

Dwell Limited

# Long Lea Residential 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Long Lea Residential Home is a care home providing personal care and accommodation for up to 35 adults living with dementia or mental health needs, physical disabilities and sensory loss. The care home is a 2-storey building with en-suite bedrooms and communal facilities. At the time of our inspection visit there were 28 people receiving care.

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

There had been frequent changes in management and senior staff at Long Lea Residential Home which had impacted on the provider's ability to maintain consistency in care standards. The service has not achieved an overall rating of good for the last 4 inspections dating back to January 2021.

The provider carried out a range of quality checks and audits. These had driven improvements in some areas and maintained standards in the key questions of effective, caring and responsive. However, systems to monitor people's health and wellbeing required more day-to-day scrutiny. Important records were not always detailed enough to demonstrate people received the right levels of care and safe practices were followed. Training needed to become embedded in the everyday practice of staff to ensure risks were consistently mitigated.

There were enough staff on duty to support people with their care needs. Staff understood their responsibility to report any concerns of abuse or discrimination. Where potential safeguarding incidents had occurred, appropriate action had been taken. Medicines were ordered and stored safely, and people generally received medicines as prescribed. However, some improvements were required in the recording of medicines administration to ensure safe medicines practices were consistently followed.

Managers and staff liaised with other agencies and health professionals to meet people's specific needs. Staff told us changes to people's health and well-being were communicated effectively. Catering staff demonstrated a good knowledge and understanding of their responsibility to provide food and drinks that met people's nutritional needs and preferences. Changes in the layout of communal areas had improved people's mealtime experiences.

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 systems in the service supported this practice.

People were positive about the relationships they had built with the staff and relatives told us staff demonstrated a kind and caring approach. Staff understood people's right to be treated with dignity and respect and encouraged people to let them know how they wanted their care to be provided.

People's care plans reflected their histories, care needs and preferences. People were supported to engage

in a range of interesting things which helped keep them active and gave them opportunities to socialise with other people living at the home. People's wishes for how they wished to be cared for in their final days had been explored and plans developed with input from their family members.

Staff told us the culture in the home had improved and the provider was working proactively to promote staff well-being. Staff felt supported and listened to and good practice was recognised.

The provider sought advice and guidance from other organisations to improve outcomes for people. They worked closely with commissioners of their service including the local authority and infection control teams, to make improvements to 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)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 13 December 2022) and there a breach of a regulation. 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 remained in breach of regulations.

#### Why we inspected

We carried out an unannounced focussed inspection of this service on 1 November 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. In addition, we had received further concerns in relation to poor-quality care.

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.

The overall rating for the service has remained as Requires Improvement based on the findings of this inspection. We found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified breaches in relation to governance and safe care and treatment at this inspection.

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

#### 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?

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.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Long Lea Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Three inspectors and an Expert by Experience completed this 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

Long Lea Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Long Lea Residential Home 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 there was a registered manager in post.

#### Notice of inspection

The first day of our inspection was unannounced. We informed the provider we would return on the second

day to complete our inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used 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 with 5 people and 5 relatives about their experience of the care provided. 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 13 members of staff including the registered manager, 2 regional managers, the operations director, a team leader, a senior care assistant, 2 care assistants, 2 members of kitchen staff, 2 members of the housekeeping team and the activities co-ordinator. We also spoke with 5 external healthcare professionals.

We reviewed a range of records. This included 4 people's care records in full and specific aspects of 1 other care plan. We looked at 3 people's medicine records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

# Is the service safe?

## Our findings

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

At the focused inspection in November 2022 this key question was rated as Requires Improvement. The rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found systems and processes were not sufficient to demonstrate risk associated with people's care was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although improvements had been made in some areas of risk management, enough improvement had not been made and there was a continuing breach of regulation 12.

- Improvements were required in how individual risks were managed and monitored.
- Risks to people's health and wellbeing had been identified and records contained a good level of detail to inform staff how to mitigate these risks. However, this was not always reflected in staff practices.
- Some people were at risk of skin breakdown. Records did not always demonstrate care plans for people at risk of skin breakdown were being followed. For example, 3 people's care records stated they should be repositioned every 2 hours when in bed to reduce the risk of skin breakdown. Records showed frequent gaps of more than 2 hours between repositioning for these people. For example, 1 person had a gap of 8 hours in their repositioning records.
- One of these people's care plans stated a health care professional had prescribed pressure relieving boots for the person to wear at all times to prevent skin breakdown. This person was not wearing these boots at the time of our visit. The registered manager told us these were being laundered. Records did not show when this person last wore their boots or what action staff should take whilst these were being laundered.
- Some people required a pressure relieving mattress to reduce their risk of skin damage. Although the provider had processes to ensure mattresses were on the correct setting, we found 2 mattresses were set too high for the person's individual weight which placed them at increased risk of skin breakdown.
- One person had a catheter due to their health condition. The catheter was connected to a urine collection bag which must be kept at a lower height than the person's bladder. Contrary to the provider's risk management plan, this person's urine bag was laying on their bed which posed an increased risk of infection.
- Where medicines errors had occurred, systems were in place to ensure these errors were recorded and investigated to ensure people remained well. However, this system was not always used effectively. One person had missed a time critical medicine shortly before our visit. We found no evidence medical advice had been sought to ensure this person remained well or extra checks implemented to mitigate the known risks presented by the missed medicine.
- Improved systems were in place for the management of medicines administered through a patch applied directly to the skin. However, these systems had not consistently been followed to ensure application sites

were rotated in line with the manufacturer's guidance. This meant there was a risk a patch could be reapplied in the same place and the lack of rotation could put people at risk of skin thinning and overdose in a short period of time.

- Records did not always evidence a clear rationale for the administration of some 'as required' (PRN) medicines used to help people in times of distress. One person had been given their maximum dose of PRN medicine over 8 days prior to our visit. Their PRN protocol guided staff to 'document fully on an ABC all symptoms and events leading to administration' but this was not done. Staff had not always completed sufficiently detailed records to show these medicines were always given as a last resort. There was no evidence to show whether these medicines had been effective to enable a robust review by clinicians.

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

- Following our feedback, the provider took action to mitigate risks to people's safety. For example, a second pair of boots for the person at high risk of skin damage was ordered, together with a new catheter stand and incorrect mattresses were changed to the correct setting.
- During this inspection we found some improvements in the management of risk. For example, improvements had been made in the management of topical medicines and water temperatures were being regularly tested to prevent the development of Legionella.
- Regular maintenance work and health and safety checks were completed to ensure the environment remained safe.
- Medicines were ordered and stored safely, and people generally received medicines as prescribed.
- There were protocols to guide staff as to when PRN medicines should be considered.

#### Staffing and recruitment

- Our observations indicated there were enough staff to support people with their care needs and people told us they did not have to wait long if they wanted assistance from staff.
- The provider assured us that while staff were busy, staffing levels were safe. A dependency tool assessed the required staffing numbers when the needs of people in the home changed. Records showed the assessed staffing numbers had been maintained during the weeks prior to our visit.
- Relatives confirmed staffing levels had recently improved. One relative commented, "I think there is plenty of staff now. They are always buzzing around, and they know me and [Name]. But it hasn't always been this way, for several years there has been staff shortages."
- Staff were recruited safely. The provider completed pre-employment checks such as Disclosure and Barring Service (DBS) checks to ensure staff were suitable for their roles. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. One person's crash mat was split exposing the core and some people's slings were left on the floor of their wardrobes which presented infection control risks. The registered manager assured us these issues would be addressed.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.



- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People could have visitors when they wished. However, the registered manager asked visitors, including health care professionals, to avoid mealtimes so staff could concentrate on providing a good mealtime experience for people. Relatives did not raise any concerns about this limited restriction. One relative told us, "I can visit when I like as long as it is not at meal-times which I totally understand."

#### Systems and processes to safeguard people from the risk of abuse

- People appeared comfortable and relaxed with staff and relatives were confident their family members received safe care. One relative told us, "I would say [Name] is very safe in the home. There are staff around if they need anything. I feel happy and confident to leave them there and not be worried about anything."
- Staff understood their responsibility to keep people safe and told us they would report any issues or poor practice to their managers. One staff member told us, "Safeguarding, I would be straight in there. I would report it to the most senior person in the building. The resident is the priority. The training here has been very good about handling that sort of situation."
- The registered manager understood their safeguarding responsibilities. Where potential safeguarding incidents had occurred, appropriate action had been taken. Referrals had been made to the local authority when required.

#### Learning lessons when things go wrong

- The provider had a system to report, record and analyse accidents and incidents in the home.
- Prior to the inspection we had received feedback that recording of incidents and risks was inconsistent and not sufficiently robust enough to ensure risks were managed. The provider explained how they had managed concerns that had been raised and learnt lessons to improve the care and support they provided.
- However, this remained an area for further improvement at the time of our inspection visit. For example, one person had sustained a skin tear. Staff had completed a body map but not recorded this as an incident so the provider could consider any potential causes or risk management strategies.

# 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 comprehensive 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.

Staff support: induction, training, skills and experience

- The provider reviewed staff practice to identify areas where they needed more support and training to ensure they consistently worked in accordance with good practice, policies and procedures. This was a work in progress at the time of our inspection visit as we identified issues with risk management, medicines and infection control practices and recording and reporting.
- The provider was introducing more robust induction processes to ensure senior staff had the skills to effectively carry out their roles and responsibilities.

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

- Managers and staff liaised with other agencies and health professionals to meet people's specific needs. This included the GP, dieticians, occupational therapist and chiropodist. However, we found healthcare professional advice was not always implemented effectively. For example, district nurse advice to minimise risks of skin damage was not being followed at the time of our inspection.
- Staff used a recognised assessment tool to identify when people's health was deteriorating, and they needed to be referred to other healthcare professionals for advice.
- Staff told us changes to people's health and well-being were communicated effectively.

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

- People's needs were assessed before they came to live at the home and upon moving in. Assessments were used to formulate a plan of care which provided staff with the information they needed to meet the person's needs and preferences.
- People's diverse needs were considered during the care planning process, including their religion and sexuality.

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).

- Some people who used the service had a diagnosed dementia and required support to consent to their care at the home. People's mental capacity to consent to their care had been assessed.
- Staff followed the principles of the MCA in their day to day interactions with people. Staff supported people to make decisions when they were able to and asked for people's consent before supporting them. Records demonstrated staff respected people's right to decline assistance or support.
- Where people had restrictions in their care plan they did not have capacity to consent to, the provider had applied for the legal authorisation to deprive a person of their liberty. Nobody had an authorised DoLS with conditions attached at the time of our inspection visit.

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

- Catering staff demonstrated a good knowledge and understanding of their responsibility to provide food and drinks that met people's nutritional needs and preferences. They knew people who needed to have extra calories added to their food and those people who had specific nutritional risks such as allergies and specialised diets.
- Meals were prepared in the home from fresh ingredients. Meals looked appetising and people had portion sizes to their individual preferences. The chef told us, "We try to provide them with a meal they would like to eat at home. We understand flavour and that people eat with their eyes. There are a couple of small eaters and if we overdo their portion size, they won't eat it."
- People told us they enjoyed their mealtime experiences and the food prepared for them. A relative confirmed, "I think the meals are appetising and smell good."
- A range of snacks were also available for people to help themselves to. People enjoyed choosing what they wanted to eat from the selection of snacks provided.

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

- Since our last inspection, the layout of the communal lounge and dining room had been altered. This had a beneficial impact on people as they had more space to move around, and their dining experience was quieter and more relaxed.
- People had access to an outside area with raised flower beds. We saw two people particularly enjoyed the opportunity to spend time outside in the fresh air.

# Is the service caring?

## Our findings

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

At our last comprehensive inspection, we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Every person we spoke with was positive about the relationships they had built with the staff who supported them. One person told us, "The staff are wonderful." This person also highlighted how considerate ancillary staff were and said, "[Staff member's name] is a mother figure and a lovely lady."
- Relatives told us staff demonstrated a kind and caring approach to people. One relative told us, "[Name] is happy with the staff. They are kind and they do talk to [Name]." Other comments included: "Staff are very polite and joke with [Name] and have a good relationship with residents" and, "Staff are quite friendly and have a positive banter."
- Staff recognised and valued the bonds they had developed with people and understood how this positively impacted on people's well-being. One staff member told us, "I love my job because I get to know people." This staff member told us how they had supported a person who had been very ill and said, "You build bonds and trust with people. [Name] now shares a joke with me."
- People had also developed caring relationships with other people living at the home. One person explained, "I feel very lucky to be here. There are some lovely people."
- People's diversity and individuality was considered and respected. For example, one person's care plan recorded how they responded positively to the use of terms such as 'dear' and 'darling' because they took comfort from the familiarity.

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

- Staff took time to gently offer options to people and listened to their responses to ensure their decisions were respected. This included in relation to what people wanted to eat, where they wished to spend their time and what interesting things they may want to do.
- People were confident to ask for the support they wanted, and staff responded promptly to this. For example, people were happy to ask for drinks and snacks when they wanted them.
- People told us they were encouraged to let staff know how they wanted their care to be provided. This included when participating in 'residents' meetings'. One person told us, "We get to say what we want, what clothes we want to wear, what we want to eat and what times we want our meals."
- Staff gave examples of changes introduced following people's feedback. For example, people had asked for a fish and chip night and more entertainers to visit the home. A staff member told us, "We have kept these things going, and we also do a 'You Said, We Did'."

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's right to be treated with dignity and respect. People told us they felt respected

by staff who always knocked on people's doors to check they were happy for staff to enter their rooms.

- People generally looked tidy and well-presented. Relatives confirmed our observations with one commenting, "I think the residents do look clean and tidy. I sit in the lounge and observe what is going on in the home."
- People's confidential information was securely stored, to promote their privacy.

# Is the service responsive?

## Our findings

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

At our last comprehensive inspection, we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their histories, care needs and preferences. This included what support people wanted to maintain their health and their preferred lifestyles. One person told us, "It's good living here" because of the way their needs were met.
- People gave examples which demonstrated how staff responded to their individual needs. One person told us they had asked for a takeaway meal for a change which staff had arranged. Another person said, "They [staff] do listen if you ask them to do anything different."
- Staff used their knowledge of people when caring for them. Staff knew which people liked a hug if they were anxious and provided this.

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 were supported to engage in a range of interesting things. These included "movie nights", entertainers coming into the home, gentle exercise, coffee mornings and sing along sessions. This helped to keep people active and gave them opportunities to socialise with other people living at the home.
- One person told us how much they valued the activities and said, "You please yourself if you want the entertainments. It's your choice. There's variety and it keeps your brain ticking." Another person told us staff recognised they also liked to spend time enjoying themselves away from the home. This person said how much they valued the opportunities to spend time at local cafes with staff.
- Staff gave us examples showing how they tailored the activities to meet people's individual needs and interests. For example, if people were unwell, and were spending most of their time in their rooms. One person told us how they had taught staff to play their favourite board game and a relative said, "They have asked [Name] what they like and often a member of staff sits in their room with them and talks about their many books on those subjects." This helped to ensure people did not become isolated.

Meeting people's communication needs

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

- People's communication needs had been assessed and communication plans were put in place to support people share their views and wishes.

- Pictorial versions of information, such as events and activities, were displayed. This meant people could stay in touch with what was happening in the home and the opportunities available to them.
- Staff considered people's sensory needs when caring for them, so they were able to continue to take part in life at the home.
- Versions of key documents including care plans and care plan reviews were available in different sized fonts to support people's communication needs.
- Staff also supported people by showing them objects to choose from. For example, plated food options at mealtimes.

#### End of life care and support

- People's wishes for how they wished to be cared for in their final days had been identified and plans developed with input from their family members. This helped to ensure people received the care they wanted at this key stage of their lives.
- Staff used a "My end of life wishes" form, which detailed people's end of life preferences. We found this could be developed further, by providing additional family contacts, in case the designated family members were temporarily unavailable. The registered manager gave us assurances they would address this.
- Staff worked with other health and social care professionals to ensure people had the range of support they required at the end of their lives. This included making sure people had prompt access to additional medicines for pain management.
- Staff gave examples of how they supported people who did not have family or friends in their lives. This included regular checks to ensure their well-being was enhanced. One staff member explained how they were caring for one person and explained, "We spend time together, read gardening magazines, stories and poems, and [Name] smiles."

#### Improving care quality in response to complaints or concerns

- People were confident if they raised any concerns or complaints with staff these would be addressed. One person told us, "I feel [staff] would listen to me if I had any concerns."
- Systems were in place to manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or complaints had been made, and learning taken from these.
- However, the provider needed to maintain more robust evidence at the service of their complaint investigations. This would provide further assurance all aspects of the complaint had been addressed.

# 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Long Lea Residential Home has not achieved an overall rating of good for the last four inspections dating back to January 2021. The home has continued to fall short of the expected minimum standards of care people living in care settings should receive.
- At our previous inspections we found frequent changes in managers and senior staff had impacted on the provider's ability to maintain consistency in care standards. Significant changes in management and senior staff continued at this inspection.
- Following our last inspection, a new registered manager had been appointed. After 3 months they had stepped back into the role of deputy manager. A new registered manager had been appointed but had resigned from their role 4 days before our inspection visit. The deputy manager had retained their registration with CQC and had resumed managerial oversight with support from the provider's quality assurance team.
- The provider carried out regular audits of the service and was working through a service improvement plan to address areas for improvement. Overall, the service improvement plan reflected the progress the home had made.
- However, systems to monitor people's health and wellbeing required more day-to-day scrutiny. We saw important records were not always detailed enough to demonstrate people received the right levels of care and safe practices were followed. This included people's ABC charts which were not consistently completed to show people had received support in accordance with their risk management plans.
- Where learning had been identified, this had not always been implemented in a timely way. For example, improved processes for recording and reporting skin damage had been identified 2 weeks prior to our inspection. However, these processes had not been implemented and this remained an ongoing concern.
- The provider was providing further training to support staff in their role and responsibilities. This training needed more time to become embedded in staff practice as we identified occasions during our inspection when risks had not been identified.

We found no evidence that people had been harmed. However, the above issues demonstrate a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations



2014.

- Despite our findings, we found some improvements had been made. The provider sent CQC regular updates and quality assurance reports to enable us to monitor the progress of the home in line with our regulatory functions.
- The staff culture at the home was positive and staff were working together to make the required improvements. One staff member told us, "Six months ago there was a lot of negativity in the home, and staff did not work as a team as well as they do now. It starts at the top and because of the support we have, there is a lot more positivity in the home."
- The provider was working proactively to promote staff well-being in the workplace with some staff training as mental health first aiders. Good practice was recognised through employee of the month.
- Previously demonstrated good standards in the key questions of caring and responsive had been maintained. Good practice in these areas had a positive impact on people's day to day experiences and well-being.
- The operations director acknowledged the provider's strategy for recruiting, supporting and retaining senior staff had not always been effective, but assured us changes had been made. This included a dedicated human resources department to oversee recruitment, induction and training to ensure staff had the skills and competencies to fulfil the responsibilities of their role.

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

- The registered manager understood their legal responsibilities and reported important events or incidents to the CQC and other relevant authorities.
- Relatives told us they were informed of any accidents or incidents involving their family member. One relative told us, "I do believe [Name] is very safe in the home because if anything happens, they always ring me to let me know."
- Staff told us the provider promoted an environment where they were confident to raise concerns knowing they would be listened to. One staff member told us, "We had training on whistleblowing and how you would be safe from repercussions and safe to speak up."

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

- Meetings were held with staff to share information and learning and celebrate good practice. One staff member told us, "The lessons learned are discussed in staff meetings and you get an email to back that up from Head Office. I was impressed with how open it was and you can have an open discussion about how we can put things right."
- People's comments and feedback were sought, and actions taken to make changes or improvement where needed.
- Some relatives commented on the frequent changes in the management of the home with one relative commenting, "Over the past 5 years there has been many changes of manager. It seemed they were moving in and out of the home every 3 months, which didn't instill much confidence." In light of the recent management changes, the provider needed to assure relatives of the stability of the management team.

Working with others

- The provider sought advice and guidance from other organisations to improve outcomes for people. They worked closely with commissioners of their service including the local authority and infection control teams, to make improvements to the service.
- The registered manager had recently attended a course at the local university to support good infection

control processes in the home. This included regular swabbing of areas to improve cleaning practices and reduce risks of infections spreading.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider continued not to adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks.

### **The enforcement action we took:**

We issued a Notice of Proposal to impose a condition on their registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance  The provider continued not to operate and ensure robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety.

### **The enforcement action we took:**

We issued a Notice of Proposal to impose a condition on their registration.