

Aspen Hill Healthcare Limited

Aspen Hill Village

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

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

Aspen Hill Village is a care home that can accommodate up to 180 people who require support with nursing or personal care needs, some of whom were living with dementia. At the time of our inspection, 123 people were living at the service.

The home has six separate units and care was provided in five of the units. Each of the units was providing care to people with varying health and care needs including people living with physical disabilities, people requiring end of life care and people living with dementia.

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

People did not always receive safe care. During this inspection, we identified and reported safeguarding concerns. People's medication was not always administered safely. Risks to people's care were not always managed well or had not been properly identified and acted upon. We found concerns in relation to the safety and management of window restrictors. During our first inspection visit, we identified concerns in relation to risk of cross infection of COVID 19 in one of the units.

People and relatives told us agency staff did not always seem to be knowledgeable about people's needs or communicated well with people. The provider had developed systems to make sure agency staff were aware of people needs. People told us call bells were not always responded to in a timely way. The provider was not monitoring call bells' response times; this issue had been highlighted at our last inspection. We made a recommendation in relation to this area.

The provider failed to ensure people's nutritional needs were always met. Several people living at the home had lost weight and some had not been identified before our inspection. Some people living at the service told us the food was not always appetising; this feedback was known to the provider and actions were being taken to address this.

We found staff were offered varied training, but this had not always been completed.

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 in the service supported this practice. However, we found examples of inconsistent application of the policies. We saw relevant mental capacity assessments and best interest decisions had been completed in several occasions, but we also found examples where this was needed and had not been put in place. We made a recommendation for the provider to review this area.

The provider did not always ensure people received person-centred care and treatment. Some people's care plans were inaccurate and lacked information about people's needs. We found concerns in relation to the provision of people's foot care and lack of evidence around oral care. There were activities happening at the

home, but the provision wasn't always consistent or dementia friendly.

Although people and relatives told us staff were kind and we observed caring interactions between people and staff, our overall findings did not indicate the home was consistently providing a caring service that always respected and was responsive to people's needs.

We found widespread shortfalls in the way the service was managed, in particular a lack of management oversight. There was a risk of people receiving inappropriate care. Quality assurance processes had not always been effective in identifying the issues found at this inspection and in driving improvements. Records were not always accurate and complete.

The registered manager collaborated with the inspection, was receptive to the inspection findings and acted on the issues found or told us the action they would take to address the issues identified.

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 Requires Improvement (published 18 May 2021).

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 and we found new breaches.

Why we inspected

We undertook this inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about safeguarding incidents, management of medication, staffing, infection prevention control and management of the home. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, safeguarding, person centred care and good governance 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 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 continue to monitor information we receive about the service, which will help inform when

we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

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 ●

Aspen Hill Village

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

This inspection was carried out by four inspectors, a pharmacist inspector, a specialist advisor and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aspen Hill Village 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. Aspen Hill Village is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection, there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, infection and prevention control team and Healthwatch Leeds. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people using the service and eighteen relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. 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 gathered information from several members of staff including the registered manager, clinical lead, quality manager, medications manager, unit managers, nurses (permanent and agency), care staff (permanent and agency), activity coordinator, business support manager, infection and prevention control lead and trainer.

We reviewed a range of records. This included eight people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at four staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, management records and further records of care. We shared the main findings of this inspection with the local authority safeguarding team, infection and prevention control team and with commissioners of care from the local authority and CCG. We also shared concerns with the Fire Safety authority.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not always safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to ensure people's safe care and treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people's care were not always managed safely.
- The system in place to monitor people's weight had not been effective in identifying and taking timely action in relation to people at risk of losing weight or continuing to lose weight. We asked the registered manager to review the weights of all residents living at the home. They identified several people who had lost weight who required additional monitoring and referrals to the GP; this had not been identified before our inspection. We shared this information with the local safeguarding team. After our inspection, the registered manager updated us on the actions taken in relation to people who had lost weight.
- We found risks to people's skin integrity were not always managed well. Some people living at the home were at risk of developing issues with their skin integrity, required regular repositioning and had equipment such as air flow mattresses to ensure this risk was well managed. We found people's air flow mattress were not always set in the correct setting according with their weight and records did not always evidence people had been repositioned at the recommended time. We shared our concerns with the registered manager.
- People at risk of falls had equipment in place and additional support and checks planned, but we found this was not always well managed or being followed. There had been a high number of incidents of falls resulting in serious injuries in the last 12 months and the registered manager told us this was an area they knew they needed to improve; bespoke falls training was planned for staff.
- Some people living at the home displayed behaviour considered challenging to others and had planned physical interventions to manage their behaviour. We found this was not always well documented in people's care plans or in records of care to evidence least restrictive practices had always being tried before physical restraints were done, for the least amount of time necessary.
- Medicines were not always managed safely. Some medicines used for pain which require a four-hour gap between administrations were given too close together. Records for thickening agents used for those people with swallowing difficulties were not completed consistently. Diabetic medicines were not being administered in line with prescribed instructions. Diabetic care plans did not contain sufficient detail to support the safe management of people's diabetes care. We found one person had been admitted to the hospital due to their diabetic care plan not being followed; we asked the registered manager to refer this

incident to the local safeguarding team.

- During this inspection, we raised concerns to the registered manager in relation to window restrictors; this was reviewed and the service identified several window restrictors needed replacement. This had not been previously identified by the provider before our inspection. After our inspection, the registered manager confirmed this issue had been addressed.
- Although people living at the service had personal emergency evacuation plans in line with their needs, not all staff's training in fire safety was up to date and there was no evidence of a recent fire drill. We have shared this information with the Fire Safety Authority.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people told us they felt safe living at the service and most relatives also thought their loved ones received safe care.
- At our last inspection, we found people's moving and handling requirements were not well managed or documented; at this inspection we found improvements in this area.

Systems and processes to safeguard people from the risk of abuse

- Systems in place had not operated effectively to prevent abuse or neglect of service users.
- There were safeguarding policies in place and we found examples of the provider reporting safeguarding concerns as required. However, during this inspection, we had to submit or request the registered manager to submit safeguarding referrals. One person made an allegation against a staff member, we found another person's health needs had not been managed appropriately and this had resulted in a hospital visit being required and we found concerns regarding several people losing weight.
- Some staff members who did not have their safeguarding training up to date.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured people were always protected from abuse and improper treatment. This placed people at risk of harm.

Staffing and recruitment

- The provider was using a dependency tool to calculate the required staff on shift to meet people's needs. We reviewed the rota and saw this was being followed in line with the dependency tool and the registered manager showed us examples when extra staff had been provided to manage specific risks. However, evidence gathered during this inspection, indicated concerns with staff's deployment.
- We asked people if there were enough staff and if staff responded in a timely way; we received mixed views from people. Their comments included; "They come quickly when I call them;" "They come immediately, it doesn't matter when I ring, day or night they come;" "I have to wait ages and ages when I ring the bell. Sometimes I have to wait all morning. I feel like, I am nattering and annoying them, when I ask. I don't use it very often, as I have to wait. I have to wait to be taken down to the lounge. I give up and just go with the flow" and "If I ring the buzzer, they come any old time or they don't come. It feels lonely and every minute seems, like an hour."
- The provider regularly used agency staff. People and relatives told us agency staff were not always knowledgeable about people's needs and did not always respond quickly. The provider had put in place procedures to ensure agency staff were aware of people's needs and properly inducted into the service; but we could not be sure this was always followed.

- During our last inspection, people reported issues with responses to call bells. At this inspection, we found the provider continued not monitoring staff's response time to people's requests or investigating when calls had taken too long to respond. We asked the registered manager for a report on call bells response times; they contacted the call bell provider and told us there was an issue and it was not possible to produce a report at this time.

We recommend the provider reviews and monitors their staff deployment practices and takes action to update their practice accordingly.

- The provider was using a dependency tool to calculate the number of staff required on shift to meet people's needs and we reviewed rotas that confirmed the planned staffing levels were in place.
- Staff were recruited safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

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

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We found concerns in relation to the provision of people's foot care. In our observations, we found several people had long toenails. We shared our concerns with the registered manager who explained us that their regular chiropodist was no longer working with the service and a new one was in the process of being hired. We saw evidence of temporarily chiropodist services being provided but this was not provided to the majority of people. We found examples of people not seeing a chiropodist for 13 weeks.
- We found a lack of evidence of people being provided with oral care. This area of people's care was not evidenced in care notes and in our observations and conversations with staff we were not assured this was provided regularly.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured care was appropriate and met people's needs. This placed people at risk of harm.

- Some people gave us examples of when they had been supported to see or referred to relevant healthcare professionals.
- During this inspection, we also found examples of the provider working with other professionals to meet people's needs such as hospital diabetics service and mental health team.

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.

- We found examples of MCA and best interest decisions being completed for relevant decisions about people care. However, we also saw examples of decisions that required this process to be followed and this had not taken place. For example, there were CCTV cameras at the home in indoors communal areas and outdoors, however, relevant consent forms or MCA had not been signed by people using the service or in their best decisions.

We recommend the provider reviews their application of the principles of the MCA and how consent to care is documented.

- DoLS applications had been applied for, when required.

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

- People were not always supported in a person-centred way with their nutrition.
- We found several people had lost weight and action had not been taken to increase the monitoring of people's health such as weekly weights or referral to the GP done to discuss ongoing concerns. This included people who had already been prescribed with supplements. We observed examples of people living with dementia who required support or encouragement to eat, not being provided with this support in a timely way.
- Records of food intake for people at risk of malnutrition or who were known to be losing weight were not always contemporaneous and we found little evidence of people being offered regular snacks throughout the day. We discussed these concerns with the registered manager; they told us they would reintroduce a system to weekly monitor and discuss people's weight loss during clinical meetings; additional training would also be provided to staff.
- People told us the food was not always served hot, appetising or varied. Their comments included, "The meals are cold, occasionally they will heat them up in the microwave, but they can't heat up everyone's. It is usually chicken, beef or fish, you don't get much choice;" "It's very repetitive;" "I can't complain about the food but there is not much choice" and "The food is getting worse. They used to have a monthly menu. We have asked again and again for the monthly menu so we can see what it is and change it if we want to, but we don't know what we are having." The registered manager told us they were aware of this feedback and told them about their actions and plans to improve this area.

Staff support: induction, training, skills and experience

- The registered manager explained us and showed us the service's procedures to induct regular and agency staff in the service.
- We found staff were offered varied training, but we found examples of this not always been completed. For example, we found gaps in safeguarding, fire safety and falls prevention training. We also found one example of a staff member performing physical intervention without having the required training. The registered manager told us about the actions the senior management team were taking to ensure all staff had their training up to date.
- We saw evidence of staff being offered with regular supervision.

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

- Some areas of the service required redecoration. The registered manager told us about the ongoing plans to decorate and renovate people's bedrooms and communal areas; including their plans to do this in the least disruptive way for people living at the service.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported.

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

- People shared mixed feedback about the differences in approach of regular staff and agency staff. Several people told us they did not always feel well understood by agency staff. Their comments included, "The language is a problem. The agency staff don't know what I am saying;" "No [I don't feel listened to], it goes in one ear and out the other if you want something doing. The agency staff just don't understand what you are saying to them;" "The night staff are mainly agency, and some don't speak English, they don't understand what I say to them and I can't understand them. It is frustrating."
- We reviewed evidence confirming people's care had been reviewed regularly and people, relatives or advocates had been involved. Most relatives told us they had been involved in relevant decisions about their loved one's care.

Respecting and promoting people's privacy, dignity and independence

- During our inspection, we observed positive interactions between people and staff. For example, we observed a staff member initiating a conversation with a person about their birthday, they asked, "How did your meal go on Saturday for you birthday?"; the person replied "It was good" and we saw them chatting cheerfully about the day.
- However, we also saw instances when staff had not taken the initiative to promote people's independence or meet their needs in a responsive way. For example, one person required a walking stick due to being at risk of falls and staff did not prompt them to use it. One person living with dementia required support with their meal; we observed them spending about an hour with their meal in front of them and staff not offering support or encouragement; this person had lost weight and had already been prescribed with supplements.
- People were supported to maintain their privacy. For example, staff closed doors and curtains whilst providing personal care.

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

- People and relatives told us most staff were kind. Comments included, "Most of them are caring;" "Yes, the ones on today are kind. Some are better than others;" "Oh yes, very much so [caring and kind]. When I am in [person's] room they always use [their] name and ask how [they] are;" "I have been very impressed and found it very caring;" "All the nurses are nice and the cleaners are exceptional" and "The nursing staff are lovely."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Care plans did not always reflect people's current care and support needs. We found some care plans had inconsistent information or had names of other people. Having up to date, accurate information in care plans is important to ensure staff are well informed about people's needs and people receive consistent care. The home was in the process of implementing electronic care records and we reviewed both paper and electronic records. We discussed our concerns with the registered manager. They told us about the additional training available to staff around recording and the quality assurance processes in place.
- We found the service did not always ensure people's needs and preferences were met in line with their requirements. For example, one person had been allocated one to one support from staff due to risks around their care; we observed this person's allocated staff member leaving the room or supporting other people. We found evidence that one person had been woken up by staff late at night on three different days to be given medication prescribed to be given as required; there was no evidence the person required it. We discussed with the registered manager our concerns about several people living with dementia in one unit being supported by night staff to get up but there was no evidence this was their preference or their choice.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured care was appropriate and met people's needs. This placed people at risk of harm.

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 and relatives shared mixed feedback about the activities happening at the home. People told us, "Yes, they have an activity programme, for example, we painted Mother's Day cards. In the summer we do gardening. We have two raised beds and grow flowers mainly;" "They come in and talk to me;" "I like to walk. I sometimes go out twice a day, once in the morning and once in the afternoon. I will ask every day, sometimes I go out once a week and sometimes it is only for ten minutes;" "I feel safe here, it's boring that's all." Relatives commented, "[Person] needs to be stimulated and they do it. Recently [person] made a Valentine Card for me and my sister and it was sent to us. That was so sweet;" "I don't think there is enough to keep [person] occupied. [Person] is bored. There is one hour in the morning and an hour in the afternoon. Although [person] has Dementia [they have] an active mind and staff should do more I believe" and "I would like to see more activities."
- There were activities happening at the home but the provision wasn't always consistent or dementia friendly. There was lack of evidence of people living with dementia who might display behaviour considered challenging to others being offered with regular activities. Good practice guidance on managing violence

and aggression in care settings includes the regular provision of meaningful activities.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured care was appropriate and met people's needs. This placed people at risk of harm.

End of life care and support

- Some people living at the service required end of life care. We found people were receiving the care they required and relevant healthcare professionals were involved in their care. The relatives of one person receiving end of life care raised concerns about communication between staff and the family, we shared these concerns with the registered manager and they told they had taken immediate action to liaise with the family.
- Staff had received training in looking after people at the end of their lives.

Improving care quality in response to complaints or concerns

- Most people and relatives told us if they had any concerns they would discuss them with care staff or management and were confident their concerns would be acted on. One person said, "I have raised concerns with them, and it was sorted out. I would meet them again if I needed to."
- The provider had policies and procedures in place to manage complaints. We reviewed how this was being managed and found it to be appropriate.

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 were assessed and plans put in place to support people with this area of their 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in how the service was managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- During this inspection, we found people did not always receive safe and person-centred care due to widespread failings in the management and oversight of the service.
- We found the management and clinical oversight of essential areas of delivery of care was not always robust or effective. Governance systems in place had either not identified or addressed concerns found during this inspection. For example, people's weights were not being regularly monitored to ensure concerns with weight loss were timely identified, monitored or actions taken to address weight loss were being effective. Call bells response time had been discussed at the last inspection; at this inspection, people shared concerns about staff's response time in particular by agency staff and this was not being monitored by the service. Following the concerns we raised about window restrictors, several were identified that needed replacement and this had not been identified before our inspection.
- Although there was a management structure in place at each unit, we found examples of lack of leadership and accountability in the running of the day to day of the service.
- Care plans and records of care were not always complete, accurate and contemporaneous.
- Quality assurance processes had not always been effective in identifying the issues found at this inspection and in driving the necessary improvements. For example, there was robust oversight of the stock levels of medicines, however auditing did not identify the issues we found during this inspection. During one of the provider's out of hours audits, issues had been found with people's air flow mattress not being set in the correct settings however, this information was not used to check if other units had the same issue. Care plans, resident of the day and daily notes audits had not effective in addressing the issues found at this inspection.
- In our previous two inspections, the service was rated Requires Improvement and found it to be in breach of regulations. At this inspection, the provider continued in breach of regulations and we found new breaches.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was receptive to the inspection process and responsive in acting on the issues

found at this inspection. People and relatives told us about the management team and the registered manager: "[Name of staff member] is in charge, is amazing, keeps us informed and is very sympathetic;" "I know there are administrators here [at the unit] and there are governors over at the main building. I know most of them are very approachable. I know [name of staff member] who is head of activities, on the whole she is very approachable;" "I know who [registered manager] is, she is fair" and "[Name of registered manager], is the boss, she is brilliant in the main office."

- The provider had fulfilled their duty to inform CQC and the relevant authorities of incidents happening at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback about the impact that care received at the service had on people and their relatives. People's comments included, "I am happy here;" "No [it is not well managed], it is getting worse. I am waiting to see a Social Worker, as I don't want to stay here." Relatives said, "I am very impressed and trust them with [person's] care. They show kindness and have not seen him being treated him unkindly;" "It's perfectly fine. My Mum is happy, I'm happy;" "They have risen to every challenge. They give me the confidence that they know what they are doing every step of the way. Helping him and helping me too" and "I wouldn't use the word well managed, it is managed only."

- During this inspection, we found people did not always receive care adequate, safe and centred around their needs.

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

- There were residents meetings taking place. People told us, "We had a meeting two weeks ago but nothing changes" and "They do have a meeting once a month, to talk about concerns in the home. They generate a report. They have changed a few things, like there are two activity persons but when they don't come there is no one to replace them."

- There were also regular communications with staff, clinical staff and management via handovers and meetings.

Working in partnership with others

- The home maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as social workers and GPs.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Systems and processes in place had not operated effectively to prevent abuse of service users.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The service does not always ensure people's needs and preferences were met in line with their requirements

The enforcement action we took:

We issued a Warning Notice.

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	Risks to people's care and medication were not always managed safely. Environmental risks were not always managed safely

The enforcement action we took:

We issued a Warning Notice.

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 service was not well managed. The quality assurance processes in place had not always been effective. Records of care were not always accurate and complete.

The enforcement action we took:

We issued a Warning Notice.