plates were available. Where people required assistance to eat or drink this was provided.
- People had access to snacks and drinks throughout the day. We observed staff offering a variety of drinks, cakes, biscuits and fresh fruit to people between meal times.
- Staff were aware of people's dietary needs, food allergies and preferences. The chef kept people's dietary needs to hand in a file in the kitchen to ensure staff preparing food were informed of any special requirements. Care plans had enough information to aid staff to meet people's nutrition and hydration needs.

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.

- People were asked for their consent before staff supported them. We observed people being offered choice at meal times, when assisting people to walk or transfer and with their activities during the day.
- Care planning was discussed and agreed with people where possible and their relatives. Where people lacked capacity for a particular decision regarding their care, a best interest decision was made. We saw evidence of best interest decisions which were documented in care plans.
- Care plans contained guidance about how staff could assist people to make a choice, depending on the person's individual communication style. We observed staff offer a choice of meals by showing two plates to a person, other people chose when choices were offered verbally.
- Staff understood the principles of the MCA and how to support people to make choices wherever possible. One staff member told us, "It is about helping people to make the choices they can make and considering their best interests where they cannot."

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was not fully respected. People's relatives told us staff helped to maintain people's privacy and dignity. A relative said, "It's good at Woodlands." However, we found some toilets and bathroom doors did not lock, and in one toilet there was no door lock, just a large hole in the door. We asked the registered manager about this, who said these issues would all be resolved when the doors were replaced. At the time of the inspection there was no planned date for this work to commence.
- Overall there has been a lack of funding improvements and updates over the last three inspections. This has had a knock-on effect where the building looks 'tired' and needs refurbishment. The delay by the provider in allocating these funds had an effect on people's wellbeing. Several visitors and staff at this inspection mentioned the updates though commented these have been mentioned but no action has yet commenced.
- Our observations confirmed staff respected people's privacy and dignity. Lights outside people's bedrooms alerted staff when personal care was being undertaken and if an emergency situation had occurred. One member of staff told us, "The red light is the nurse call button for emergencies, we get tested on response times."
- Staff encouraged and promoted people's independence. We saw people were encouraged to assist themselves at meal times. Where people faltered staff prompted them and then asked prior to offering their support.
- We saw staff treated people with dignity and support was individualised. People were approached and offered an apron to protect their clothing from spillages.
- The registered manager and staff team ensured people's personal information was kept confidential in line with the provider's confidentiality policy.

Ensuring people are well treated and supported

- People had positive supportive relationships with the staff team.
- People's relatives commented positively on the staff being friendly, helpful and compassionate. They told us staff knew about people's emotional needs, and staff were able to tell us about people's individual personalities. A relative said, "It's excellent there, it is care with a capital C." A second relative said, "The staff are 'beautiful' and look after [name] well."
- People's relatives praised the caring attitude of the staff that supported them. There was a warm and caring culture within the home.
- Staff were knowledgeable about people's history, preferences and individual needs. People's individual needs and preferences were recorded and updated on their records. Staff told us they spoke with people to

get to know them better.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. People's relatives were encouraged to take part in reviews and decisions about care.
- Advocacy information is available to assist people or their relatives where assistance is required to ensure decisions are made with people's best interests in mind.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant people's needs were not always met.

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

- Care plans did not fully reflect people's needs. Care plans for people admitted for nursing care were not fully detailed and lacked specific instruction to positively affect people's behaviours that challenged staff. The registered manager was receiving assistance to update care plans from commissioning professionals from the local authority and healthcare. A member of nursing staff had recently been promoted, whose role was to ensure people's nursing needs were adequately assessed and planned for.
- Care plans for people admitted for residential care were detailed with people's needs, included risk assessments and provided staff with information based on people's personal care needs. Pre-admission assessments informed the care plan and there was detailed information about the person's life history and likes and dislikes. Care plans included a recent photograph and documentation which could be used in an emergency. For example, if the person was admitted to hospital. Staff demonstrated they were aware of people's individual needs.
- People's assessed needs were documented, and they or a close relative were involved in the development of the care plan. These contained personalised information, so staff were directed to the support people required.
- People, and in some cases a close relative, were involved in reviewing their care. A relative said, "They [staff] know what they are doing."
- The service promoted the 'resident of the day', which enabled the person and their relative to have direct input into the care they received. Nurses, care staff along with the chef, staff from the housekeeping and maintenance team met with the person to make sure all areas of their care and bedroom facilities were suitable and any changes or repairs could be arranged.

Improving care quality in response to complaints or concerns

- The provider's complaint policy was displayed prominently throughout the home. However, this did not contain the contact details of the local authority, which meant people were not aware which external agencies they could raise concerns with or information that people can approach them directly with complaints without making the home's staff or registered manager aware first.
- People's relatives told us they were aware of how to make a complaint.
- Management staff had a system in place to record complaints. However, the operations manager, area manager and registered manager were unaware that a complaint had been received and not acted on, before they took up post. That meant the complainant had not been responded to, in line with the provider's complaints policy or procedure. We spoke with all the managers' who said they would ensure this complaint was followed up and in future include complaints in their auditing of the service.
- The registered manager sent us a complaints audit which was completed after our inspection. However, the complaint we noted had not been followed up, had still not been resolved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware how to make information available in formats people could understand and complied with Accessible Information Standards. People's communication needs were identified in care plans. Though pictorial menus were not available, people were presented with a choice of plated meals which ensured people were offered positive choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's individual choices and preferences were documented. Information included the person's cultural and spiritual needs, preferred names and what activities and pastimes they enjoyed undertaking. A member of staff said, "Activities are improving, we are getting there, it would be good if they could go out more - during the summer activities in the garden/community. People like to be involved in activities where staff are involved. It makes it feel like more of their home. They are like our family, we don't see them as residents."
- The registered manager said the staff were continuing to increase the range of activities to meet people's individual needs. The current activities programme had been developed to meet people's group and individual expectations and meet their cultural needs.

End of life care and support

- People were provided with caring and compassionate care toward the end of their lives.
- There was a policy in place about how people would be supported at the end of their lives.
- Staff understood people's needs; religious and cultural beliefs and preferences. Staff were aware of good practice guidance for end of life care.
- People's end of life care wishes were documented and a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) document issued and signed by a doctor was in place. Staff were aware who had a DNACPR in place with special coding placed throughout the home.
- The registered manager was in the process of re-implementing the Gold Standards Framework. The Gold Standards Framework is an accreditation scheme which recognises excellence in staff dealing with people's support needs at their end of life. Staff explained how work had commenced with the GP and community matron to improve the provision of palliative care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The overall rating for Well Led is Inadequate. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement' on the three previous inspections. The above evidence shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection in February 2019 the governance system to monitor the quality of care people received and the management of the service was not used effectively. This was a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found some improvements had been made, but further improvements were required to ensure compliance with the legal regulations.

- Monitoring systems had been introduced with varying accuracy, to check the quality of the service. However, further action was needed to ensure good governance was completed in all areas. The provider had not arranged for adequate audits on the environmental safety tests and there had been no action to improve the overall safety in the home since the reports were received.
- Visiting healthcare professionals informed us prior to the inspection about their concerns around the continuing lack of governance and managerial oversight on nursing care plans and continued to work with the management team to rectify the shortfalls.
- There had been no audit on complaints received in the home and infection control and cleaning schedules were not detailed enough to ensure people were fully protected from risk of infections.

This is a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Good governance.

- The audits that had been completed on the service were adequate. The provider used a range of internal audits and checks to ensure staff were adhering to their training and in line with the provider's policies. Audits were completed by the registered manager and staff, and some of these were overseen by the operations and area managers. They included observations, feedback from people and staff and sampling

people's care records. The service had made some improvement in these areas since our last inspection.

- The registered manager understood the inspection report and rating from the last inspection, was displayed at the service and on the provider's website, which is a legal requirement.
- The registered manager carried out regular unannounced night and weekend visits, daily 'walk rounds' of the home and regular meetings with the nurses and heads of departments. This helped the registered manager monitor and identify issues that required improvement.

Promoting a positive culture that is person centred open inclusive which is empowering

- The registered manager understood the regulatory requirements and submitted most notifications to the Care Quality Commission (CQC) as required. However, we found a person had been admitted who had displayed a behaviour that challenged, and this had resulted in a person being assaulted. Though the registered manager had informed the local authority and health colleagues, they had not informed us which they are duty bound to do.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were aware of the provider's requirements to provide quality care. They were supported with policies, procedures and a business continuity plan to ensure service delivery was not interrupted by unforeseen events.
- A member of staff told us about the 'one vision, one value, one team', which the registered manager had introduced when they commenced at the home. The registered manager said this was used to promote the staff morale and highlight the importance of each person in the team.
- Staff understood their role, responsibilities and duties. Staff received regular supervisions with a member of staff from the management team. Nursing and care staff were also subject of being checked whilst undertaking tasks, this was to ensure they adhered to the provider's policies and procedures and training.

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

- Systems were in place to ensure people using the service, relatives and staff were given opportunities to influence the development of the service. Residents' meetings were held regularly although not everyone attended these. A relative said, "The manager is not one who sits in his office, they are out around the home, is visible and speaks to people and their relatives." A second relative said they had recently attended a relatives' meeting and gained feedback. They said, "I feel they [people] are listened to and the home are proactive in getting this information to improve."
- We saw action had been taken in response to the satisfaction surveys. For example, improvements were being made to the internal décor and changes to the bedroom and fire doors.
- The registered manager told us they planned to introduce a monthly feedback questionnaire. This would be emailed out so that relatives were provided with a more direct way of ensuring any issues were forwarded promptly to the management team.
- Staff training needs and their performance was monitored through regular meetings, supervisions and regular competency reviews. Nursing staff were assisted to keep up their ongoing professional development.
- Staff told us they were working towards lead roles as 'champions' for dementia which also covered dignity in care, two staff for end of life and planning a new member of staff for the infection control, as one had recently left that post. This demonstrated the provider promoted and encouraged staff to develop their individual job role and expertise.

Continuous learning and improving care; Working in partnership with others

- The service continued to work with local authority and health commissioners to help identify and improve

care plan support, people's individual needs challenges, to improve communication and reduce risks to people.

- We were informed by the local authority and continuing health care (CHC) both of whom fund care in the home, that they will continue to monitor admissions to the home and re-impose a restriction on admissions due to operational requirements which had not been met.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure safe arrangements were in place for safeguarding people from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider failed to ensure safety reports on the plant and equipment were acted on and the location made safe. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure adequate systems and processes were in place to enable the provider and staff to oversee the quality of service provided. This was a breach of Regulation 17 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.