

Allag Care Limited

# Gwendolen Road Care Home

## Inspection report

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Date of inspection visit:  
10 January 2023  
11 January 2023

Date of publication:  
14 February 2023

## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Gwendolen Road Care Home is a residential care home providing the regulated activity of personal care for 14 people in one adapted building. The service provides support to people who primarily have a learning disability or a long-term mental health condition. At the time of our inspection, there were 12 people living at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

**Right Support:** Improvements had been made since the last inspection and people were receiving the right level of care and support, they had been assessed as required. Most care plans had been reviewed and plans were in place for this to continue. Guidance for staff about how to meet people's individual needs was detailed and up to date. 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.

**Right Care:** Care staff knew people and what was important to them, including their routines and preferences. Staff had received refresher training and opportunities to discuss their work, training and development and this was ongoing. Improvements had been made and were ongoing, to ensure people were enabled to achieve positive outcomes. Social inclusion was promoted, enabling people to be a part of their local community. Staff were observed to be kind, caring and respectful.

**Right Culture:** The culture of the home was changing, improving and cohesive. The staff and management team were observed to be working together to promote people's safety and wellbeing. The provider had made changes to the management team and further improvements were planned. Staff were positive about the improvements made and felt well supported. Overall, relatives were happy with the service being provided to their loved one. They reflected on the improved decoration and cleanliness in the last few months.

Staff were recruited safely and received an induction before working with people independently. People received their prescribed medicines safely. However, improvements were required in the systems and processes and audits to ensure medicines management systems were safe. The provider took immediate action to improve this.

Safeguarding systems and processes were in place to protect people from abuse and avoidable harm. The provider had acted when safeguarding incidents had occurred.

Improvements had been made to the health and safety of the environment, premises and equipment. This included infection prevention and control measures. People lived in a home that was clean and hygienic.

People received a choice of meals and drinks and their dietary needs and preferences were known by staff, but not recorded in the kitchen. However, the provider took immediate action and made this information available.

People were supported to access health services. Staff monitored people's health and worked with healthcare professionals to support people's health and well-being.

People were supported with their individual communication needs. This included supporting people in their preferred language, which was not English. Care and support provided by staff, respected people's different cultural needs, preferences and routines.

Improvements had been made and were ongoing in how the service was managed. New and improved systems and processes had been developed and the provider had an action plan to further drive improvements at the service. Further time was required for these processes and improvements to become fully embedded and sustained. Whilst there was senior management oversight and leadership, roles, responsibilities, and accountability, all needed further review. Audits and checks on quality and safety needed further improvements.

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 inadequate (published 29 November 2022) and there were breaches of regulation and enforcement action was taken. At this inspection we found improvements had been made, however, the provider remained in breach of 1 regulation.

This service has been in Special Measures since 29 November 2022.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make continued 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 Gwendolen Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified 1 continued breach in relation to the governance at this inspection.

#### 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 care findings below.

**Good** ●

### 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 always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Gwendolen Road Care 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.

#### Inspection team

This inspection was completed by 2 inspectors 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

Gwendolen Road Care 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. Gwendolen Road Care 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 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

The service 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and we observed staff interaction with people, to help us understand people's experience. We spoke with 6 relatives about their experience of the service. We spoke with the provider, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the acting manager, supporting manager, 2 senior support workers, 3 support workers, a cleaner and cook. We spoke with 1 visiting health care professional. We reviewed 8 people's care records and 3 staff files and a variety of records relating to the management of the service, including audits and checks and medicine records.

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

Systems and processes to safeguard people from the risk of abuse

At the last inspection, the provider had failed to protect people from abuse and people had been deprived of their liberty without lawful authority to do so. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Relatives were positive and said their family member received safe care. We observed staff providing care and support safely and in a way that reflected guidance in people's care records.
- Staff were aware of their role and responsibility to protect people from avoidable harm and abuse. Staff had completed safeguarding refresher training and safeguarding information was available for people and discussed with them during resident meetings.
- When safeguarding incidents had occurred, the management team had followed the local multi-agency safeguarding policy and procedure. Records confirmed
- Restrictions only applied to people who had a legal authorisation granted under the Deprivation of Liberty Safeguards.

Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to safely manage and mitigate risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Relatives were positive about how risks to their family member were managed. A relative told us how their family member had changed bedrooms, they were accommodated on the ground floor which they believed was safer for them.
- Known risks were assessed and planned for. Risks associated with people's care and support needs had in the main been reviewed, and plans were in place for this to continue. The guidance for staff of actions

required to manage and mitigate risks had been updated to reflect people's current needs. Staff were knowledgeable about people's care needs and were positive about the improvements made. A staff member said, "Information and guidance is more detailed."

- Health and safety risks associated with the environment, premises and equipment had been improved upon and procedures implemented to continually monitor these. The fire and rescue service and the local authority health and safety team completed checks in 2022. The provider was required to take action to meet expected standards. We found the required improvements in fire safety had been completed as required.

### Using medicines safely

At the last inspection, the provider had failed to safely manage medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People received their prescribed medicines at the right time. Relatives were confident their family members were supported with their medicines safely. We observed staff administering people's medicines and this was completed safely and followed best practice guidance. Staff had received refresher training and their competency had been assessed.
- Guidance for staff about administering prescribed 'when required' medicines needed additional details. We discussed this with the management team who took immediate action. From speaking with staff, it was clear they understood when and how to administer these medicines.
- The monitoring of medicines stock and the dating of medicines when opened, were not consistently being recorded. No person had been harmed as a result, but we raised this with the management team who took immediate action to make improvements.

### Preventing and controlling infection

At the last inspection, the provider had failed to ensure infection prevention and control measures were sufficient. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Relatives were positive about improvements made to the cleanliness and hygiene at the service. Staff were also positive about the improvements made. A staff member said, "We had an agency in to do a deep clean and now we have named staff who will complete cleaning and nothing else. Cleaning schedules are used to record cleaning completed, it's all much better."
- The local authority infection prevention and control nurse had provided guidance and support to the service in making improvements. We found the management team had implemented suggested changes and best practice was being followed. The environment, including furnishings and equipment were found to be clean and hygienic. We observed cleaning staff on duty and completing tasks expected of them.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were 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.

#### Visiting in care homes

- People were supported to receive visits from relatives and others in line with current government guidance with regards to COVID-19.

#### Learning lessons when things go wrong

At the last inspection, the provider had failed to safely mitigate risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Incidents were recorded and reviewed. Records used to record behavioural incidents were recorded and reviewed weekly to ensure information was fully recorded and detailed. The management team told us they followed up any concerns identified.
- From reviewing care records, we saw improvements of the action staff had taken to support people at times of emotional distress. This included offering food, drinks and personal care. Where concerns had been identified we saw examples of referrals to external health care professionals for further assessment and support.
- Meeting records and staff confirmed how lessons learnt, and improvements were discussed with them.

#### Staffing and recruitment

At the last inspection, the provider had failed to provide sufficient numbers of staff to meet people's individual needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Staff were deployed to meet people's individual needs and safety. Relatives told us they believed staff were trained, competent and knew their relatives care and support needs. Where concerns were raised about staff communication issues this was shared with the management team to follow up.
- People received the right level of support they had been assessed as required. The staff allocation and rota confirmed staff were deployed to meet people's additional support hours as planned and paid for by the local authority. People were safely and effectively supported by staff in accordance to their individual assessed needs.
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with vulnerable people, which included a Disclosure and Barring Service check (DBS). Disclosure and

Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

# 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 inadequate. 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.

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.

At the last inspection, the provider had failed to work within the principles of the Mental Capacity Act 2005 and associated code of practice. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- DoLS applications had been submitted to the local authority. Following our last inspection applications had been submitted where required. Where people had conditions attached to their authorisation, records confirmed these were being met.
- We identified that all people did not have a DoLS care plan to inform staff of the reason for a DoLS authorisation and details of any conditions. However, in discussion with staff they were aware. We discussed this with the management team who took immediate action and started to develop associated care plans.
- Following our last inspection, improvements had been made. MCA assessments and best interest decisions had been completed where required. We reviewed a range of MCA and best interest documents, these included decisions about people's additional support hours, medicines, care and support and finances. Information was well documented and completed in accordance to MCA principles and

expectations.

Staff support: induction, training, skills and experience

At the last inspection, the provider had failed to ensure staff were qualified and competent. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Staff deployment considered staff's skill mix and experience. Changes were happening with some existing staff leaving and new staff being appointed. Staff received an induction and shadowed experienced staff before working independently. Staff shortfalls were covered by some members of the management team or bank staff from another service within the organisation.
- Improvements were found with staff's ongoing training and support. Since our last inspection, staff had received some refresher training and ongoing plans were in place for this to continue. Staff confirmed they had completed refresher training which they found helpful.
- Staff competency checks had been introduced and completed in medicines but was still to be fully implemented. The management team had a plan to introduce further competency checks. Staff supervision and appraisal meetings were happening and the provider's action plan, confirmed this was an area for continued improvement.

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

At the last inspection, the provider had failed to assess people's needs and choices. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The design, layout and decoration of the service met people's individual needs and preferences. Since the last inspection, people's bedrooms including communal areas had been redecorated and new flooring fitted. Improvements had been made and were ongoing to develop people's bedrooms to reflect their wishes. An example of this was how a person's bedroom reflected their cultural and religious needs and preferences. New mattresses, beds and equipment had been replaced for some people where required. New bed linen and towels had also been purchased.
- Repairs and actions had been completed to improve the environment and safety both internally and externally. The premises were clean, bright and safe.
- People had a choice of four lounges a dining room and large outdoor space with seating and a smoking shelter. Access had been improved to enable people to access the rear garden space safely. This included a doorbell to assist people to gain staff's attention to re-enter the building.

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

At the last inspection, the provider had failed to assess and seek medical intervention for people. This was a

breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People were supported to access healthcare services. Care records confirmed how people's health care needs were monitored and any concerns were raised with relevant healthcare professionals. This included how people were supported with their oral health care. Staff were provided with guidance of how to monitor and support people with good oral hygiene and to access dental services.
- Examples of staff supporting people with their health needs included how some people's medicines had been reviewed. We also saw examples of staff working with mental health professionals to support people to achieve positive outcomes.
- A visiting external professional was positive how staff had supported a person. They told us how they found staff to be, "Keen and interested to get to know and understand the person's needs. [Name] has settled very well due to the staff's approach."
- Emergency grab sheets were used to support external professionals in a persons' ongoing care and support such as when a person was admitted to hospital.

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

At the last inspection, the provider had failed to assess people's needs and choices. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Improvements had been made and were ongoing to ensure staff had up to date guidance on how to meet people's individual needs effectively.
- The provider's policies and procedures reflected expected care standards and relevant legalisation.
- The provider used recognised assessment tools such as in the care of a person's nutritional, mobility and skin care needs.

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

At the last inspection, the provider had failed to assess people's needs and choices. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People received a choice of meals and drinks and their food and fluid intake was monitored to ensure they ate and drank enough. The menu confirmed people were offered choices and people could have additional drinks and snacks when they chose. A person confirmed this to be correct.
- People's care plans in relation to dietary needs and preferences had been reviewed and information was found to be detailed and up to date. However, we identified this information was not available in the

kitchen. We discussed this with the management team who immediately acted and developed specific guidance for kitchen staff.

- Food stocks, storage and management met best practice guidance and expected standards. The service had been rated 5 stars by the food standard agency. This is the highest award that can be granted.

# 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 requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

At the last inspection, the provider had failed to ensure care met people's individual needs, promoted their independence or respected their equality and diversity. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People received care and support that was kind, caring and compassionate. People's care plans had been reviewed and updated to reflect their individual needs, wishes and preferences. Staff were guided about how to ensure care and support was delivered consistently, and in a respectful and dignified manner that met people's diverse and cultural needs.
- We observed positive staff engagement with people. Staff were observed to offer people choices such as how to spend their time, including offering opportunities to access the community. Staff were responsive to people's needs and requests. People were seen to be relaxed within the company of people and much laughter, chatting and jovial exchanges were observed.
- People's independence was encouraged and promoted. Staff were provided with guidance about how to support people to maintain and develop their independence. One person's care plan recorded how they were to be supported to make drinks and snacks.

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

- People were supported to express their needs and be involved as fully as possible in their care. We observed how staff communicated with some people in their first language, which was not English to enable them to make informed choices.
- Feedback from relatives about involvement in the development and review of people's care was mixed. Whilst some relatives told us they were involved, others told us they left this to staff. A relative said, "They [staff] know best."
- The management team told us, and records confirmed how they kept relatives informed of any changes and asked for their views. The management team accepted this was an area that could be further improved upon and showed an enthusiasm and commitment to do.

# 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 inadequate. 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

At the last inspection, the provider had failed to ensure care met people's individual needs. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Improvements had been made to the guidance for staff to understand people's individual routines and what was important to them. Updated guidance was person centred and reflective of people's preferences and wishes. Staff confirmed information was detailed and supportive. The management team told us these improvements were ongoing.
- People to be offered choices about how they spent their time. This included opportunities to visit places of importance to people in the community, such as places of religious worship.
- Some people were supported to access the community and others were engaged in indoor activities. We spoke with a person who told us they did not want to go out as it was cold but was happy knitting.

Meeting people's communication needs; 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

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.

At the last inspection, the provider had failed to ensure care met people's individual needs. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People's communication needs, and preferences were known and understood. We observed staff interacting effectively with people. This included responding and interpreting people's needs and wishes who had limited verbal communication.
- Relatives were positive their family member's communication needs were well understood by staff. A relative said, "Some of the staff speak Punjabi which is [name of person] first language."
- Communication care plans had been updated. Guidance for staff about people's preferred ways of communicating and any needs relating to eyesight and hearing had been considered.
- Some people were unable to verbally express their wishes such as when they were in pain or if they were anxious. Staff had guidance to support them to better understand people's care and support needs during these times.

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

- People had access to the provider's complaint procedure, and this was available in easy read. The provider assured us information would be made available in alternative languages, when required.
- No new complaints had been received since our last inspection.
- Relatives knew how to make a complaint. A relative said, "I made a complaint a long time ago, we had a meeting and things were followed up. I was happy with the outcome."

#### End of life care and support

- At the time of our inspection no person was receiving end of life care. We saw examples people's end of life wishes had been discussed with them and or their relative. This is important information for staff to know and understand people's wishes and preferences about how they wished to be cared at the end of their life.

# 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 inadequate. At this inspection the rating has changed 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; Continuous learning and improving care

At the last inspection, the provider had failed to ensure systems and processes monitored and improved the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst it was evident improvements had been made, we identified further action was required to fully meet this regulation. This was therefore a continued breach.

- Systems and processes that monitored quality and safety required further action to ensure risks were identified and action was taken to mitigate risks. For example, the audits and checks that monitored medicines management had not identified the shortfalls we identified during this inspection. Whilst senior care workers were completing regular checks, there was no clear management oversight to ensure any shortfalls were acted upon. This put people at increased risk of harm.
- Incident analysis needed further management oversight to improve learning opportunities. Whilst a new procedure had been implemented that reviewed individual incidents people had experienced, this was limited in detail. This was a missed opportunity to consider wider learning for the service.
- The process of assessing new referrals to the service was not sufficiently robust. For example, we were aware the provider had accepted emergency referrals but there was no evidence consideration had been taken of compatibility with other people currently living at the service. The provider had not fully considered any resource implications, including staff skill, experience and knowledge to meet people's needs. This put people at risk of not having their individual care needs met.
- Senior management oversight and leadership needed strengthening and developing. The nominated individual and registered manager were at the service regularly and had worked with the staff team to make improvements following our last inspection. However, there were no systems and processes for senior managers to record what audits and checks they had completed, as part of the provider oversight. Staff roles, responsibilities and accountability needed further development. Without this the service was at risk of improvements not being fully embedded and sustained.

The lack of systems and processes to assess, monitor and mitigate risks was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team took some immediate actions to develop greater oversight of some of the systems and processes. They also agreed further improvements were required and they showed a willingness, and commitment to further develop the systems and processes to make them more robust.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, the systems and processes had failed to ensure a monitor staff culture and engagement of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found the provider had made some improvements and this was ongoing in relation to the staff culture. It was evident from our observations and speaking with staff and the management team, there was a shared commitment in developing a positive and person centred approach to care.
- Relatives were positive about the improvements made and confident in the management team. A relative said, "I feel the service meets [person's] needs well. There has definitely been an improvement over the last few months and the look and fabric of the place has improved too." Another relative said, "The management staff seem approachable and easy to get hold of if needed."
- Staff engaged well with people and were responsive to their care needs. Whilst there was evidence of people being supported to achieve positive outcomes, this could be improved upon. The management team recognised the importance of supporting people to identify and work towards their goals and aspirations and told us they planned to explore this with people.
- People received opportunities to share their experience of the service via resident meetings and the provider invited people to complete an annual feedback questionnaire. The management team told us they had not sent feedback questionnaires to people or relatives since our last inspection but planned to do this.
- Staff were enabled to share their views via staff meetings and during one to one supervision meetings. Staff were positive about working at the service and the improvements that had been made and were ongoing.

#### Working in partnership with others

At the last inspection, the provider had failed to ensure systems and processes enabled positive partnership working. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection, we found the provider had made some improvements in how staff worked with external professionals. People's care records confirmed referrals had been made to external health and social care professionals for assessment and support.
- A visiting health care professional was positive and complimentary about staff's care and approach in understanding a person's individual needs. This included staff being responsive and flexible in how care and support was provided.

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

- The registered manager understood their role and responsibilities in being open and honest with people when mistakes were made. During the inspection the management team were open and honest and

showed a commitment to make further improvements at the service.

- The provider had sent us written notifications about any important events when they happened at the service, to help us check people's safety. The provider's last report was displayed as required

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 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes to assess, monitor and mitigate risks and oversight and leadership needed further improvement.  Regulation 17 (1)(2)