Pembroke Care (Reading) Limited

Pembroke Lodge

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Pembroke Lodge is a residential care home, providing accommodation and personal care to up to 20 people, who can reside in both single and double occupancy rooms over three floors. The service provides support to people living with dementia, mental health needs, physical disability, sensory impairment and older people. At the time of our inspection there were 17 people using the service.

People's experience of using this service and what we found
The provider did not always operate effective quality assurance systems to oversee the service and identify shortfalls in the quality and safety of the service or ensure expected standards were met. The provider did not ensure clear and consistent records were kept for people, their care, and the service management. The provider did not always ensure management and mitigation of risk to people and their care. Safe recruitment processes were not always used to ensure staff were suitable to support people. The management of medicines and premises was not always safe. Not all staff were up to date with, or had received, their competency checks and mandatory training. When incidents or accidents happened, it was not always clear they were fully investigated, and if any lessons were learnt or themes and trends reviewed. The provider did not inform us about notifiable incidents in a timely manner. The provider did not demonstrate they understood and maintained clear records to meet requirements of duty of candour. People's, relatives' and staff's feedback were not sought to drive continuous improvements in the service.

People's families and other people that mattered felt they were involved in the planning of their care. However, care plans and related documents had some information about people, but it did not always contain information specific to people's needs and how to manage any conditions they had. 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. However, the policies and systems in the service did not support this practice and needed improvements.

We have made a recommendation about the premises being suitable for people living with dementia and maintaining accurate records in regard to people's capacity assessments, consent and decision making.

People and relatives were positive about staff being kind, caring and respectful and our observation confirmed this during the inspection. People and relatives felt they could approach the management team with any concerns and felt they had good communication and relationships with the service.

People had meals to meet their nutrition needs. Hot and cold drinks and snacks were available between meals. Relatives said they were kept informed about their relatives' health and welfare. People said they were safe living at the service and relatives felt their family members were kept safe. Staff told us they understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. The management team was working with the local authority to investigate safeguarding cases and make other improvements.

Staff members felt staffing levels were sufficient to do their job safely and effectively. Staff had supervision and appraisals, and team meetings. The management team appreciated staff's work, contributions and efforts to ensure people received the care and support they required. Staff felt they could approach the management team for support and advice.

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 this service was good (report published 30 May 2019). At our last inspection we recommended that the provider had to review the effectiveness of audit systems specifically in relation to care and training. At this inspection we found that the provider had not acted on the recommendation made and had not made improvements.

Why we inspected
We looked at infection prevention and 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.

We received information of concern in relation to people safety and how it was managed as part of quality assurance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pembroke Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to quality assurance; risk management; notification of incidents and changes to statement of purpose; record keeping for care and support planning; duty of candour; management of medicine; staff training and competence, and recruitment at this inspection. We have made a recommendation about the premises being suitable for people living with dementia, assessing capacity and seeking consent.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Pembroke Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Inspection was carried out by two inspectors. Another inspector made calls to staff to gather feedback. An Expert by Experience contacted the relatives of people who use the service to gather their feedback as part of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Pembroke Lodge 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 on their registration with us. Pembroke Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a registered manager was not available to support the inspection. We were supported by two deputy managers and the care manager. The care manager was overseeing people's care

and support, and staff management as part of support to the deputy managers and the registered manager. We will refer to them as 'the management team' in the report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
Prior to the inspection we looked at all the information we had collected about the service including previous report and information from the local authority. We looked notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke to 2 deputy managers, the care manager and 2 people who use the service. We observed interactions between staff and people living at the service during mealtimes, activities, in communal areas and in their rooms. We reviewed a range of records relating to the management of the service, for example, records of medicines management, risk assessments, accidents and incidents, quality assurance systems, and maintenance records. We looked at 7 people's plans of care and support and associated records. We looked at 9 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the site visit, we continued to seek clarification from the management team to validate evidence found. We looked at further records and evidence including quality assurance records, training data, meeting minutes, and policies and procedures. We spoke to 8 relatives about their experience of the care provided to their family members. We also spoke to 8 staff working at the service. We contacted 11 professionals who work with the service and received 3 responses.

Requires Improvement

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always ensure risk assessments were robust including documenting sufficient information about how identified risks were to be managed or mitigated to ensure people's safety. For example, 2 people did not have any assessments to consider risks and any further mitigation. Another person had noted as part of prevention of skin damage staff should support them at certain intervals. However, this was not recorded as undertaken. This meant the person could be at risk of skin damage due to untimely support.
- When people had falls, staff used 'a handling belt' to support people to stand up. There was no clear guidance for staff on how to use the belt safely, with any risks considered according to peoples' individual needs. This could put people at risk of injury as staff did not have clear guidance on how to use it and ensure correct procedure was followed to reduce risk of further injury to people.
- The provider did not ensure the premises and safety of the living environment were consistently checked, and managed, to support people to remain safe. For example, there were no clear records fire safety was managed consistently including checks on fire doors and escape routes, practice of fire drills, and completion of the fire risk assessment.
- We checked fire evacuation information for people and there was no information recorded regarding how this was managed if there was fire outbreak. This meant people and staff did not have clear guidance to remain safe if there was a fire in the building. We have referred the service to the Fire and Rescue service due to our fire safety concerns.
- The provider was not able to evidence they had systems in place to protect people from risks associated with legionella. We did not receive information risks from legionnaires disease and scalding were monitored and managed on a regular basis. This meant people could be affected by risk associated with legionella and scalding.

The registered person did not consistently assess risks and mitigate to the health and safety of people and ensure premises and equipment were safe to use. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider was not able to evidence they had an effective system to investigate accidents and incidents. This is important to help ensure that remedial actions can be taken to prevent similar incidents from happening again.
- When people had falls, staff supported them and provided help. However, there was no consideration and review of risks to mitigate and to reduce recurrence. This could impact on the provider's ability to support

people to remain safe.
● The provider did not demonstrate they reviewed themes and trends to identify strategies to prevent or reduce the risk of falls that would support learning from concerns, accidents, incidents and adverse events.
● The management team said they had discussed the events with staff but there was no record of these discussions. The staff confirmed they did not get involved in reviews of incidents or accidents for lessons to be learned and prevent recurrence.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● The provider did not establish and operate effective and robust recruitment and selection procedures to ensure they employed suitable staff.
● The recruitment records did not contain all the required information such as evidence from previous employment regarding staff's conduct and verifying reasons for leaving. One Disclosure and Barring Service (DBS) check was missing prior to staff commencing work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The provider had not ensured all the required recruitment checks had been completed before staff started work according to the policy. For example, application forms, seeking references, and DBS checks were completed after staff started working at the service. Failing to obtain all the required recruitment information before allowing staff to work, placed people at risk of receiving care from unsuitable staff.

The registered person had not obtained all the information required to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The management team told us how they had managed staffing numbers and supported people. They reviewed people's needs and any changes and adjusted numbers of staff to ensure people received timely care and support.
● Staff said they did not have issues with staffing numbers at this time and were able to do their job effectively and safely. They said the manager would also help if they needed to cover staff absences.
● The service had enough staff to provide care and support to people. However, we noted there were long periods of time where people sat not doing much. We observed morning activity but otherwise, there was little one-to-one or group interactions or activities to avoid social isolation throughout the day.
● People told us the staff were available most of the times. However, they also told us that sometimes they had to wait for a while after they used a call bell to ask for staff's help. We observed when call bells were used a few times during our inspection, and staff arrived to support people promptly.
● Relatives were positive about staffing. They said, "I always feel there is enough staff around, and they are always very friendly, and you see a lot of them around", "There is always staff around and they are very friendly and know their job and they do chat to me", "There are plenty of staff around, and they are very friendly and kind to [my relative]. I am always offered tea and biscuits".
● Professionals added, "On the occasions I have needed to visit the service, I have found staff to be attentive and caring. There always seem to be an appropriate number of staff on site who are easily accessible to help with enquiries" and "Yes, every time I have visited the care home, [people] look happy and the carers are very kind. [People] are respected and are given choices".

Using medicines safely

● People's medicine was not always managed safely.

● People were prescribed 'when required' (PRN) medicines to help them manage different conditions. However, there were no PRN protocols available to guide staff when to administer it. This meant people may not always receive their medicines as prescribed.

● When people received PRN medicine, the daily notes did not always contain sufficient rationale for PRN medicines administration. For example, one person's daily notes stated, "unhappy" as rationale for administering a sedative PRN.

● No temperature monitoring was in place including the room where medicines were being kept and where surplus medicine was kept. This meant provider was not able to monitor if temperatures were outside the required range to ensure the effectiveness of medicine.

The provider did not ensure medicines were managed safely. This was a breach of regulation 12 (1)(2)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We observed administration of medicines and saw the registered nurse was talking with people with respect, explaining the reason for administration and supporting them to take their medicines at their own pace.

Systems and processes to safeguard people from the risk of abuse

● People we spoke with told us they felt safe at the service and would seek help from senior staff.

● Relatives felt positive about the staff supporting people and the service. They said, "Yes I do think [my relative] is very safe here because there are always a lot of staff around and I know they look out for [my relative]", "I do a lot of observations when visiting and feel [my relative] is very safe there. The staff are very kind and caring to [my relative] and have a good relationship with [my relative]" and "I am very happy and feel [my relative] is safe…I have no worries about staff, always greet you well, and care for [my relative] very well, and do know their roles".

● The provider had procedures and processes in place to safeguard people who use the service and report concerns to external professionals accordingly.

● The management team was working together with the local authority safeguarding team to investigate safeguarding incidents. Staff were confident they would be taken seriously if they raised concerns with the management team.

Preventing and controlling infection

● We were somewhat assured that the provider was using PPE effectively and safely. If someone had an infection such as covid-19, PPE was disposed of in a general waste bin in the people's rooms, but then disposed of in a clinical waste bin. We advised the service to review the guidance on managing different types of waste along with external PPE training.

● We were somewhat assured the provider's infection prevention and control (IPC) policy and implementation was up to date. The IPC policy did not include guidance for managing covid-19. The provider did not carry out regular IPC audits. We saw the most recent audit was completed in February 2021.

● The provider did not have cleaning schedules to ensure all areas were cleaned regularly. Staff documented only certain areas they had cleaned.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● Relatives and people agreed the home was kept clean and tidy.

Visiting in care homes
● There were restrictions on visiting people, but this was not in line with government guidance. Some relatives told us they were not sure of the reasons why such arrangements were still in place. They also told us the restrictions did not allow them to oversee their family member's aspects of care such as mealtimes, activities and general observations. This meant people were not always able to spend time with their relatives freely that would support their wellbeing.

We recommend that provider seeks advice and guidance from a reputable source about current guidance on the approach to visiting and that it aligns with current guidance.

Requires Improvement

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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not ensure people's care and support needs were identified and recorded to ensure the service could meet their individual needs.
- We noted the care plans had some specific information recorded about people, and some good guidance. However, not all records reflected the people's induvial assessed needs. For example, one person's mobility needs changed significantly however the care plan was not updated to reflect those changes to ensure they received the right care.
- Not all people had initials assessments completed to inform care plans so staff supported them effectively and consistently.
- When people needed support with their emotions and behaviours, there was little or no clear guidance recorded on how staff should provide support effectively achieving good outcomes for people.
- People's care plans lacked detail about people's oral care support, such as how to brush their teeth, how often, type of brushes to be used, any specific support and how often to see the dentist.

The registered person had not ensured clear and complete records were kept for people's care and treatment, so their individual needs were identified and met. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were supported by staff who had not always received relevant and required training in evidence-based practice.
- Staff were not always up to date with their training such as moving and positioning people, safeguarding, basic life support and first aid, medication, fire safety, infection and prevention control, food hygiene and health and safety.
- There were a number of people who had different stages of dementia and needed support with their behaviours or emotions. However, 17 staff had not completed or were not up to date with dementia awareness training. This did not ensure staff followed the most current guidance to support people with various cognitive impairments and related behaviours.
- According to the training information, the staff did not receive training on a number of topics including oral health, dignity, keeping records, equality and diversity, mental capacity act and deprivation of liberty safeguards, nutrition and hydration, person centred care and communication.
- The provider did not ensure the staff's knowledge and competencies were checked and assessed. This meant the provider could not always assure us staff were competent and guided by the best practice and up

to date knowledge and skills. This meant people were put at risk of not always getting appropriate and safe care and support.

The registered person did not ensure the staff providing care and support to people had the qualifications, competence, skills and experience to do so safely. This was a breach of regulation 12(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff felt supported by the management team and could approach them for help and advice.
● Staff received support in the form of supervision and appraisal to discuss their professional development and practice.
● Staff new to care were completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● Relatives gave us positive feedback about staff and the way they supported people. They said, "The staff are very friendly, and yes I do feel they know their job, and I have always seen them be very kind to [my relative]", "Staff are very kind and caring, know what they are doing, and always friendly when I visit" and "I always found staff kind, caring, and friendly".
● People added, "No problems [with care]. Most staff know what they are doing" and "In the main, generally yes. There are certain areas where it does let itself down… [but staff have skills to look after me]."

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, 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 had not made all DoLS referrals, where appropriate, for people living in the service to ensure appropriate lawful arrangements were in place. The management team showed us a number of referrals made but not for all people. This meant people were at risk that their human and legal rights would not always be understood and respected.
● People's care plans did not always contain clear information on people's capacity and how to support them. For example, it stated the person had variable capacity and was able to make a lot of decisions. However, other documents noted that the person had full capacity and was able to make all decisions by themselves.
● The provider did not ensure all people had appropriate capacity assessments completed when required so the staff had clear guidance on how to support them appropriately including making decisions about their life and upholding their rights to make choices.

We recommend provider seeks advice and support from a reputable source to record and maintain up to

date records of people's capacity assessments, decision making and consent to receiving care and support.

● We also observed staff were polite and respectful towards people and their decisions. We did not observe any restrictive practices used at this inspection.
● People agreed staff sought consent most of the time before providing any care or support. They said, "Oh yes, staff do respect my decisions" and "No, not always [do what I choose to do]. In the morning [staff] want to get you all done. I have asked that they come at 8.30…on occasions some haven't done it".
● Staff told us about people's capacity to make decisions and how to help them. Staff spoke about the importance of involving people in decision making. They said, "Well I ask. Always. If somebody who doesn't have capacity wants to do something risky, we try to steer them away from it because they don't understand the risks", "[I seek consent] the same way as with anyone I suppose. Even the ones with dementia can make some decisions. I wouldn't want to take that away from them" and "I always ask for permission whether they have capacity or not, at least with the small things".
● Some people did not have capacity to make simple decisions, such as what they wanted to eat or drink. We observed staff kindly and patiently spoke with people, helping them select options for them based on their known preferences.

Adapting service, design, decoration to meet people's needs
● The home appeared welcoming, and pictures of the management team were by the main entrance to the home. There were people living with dementia in the service, and some adaptations had been made to promote their independence.
● There were large communal and dining areas. The dining room had one large table for dining only, which limited people's choice to eat alone or in small groups. There were areas in the home used by people to eat alone using tray tables and an outdoor bistro area which was suitable for use in warmer weather. However, the care manager told us they created alternative dining experiences for people in the lounge for Christmas and Easter.
● There was a variety of seating options for people and areas to sit alone, eat and partake in activities. However, seating in the main communal area was not arranged to promote social interaction between people.
● There was a large garden to the rear of the building with seating areas for people and their relatives with independent access.
● Rooms were personalised, however, use of signage throughout the home was minimal, no attempts had been made to enable wayfinding, and doors to people's rooms were not of contrasting colour.
● Not all toilets had signage with identifiable images that could be seen clearly by people. Doors to toilets were not painted in contrasting colours to the wall.
● Light switches were not highlighted in a different colour to the walls. This made it harder for people with dementia to see them and promote their use. Taps were unsuitable as they were not clearly colour-coded in a way that helped people with dementia understand hot and cold water.

We recommend the service review the decoration of the premises against best practice guidance for people living with dementia.

Supporting people to eat and drink enough to maintain a balanced diet
● Food and drink was not always easily accessible to people to promote independent eating and drinking. Small snacks were available but relied on people asking or staff offering. Snacks were not openly displayed to encourage people to see them, pick them and eat them.
● People in communal areas had drinks with them and were offered fluids regularly throughout the day. People in their bedrooms all had fluids available to them, however some did not have their fluids within

reach in the absence of a staff member.
● Staff did not always ensure people could read the written menu on the white board. However, we observed staff verbally offering people choices at mealtimes and explaining options to people by showing plates to some. We observed some people were offered alternatives if they did not want a main meal.
● Condiments such as salt, pepper and sauces were not on display. However, people would ask for it and staff helped them with it during meals. Research demonstrates taste decreases with age and seasonings encourage people to eat.
● Meals were cooked from fresh at the service. The chef told us, "I speak with all new residents when they come in. The staff tell me if there are any issues or special diets. It's all recorded on the system so anyone can see it".
● People told us, "The food is marvellous, any preferences are acted on.
There is a choice, and I am always happy with food" and "Yes, the food is good, but there's not much choice. The whole house is getting some curry thing today. [Staff] ask if I'd like a jacket potato or something".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's changing health needs were monitored to ensure they were responded to promptly. People had medicine reviews carried out by the GP and management team to ensure they were on the right and effective prescribed treatment.
● People were referred to various health professionals in good time to address any health or changing needs. During our inspection, some people were not feeling well, and we saw professionals attending them and they provided treatment to help them manage health ailments.
● Community professionals agreed the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support in a timely manner. They said, "Yes, I feel [the management team] follow advice from clinicians and specialists in a timely manner and raise any concerns from their side promptly" and "I find the senior staff members make appropriate contact with the surgery when medical/clinical input is required and are able to provide the necessary information regarding the resident's presentation and are easily able to access care plans and provide a detailed history".
● Relatives added, "[My relative] is looked after wonderful [at the service], [my relative] has not been well at the moment…but I have been updated on their wellbeing regularly" and "I am kept updated on [my relative's] wellbeing…[my relative] did lose some weight but [staff] informed me and [my relative] looks healthy now".

Requires Improvement

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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we made a recommendation that the provider reviewed the effectiveness of their governance systems, specifically in relation to documentation and training. The provider had not made necessary improvements.

- The provider did not ensure they used quality assurance systems for monitoring quality and safety in the service effectively. There was lack of evidence of monitoring that provider's own policies were compliant and kept current.
- The provider did not ensure that accurate, complete and legible records were maintained regularly or updated when necessary, including records for oversight of premises safety, medicine management, training, people's care decisions and seeking consent, and risk management.
- The management team told us that quality assurance checks and audits had not been carried out for some time now. This meant the provider was not able to demonstrate how they identified and worked on the areas where improvements were needed.
- The provider had not gathered feedback recently from people, relatives, staff and other stakeholders about the quality of care provided and the service. There was no feedback available to help develop the service and drive improvements.
- The management team told us these checks would commence again. However, we were not able to confirm at this time these checks would become embedded and sustained.
- We were not assured good governance and oversight was always in place so the provider would ensure compliance with fundamental standards.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay. This enables us to check that appropriate action had been taken to ensure people are safe.

● During the course of this inspection, we found the provider had failed to notify CQC of reportable events including allegations of abuse, events that stop the service, police incident, serious injuries and outcomes of DoLS.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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
● Since the last inspection, there were incidents where the duty of candour applied. People were supported to receive the required treatment and appropriate care was provided.
● We asked the management team to provide us evidence that the regulation had been followed when serious injuries happened, and people were supported accordingly. They were unable to demonstrate staff had followed the regulation and their own policy to complete all the actions set out. We were not assured the provider had acted in an open and transparent way with relevant persons in relation to the incidents.

The registered person did not follow and accurately record and keep a copy of all the actions taken as required in the regulation when a notifiable safety incident occurred. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There had been a change in the provider's statement of purpose since they had registered to carry on the regulated activity. We informed the management team they needed to notify us of this change as this had not been completed.

The provider failed to notify the CQC of changes to the service provided. This was a breach of Regulation 12 (Statement of Purpose) of the Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
● During inspection, the management team expressed a commitment to continue providing people with quality care. They told us how they worked and supported staff to ensure they could do their jobs. We noted that the feedback from relatives and staff was positive so in order to be proportionate, we have added comments from them.
● The management team was receptive of our feedback and informed us after inspection some of the actions they had started to take to improve the service.
● The staff used shift handovers to discuss any tasks to complete or what was going on in the service. The management team worked alongside staff in the service. This way they were able to monitor practice regularly during the day and ensure appropriate action was taken to address any issues.
● Staff felt they could approach the management team with any concerns. Staff were positive about the support from them and said, "Always (supported). [Care manager] is always around to help. No problem", "I would, yes [approach management team]. They're always around to talk to. There's no problem there", "Yes, no problem there. [The care manager] is the one I tend to go to but there's always someone around to ask" and "Yes, of course. [The management team] are always around".
● We observed people and the staff team had good relationships with each other. We also observed staff and the management team were respectful and kind towards people and each other.
● The management team held meetings with staff to ensure any verbal or written feedback were shared with the staff team. The meetings were used to keep staff up to date with what was going on in the service

and recap topics relating to service management and people's care and support needs.
● Relatives agreed communication was good most of the time and they were kept informed of any matters relating to people.
● The relatives added, "Yes I would know how to raise a concern, I would go to higher up to report anything", "I feel [the management team] are very good, no complaints, and they do contact me if they need to, no complaints about anything there" and "[The management team] are very good, and always helpful if you contact them, and always help with any concerns you have". One person added, "[The management team] comes and sees me. If I have any complaints, they act on it immediately, very helpful".
● The local authority and various professionals worked with the service on an ongoing basis to support the management team to improve care and support provided to people.
● The management team had established partnership working with outside organisations and external health and social care professionals had been consulted or kept up to date with developments.
● Professionals added, "I predominantly interact with [the management team] or the shift lead and feel they do have the necessary knowledge and skills to carry out their roles and responsibilities", "I also feel the staff engage well with [local team] and are able to work in partnership with clinicians and provide appropriate 'updates' within an agreed time frame when these are requested" and "I have had the chance to work with [the care home manager], who is amazing, very caring and willing to learn and improve the care provided for the people. [The care manager] will always seek advice. [The management team] whom I have worked with most of the time, I can say that they make sure that a high-quality person-centred care is provided all the time".

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 Registration Regulations 2009 (Schedule 3) Statement of purpose The provider failed to notify the CQC when there were any changes to the service. Regulation 12 (1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission about specified incidents without delay. Regulation 18 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The registered person did not ensure staff were trained and competent to do the job safely. The management of premises was not safe. The management of medicine was not safe. Regulation 12 (1)(2)(a)(b)(c)(d)(g)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A). Regulation 17 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed. Regulation 19 (1)(2)(3)(a) and Schedule 3

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident occurred. Regulation 20 (1)(2)(3)(4)(6)