Nightingale Residential Care Home Ltd

Cherrydale

Inspection report

Springfield Road
Camberley
Surrey
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cherrydale is a residential care home providing personal care to 22 predominantly older people. At the time of this inspection there were 18 people living at the service. Most of these people were living with dementia.

The home is situated In Camberley. Equipment to support people with limited mobility was available. There were accessible gardens to the rear of the service.

People's experience of using this service and what we found
Some people were not able to tell us verbally about their experience of living at Cherrydale. Therefore, we observed the interactions between people and the staff supporting them.

There were not always staff available in communal areas to ensure people's needs were always met. At busy times of the day staff were dispersed in areas of the building which covered three floors. This meant the care and support people were receiving was task driven rather than person centred.

Staff recruitment was not always safe. One staff member had been employed to work in the service before the necessary fit person checks had been put in place. This had the potential to pose risk to people.

The systems in place to manage housekeeping were not effective in making sure all areas of the service were kept clean and free from offensive odours.

People lived in a service which was not always well maintained. Timely action had not been taken to carry out some important property repairs, which had a negative impact on some of the people living in the service. There was damaged woodwork throughout due to the used of equipment. Due to lack of storage space the service was cluttered. For example, boxes stored in a corner of the dining room. A toilet at the entrance to the service had missing tiles under the sink exposing pipework. The toilet roll holder was broken. There were two bathrooms with assistive baths. However only one was in used as the first-floor bathroom had a hoist which was broken, and maintenance records showed it could not be prepared. This reduced the flexibility and choice for people using the service.

The design and layout of the service meant there were restrictions on people's movement and limitations in the use of equipment. This included a small lift with , limited space for storage. Bland decoration throughout meaning people living with dementia may be disadvantaged in identifying areas of the service.

There were no personal emergency evacuation plans [PEEPS] completed to support staff and emergency services in the event of an incident requiring evacuation. The paperwork was in place but not completed.

The service used an electronic care planning system. However, the information was basic and did not provide an accurate reflection of people's support needs. The information did not demonstrate how risks to

people were being managed. Information in reviews was limited. Records reported on the date and name of person reviewing information. They were not meaningful and did not demonstrate people or their advocates had been involved.

People did not have advanced or end of life plans in place to report on their wishes or choices. Care staff understood the importance of supporting people to remain at the service as they approached end of life. Without clear instruction in respect of people's choices this had the potential to pose restrictions.

The service was recording and reporting on accidents and incidents. They were being logged and summarised, but there was no evidence that the information was analysed for trends or any lessons learned identified. We have made a recommendation for the provider to consider current guidance on analysing significant incidents to identify and respond to patterns or trends.

Medicine systems had recently been reviewed by the GP, manager and pharmacist. Stock of as required medicines [PRN] had been reviewed and where not used for a period of time had been stopped. Medicine records were completed accurately and with enough detail. Staff responsible for medicines management had effective training. Following the inspection, a pharmacist told us they would be providing ongoing support and training for staff.

People told us that staff were kind and caring, staff involved people in their care and made sure people's privacy was respected. Staff worked well together and understood the service's aim to deliver good quality care, which helped people to continue to live as independently as possible. However, staff were concerned they did not always have the necessary time to respond to people's needs. This was evident during the morning period when staff were engaged in supporting people on upper floors and were not always available in communal areas.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. For example, there were no best interest meetings taking place where people received medicines concealed [covertly] and where pressure mats monitored a person's movement. The main entrance had a key pad meaning there were restrictions in how people left the building.

Quality monitoring systems were in place however, these were not always effective. Concerns found at this inspection had not been identified by audits. There had been recent changes in managers. Internal operational managers had not identified, and actioned issues identified at this inspection. The manager had started to review all governance systems and audits and was being supported by the provider. There was evidence issues identified at this inspection had been recognised by the manager and plans were being put in place to address these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 6 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The overall rating for the service has changed from Good to Requires Improvement. This is based on the

findings at this inspection.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Cherrydale

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 Care Act 2014.

Inspection team
The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience.
An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Cherrydale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager was intending on applying for registration with the commission following the probation period of three months. A registered manager was a condition of registration for this service.

Notice of inspection
This inspection was unannounced.

What we did before the 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 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 this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the manager, senior care workers, care workers and the cook. 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 reviewed a range of records. This included four people's care records and two medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and meetings were reviewed.

After the inspection
We spoke with two health professionals about the support they were providing to the manager, including medicine audit examples.

We spoke with the manager about action being taken immediately following the inspection. This included, a full audit of all governance systems. The manager confirmed two potential care staff had been interviewed and offered posts. Checks were now in place.

We spoke with the provider about the issues found during the inspection. They told us they had met with the manager and prioritised an action plan. This included, making daily support visits to oversee and report on progress within the action plan.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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, Preventing and controlling infection

●Systems and processes in place to manage and monitor risk were not effective. Electronic care plans did not always have enough guidance for staff on how to support people who presented with behaviour that challenged staff and others. Staff told us they were reliant on senior staff telling them about people's risks and changes. This meant there was potential for staff not to have the necessary information.

●We observed the door to the first-floor laundry room was open. There were cleaning materials left out and in an unlocked cupboard. This meant there was a potential risk to people using the service. We advised staff about this at the time and the door was shut and bolted at the top of the door.

● Personal Evacuation in an Emergency Plan's [PEEPS] had not been completed, outlining the support people would need to evacuate the building in an emergency. Accurate details of which rooms were occupied in the event of an emergency was not available quickly. The newly appointed manager was in the process of addressing this as a matter of urgency.

● Systems to prevent and control infection were not always effective. There were malodours throughout areas of the service. Staff told us, "We know about it [odour] and do our best."

● There had been a housekeeping vacancy which had just been filled prior to this inspection. The one housekeeper worked during the week. When they were not present care staff were expected to carry out the role. Care staff told us that they put the care of people first, they tidied people's rooms, but they did not always have time to clean rooms.

● Staff told us they had training in Infection Control. They used personal protective equipment, such as gloves and aprons, when caring for people.

There were not enough safeguards in place to mitigate risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staffing and recruitment

● Staff were not always recruited safely. For example, one staff member had been employed to work in the service without the necessary fitness checks in place including the Disclosure and Barring Service [DBS] check. This meant there was potential to expose people to risk.

By not ensuring fit person checks were in place before allowing staff to work in the service meant that it was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● Staff told us there were not enough of them to support people without the use of agency staff. They said, "There have been a lot of staff changes and it's been hard to get more staff. We are always using agency

staff." The manager was negotiating additional staffing for the weekend with the provider during the inspection. This meant there was a lack of continuity in the delivery of care because agency staff were not always familiar with the needs of people using the service.

●We used a SOFI observation tool during the late morning period. This showed staff were not always available to support people with their breakfast or make sure they were safe and stimulated in the lounge areas. Some people were having breakfast until after 11am. Lunch was being served at 12.30. This meant they may not want to eat lunch with such a short break between meals. This hadn't been considered by staff. The same people were observed eating lunch at 12.30. We were unable to clarify their views on this due to lack of mental capacity.

●The dependency levels of some people meant two staff were needed to support with personal care. Staff told us that these people were usually in bed before night shift at 8pm as the two-night staff members would, "struggle to manage." This was because the senior night staff would be dispensing medicines at the beginning of the shift. This meant people's choices were restricted due to staffing levels.

● Following the inspection, the manager notified us two people had accepted offers of employment and the provider had agreed to recruit more posts. This meant there would be less reliance on agency staff.

By not having enough staff to meet people's individual needs in a timely way meant peoples choices were restricted. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Using medicines safely

● There was a current review of medicine systems in the service taking place. This was because the newly appointed manager had concerns that medicines prescribed as required were not being effectively managed. We spoke with the CCG medicines management team. They confirmed they were working closely with the service to ensure all systems were effective.

● There had been a recent review by the GP of people's medicines resulting in some peoples prescribed as required had been identified as no longer needed.

● People received their medicines on time as prescribed.

● Staff responsible for medicines administration and recording understood their roles and told us they received updated training to support them.

Learning lessons when things go wrong

● The service was recording and reporting on accidents and incidents. They were being logged and summarised, but there was no evidence that the information was analysed for trends or any lessons learned identified.

We recommend the provider consider current guidance on analysing significant incidents to identify patterns or trends and make changes to mitigate the risk of them occurring again.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. They told us they would speak with a staff member or the manager if they felt unsafe. People told us, "I definitely feel safe here. If I have any problems, I just speak to one of the ladies and they help you" and "There are no secrets, I feel absolutely safe here."

● The provider had effective safeguarding systems in place. Staff understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff told us that they had received safeguarding training.

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

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●Three people were being administered medicines covertly [in a disguised format]. One person had written instruction from a health professional to support this. However, the two other people had no information or agreement as to why their medicine was being administered this way. There was no evidence best interest meetings had taken place or consideration of DoLS authorisations.
● The main entrance door had recently had a key pad put in place following one person leaving the service unwitnessed. One person had a pressure mat to monitor their movement in their room. There was no evidence best interest meetings taking place.
● The newly appointed manager had reviewed everybody's mental capacity and had liaised with the local authority to prioritise where best interest meeting and authorisations were required.

By not having effective MCA systems in place meant the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

● People and relatives confirmed staff always asked for their consent before commencing any care tasks.
● Records showed some people had appointed Lasting Powers of Attorney (LPA) which stated what legal powers they held in respect of making decisions on the person's behalf.

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

● Some areas of the service were not being well maintained. Paintwork throughout the service was damaged due to the used of equipment.

● There were two bathrooms with assistive baths. However only one was in used as the first-floor bathroom had a hoist which was broken, and maintenance records showed it could not be prepared. This reduced the flexibility and choice for people using the service.

●One room had stained curtains and the wall by the person's bed was stained. Paintwork and decoration was bland throughout, meaning people living with dementia may not be able to differentiate areas of the service.

●Space available to store equipment was limited. For example, staff told us they struggled on the upper floor due to there being little room to use equipment. One said, "It's really tricky for us because the space is so small." There was a hoist on the ground floor. Staff told us using wheelchairs in the lift was difficult due to the small lift space. We observed staff struggling to support people in wheelchairs to upper floors due to the size of the lift.

● Some rooms had been decorated and people had personalised their rooms with their own items.

●Signage was generally adequate to support people living with dementia.

● There was an enclosed garden and patio are off the rear lounge which people told us they used in good weather.

●Raised toilet seats were in place in all toilets on the ground floor regardless of whether they were necessary or not.

● The service generally lacked storage space. For example, wheelchairs and walking aids were put to one side in the dining room when in used due to their being limited space. Some wheelchairs were stored in available open spaces. They looked unsightly but did not pose a hazard.

●The service was cluttered. For example, cardboard boxes being stored in a corner of the dining room. Music compact discs were strewn on a shelf in the rear lounge. A paper rack was littered with old newspapers and magazines.

By not maintaining the premises to a satisfactory standard meant the service was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff support: induction, training, skills and experience

● At the last inspection staff were receiving supervision and training appropriately. At this inspection we identified formal staff supervision had fallen behind but staff told us they felt supported by the manager.

● Staff told us they had received training and updates and that they were reminded when training was due. However, the training matrix available on the day of inspection was not completed. Staff records included training certificates were in place for current and previous training courses. Three staff members told us the range of training was good. Following the inspection, the manager provided a list of dates and training topics which staff had attended.

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

● The manager and senior staff completed assessments of people's needs before they started using the service. This supported staff to understand people's needs. However, electronic records were difficult to navigate which had the potential for staff to miss information. There was a communications book which included any updates, so staff were aware of changes.

● Staff worked with health and social care professionals. This helped staff better understand how people's specific needs should be met.

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

● People were generally supported to eat and drink safely and maintain a balanced diet. For example, where the need for support had been identified, care staff assisted people to eat.
●During the morning there were jugs of fresh water and juices left in the lounge. At 3pm we observed very little of the juices had been used. Staff told us they were very busy and when they could they took time out to offer people a drink. By the amount of juice used, it demonstrated this was not frequent. People were offered hot drinks during the morning and afternoon period. At lunchtime juice or water was also available. We discussed this with the manager who agreed to share this with staff and to prompt staff.
● People were offered alternative meals if they preferred something else. People told us, "I like the food; it's nicely chosen, and we get a choice" and "I like the food." A relative said, "[Person's name] loves the food. They get snacks and drinks throughout the day."

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support
● Prior to and following the inspection we spoke with several health professionals who confirmed they were working with the services manager and staff to support a range of changes to improve their approach to care. This included, working with the GP, Community matron, and quality monitoring from health and social care.
● People were referred to health care professionals for advice and treatment, for example to speech and language therapists or dieticians.

Requires Improvement

Is the service caring?

Our findings

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

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

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

- During the inspection we noted that staff contact with people was generally when they had a task to perform, for example, personal care, providing meals, drinks or medicines. Staff were very pleasant, kind and chatted briefly with the people but were very busy and focused more on the task. Staff told us they had limited time to spend with people in a meaningful way. A member if staff said,
- Despite our observations of staff being rushed in their tasks people said that staff were kind and caring. They commented positively about staff members. People told us, They can't do enough for you; I couldn't fault them," "The staff are first class, they are caring" and "The staff are very caring." Relatives said, "All the staff are caring" and "The staff have a lot of patience; they are kind and caring."
- A visiting healthcare professional told us they felt the staff were kind and caring.
- There were positive examples observed of staff showing concern for people. For example, when one person became upset a staff member took time to sit with them until they became calm. Staff were aware of people's individual needs and preferences. People confirmed that staff knew them well, with one person saying, "They know my [relative] well and what they can and can't do." Every effort was made to support agency staff whose knowledge of people's individual likes and dislikes was limited.
- People were supported with their religious faith through visits by local clergy.

Respecting and promoting people's privacy, dignity and independence

- There was a separate communication book used by staff to note basic information, for example health appointments. This information was not kept in a confidential way meaning it had the potential to be seen by other people visiting or using the service. We discussed this with the manager during the inspection. They recognised the need for confidentiality of records and agreed to address the issue by moving this information to the office.
- A relative told us they were happy with the way staff respected people's privacy and dignity. They said, "[Persons name] is treated with respect and dignity." A person using the service said, "They [staff] always knock at the door; they are always checking on me."
- Care staff supported people with personal care tasks in a way which maintained their dignity. A member of care staff told us, "We know it's really important to make sure residents' privacy and dignity is protected when helping with things like bathing. We always try and let the resident do as much for themselves as they can, so they keep as much independence as possible."
- There was signage on the wall of the lounge which prompted staff to understand the need for hydration during periods of a heatwave. There were also posters by the jugs of water and juice reminding staff of how to effectively meet people's hydration needs. These were training prompts and did not belong in the lounge

of a care home which was domesticated. We advised the manager of this.

Supporting people to express their views and be involved in making decisions about their care
● People and relatives told us they felt able to speak with staff and the staff and the manager about anything they wished to discuss.
● People were not always supported to be involved in creating their care plans and involvement in reviews. However, we observed care staff discussing with people how they wanted their personal care provided. This meant people received care in the way they preferred.
● People's preferences were respected as much as possible by the staff team. However, as reported on in the Safe domain of this report staffing levels might impede choice.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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, end of life care and support

● The electronic care planning system was not effective in the level of detail recording people's needs. For example, it was difficult to navigate and find detailed information. Risk assessment, and reviews were dated and signed by the manager but did not include evidence of how a person's needs were going to be managed. It was not clear if people's needs had changed as the system recorded current information but staff did not know how to find archived information. Staff told us, they relied on the manager and senior staff for updates and any changes. Staff were able to describe people's individual needs and how they were responded to. There was no evidence to demonstrate people's needs were not being understood or responded to.

● Staff had one devise to record care that had been delivered to people. The manager did not have their own access to this system. However, during the inspection this was addressed. The manager was given access remotely, so they had oversight of what was recorded. Staff told us they were not confident in the current system.

● There was not enough information available for staff to be able to care for people at the end of their lives in the way that each person wanted. The area in the electronic planning system for recording peoples advanced care plans had not been completed for anybody. This meant staff did not have the knowledge to respond to peoples end of life wishes. No-one was receiving end of life care at the time of our visit.
We recommend that the provider ensures staff are given additional training in the use of the electronic care records system, to ensure effective and continuous reflection of people's needs and choices.

● Some staff had received training in caring for people at the end of their lives. The manager had links with local services including hospice and, GP and district nurses should people need additional support.

We recommend that the provider looks at current guidance on writing advanced care plans to ensure appropriate information is available for staff to support people at the end of their lives.

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

● There were a limited range of meaningful activities available to people. There was no activity coordinator employed. Staff told us it was generally up to them when they had time. There were games available and a range of music discs. During the morning television was on in both lounges. Nobody was engaging with the television. There was a period in the afternoon when a music disc was played, but the television remained on. People were not engaged in either.

● Some people stayed in their rooms due to choice or because of their health needs. Staff were observed to regularly check on people's welfare.

● There was an enclosed garden area with patio which people told us they used during good weather. However, on the day of the inspection nobody used the garden even though it was warm and sunny weather.
● People did not have the opportunity to go out of the service. There was no transport available. Staff told us they would not have the time and they were not close to any shops.
●Family members told us there were no restrictions when visiting their relatives and that staff made them feel very welcome.
●There was no evidence that people living with dementia had activities available for them to engage with.

We recommend the provider seeks current good practice guidance in developing a range of suitable activities for people to engage in.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Communication with one person whose first language was not English was limited. Some staff members could effectively communicate because it was their own language however this depended who was on duty. We spoke with the manager about the use of communication cards to better understand the person. They agreed this would be addressed. The person had specific dietary needs. The staff and cook understood this and responded by providing a vegetarian diet.
● There were no pictorial menus which would have supported people to make choices about what they wanted to eat. We discussed this with the manager who told us they were planning on introducing table menus in pictorial format to support individual choices.

Improving care quality in response to complaints or concerns
● The service held a complaints policy and procedure. This was accessible to people living at the service. One person told us, "I've not had to make a complaint, but I would go to the manager."
● The manager held a record of concerns raised, the action taken and the resolution. The manager told us there were no current complaints being investigated.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Recent changes in managers had resulted in the service not being effectively managed. The previous registered manager deregistered in April 2019. An interim manager was in post until August 2019. The current manager was planning to apply for registration with the commission following their probationary period. This would meet the services condition of registration.
- Audits on the accuracy of care records, staff training, and staff supervision and medicines were not effective. Audit checks had not been effective and had not been consistently carried out. The manager was carrying out a review of all audits required and had a plan to work through these to ensure they were accurate, up to date and reflected an overview of all operational issues.
- The manager told us they received visits from the area manager on a regular basis. However, there was no written evidence of these visits taking place. Issues found at this inspection had not been identified by internal management visits. Health professionals had made visits during the change of managers. They found the area managers were not familiar with the service's operational systems, including use of the electronic care system . They were unable to locate information about people when asked. This meant there was not effective oversight of the operational systems of the service.
- Following the inspection, the providers confirmed they were now visiting the service daily to support the manager. The manager confirmed this was occurring and that they were having daily meetings to review action points and prioritising the necessary work to improve the service.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were not in place. There were no evidence operational oversight had been taking place since April 2019. This meant no action was being taken in areas identified at this inspection. For example, for an ongoing issue around offensive odours and the condition of the environment. During the inspection it was noted the manager had identified operational and environmental areas for improvement and was in the process of putting a plan of action in place.
- The area manager visited the service regularly however there was no evidence of these visits, actions or recommendations in respect of the operation of the service.
- Despite using an electronic format to record peoples care needs. It was not effective. This had been raised by some staff, but no action had been taken to address the issue.

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

● There were limited systems in place to involve people using the service, families and staff. Relatives told us they were spoken with by the manager but there was no other way of expressing their views of the service.

●There were no surveys taking place to gather the level of satisfaction from any stakeholder of the service.

● There was no evidence of community links. Staff told us there was no transport and they felt the focus of the service was task orientated and not person centred. This was observed using SOFI observations periodically during the inspection.

●The manager had taken up post in August 2019 and had already held a staff meeting to engage with staff and share information about 'moving forward'. There was a date set for a resident and family meeting to discuss possible changes.

By not having effective governance systems in place meant the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

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

● Staff told us they were committed to providing good quality care and support to people because they worked well together as a team and had confidence with the current manager. However, they told us they did not feel valued, had struggled with recent management changes and felt the support was not there for them. They told us, "It's been really difficult, and we are losing good staff" and "They [providers] are just not listening."

● Relatives told us the manager was open and very approachable. They said, "The manager is magic" and "On the whole the staff seem to enjoy working here."

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

● Following the inspection the provider contacted the inspector to update them on action being taken to address issues raised at feedback.

● The provider sent us information about events and incidents that happened and what action they had taken to resolve things.

●The manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured that relatives were aware of the incident and made aware of the causes and outcome.

Working in partnership with others

● The manager was working closely with a range of health and social care professionals to improve the service in respect of recording peoples care plans, improve medicine management and developing a more person-centred approach in delivering care. Professionals told us, "We are happy to work with the manager to improve things" and "I'm in regular contact with the manager. They are open to suggestions for good practice."

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 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users must only be provide with the consent of the relevant person. Where a person lacks capacity to make an informed decision or give consent, staff must act in accordance with the requirements of the Mental Capacity Act 2005. The registered person must make sure that staff are familiar with the principles and codes of conduct associated wit the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was not enough information in place to mitigate risks to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The systems in place for maintenance of the service were not effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not operating effectively.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not protected from risk because the service had employed not ensured all fit person checks had taken place during recruitment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always sufficient staff to meet the requirements of the people living at the service.