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Bowland Lodge

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?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Bowland Lodge is a residential care home providing accommodation for up to 36 people who require personal care. The service provides support to people living with mental health conditions and dementia. At the time of our inspection there were 30 people using the service.

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

There was a history of failing to provide good standards of safety during the previous five inspections dating back to December 2017. There was no evidence that lessons had been learned following each inspection to ensure a robust and effective system was in place to improve the management of risks.

There were ongoing risks relating to the environment, people's care and support and infection control which had not been fully assessed to ensure the safety of people, staff and visitors. The refurbishment plan discussed at our previous inspections was still ongoing. Not all areas of the home were safe or person centred. In addition, records did not evidence that areas such as the communal kitchen were used to promote people's independence. We have made a recommendation about this.

There was a safeguarding system in place. However, this was not always operated effectively. CQC had not been notified of all the safeguarding incidents at the home. This meant CQC were not fully aware of the level of risk to people at the home. Records did not always evidence that safe recruitment procedures were followed. There were enough staff to meet people's needs; although staff were not always deployed effectively to meet people's emotional and social needs. An effective system to manage medicines was not in place. There were gaps and inconsistencies in the recording of topical medicines and the storage of medicines was not always safe.

Systems to ensure people were provided with a suitable diet and their independence and involvement was promoted were not fully in place. Several people told us their goal was to move onto independent living. Care plans formulated by staff at the home, did not evidence how staff were going to support people to be independent with living skills such as meal preparation and cooking. The principles of the Mental Capacity Act had not been implemented or followed. Records did not promote staff to support people to have maximum choice and control of their lives and support people in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff had undertaken training in areas such as mental health conditions and alcohol use. However, this knowledge and understanding was not reflected in the care plans and risk assessments we reviewed. Some staff felt that more training was required to enable them to meet the needs of people. We have made a recommendation the provider keeps staff training under review to ensure staff are suitably skilled in supporting people's needs and ensuring care and support is delivered in line with best practice guidance.

An effective system to ensure people were involved in their care and support was not fully in place. Records

did not fully evidence people's involvement. Care plans and risk assessments formulated by staff at the home, did not reflect people's needs. People's strengths and levels of independence had not been assessed to help ensure people achieved their full potential and positive outcomes. There were limited activities to occupy people's attention. Staff explained that most people did not like to engage in planned activities but preferred to go out and about or spend time in their rooms. Staff told us however; that they would like to do more to encourage activities and social inclusion.

A system to ensure regulatory requirements were met was still not in place. The provider and registered manager had not implemented robust governance procedures to improve the quality and safety of the service. The provider's duty of candour policy had not been followed. Records did not demonstrate how the provider was meeting their responsibilities under the duty of candour.

A new manager was in post. Staff spoke positively about her and the changes she was making. Following our inspection, the new manager submitted an action plan which stated the actions that had/were being taken. Whilst we acknowledged the content of the action plan; the provider had been in breach of the regulations since 2015 and action plans have been completed following each inspection. These, however, have not led to sustained improvements.

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 30 April 2022). There was a breach of the regulations relating to safe care and treatment and good governance. We issued a warning notice, telling the registered manager and provider, action must be taken to improve. The registered manager also completed an action plan to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook this inspection to check they had followed their action plan; achieved compliance with the warning notice and confirm they now met legal requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We identified 5 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment; person-centred care, need for consent; good governance and duty of candour. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009; notification of other incidents.

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.

We have made recommendations in relation to staff training and facilities at the home. Please see the effective key question for further details.

Follow up

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 of 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?

Inadequate ●

The service was not 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?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Bowland Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 2 inspectors. We also sought advice from a CQC pharmacy inspector.

Service and service type

Bowland Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post. Following our inspection, we received a notification from the provider stating that the registered manager had retired. However, they had not yet applied to deregister and remained registered on our system. There was a new manager in post.

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. This included notifications which the provider had sent us about certain incidents that had occurred at the service. We sought feedback from the local authority's safeguarding adults' team and commissioning teams and the local infection prevention and control team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 1 relative. We spent time in the communal areas with people during the inspection. We spoke with 5 staff including the new manager, the deputy manager and care staff. We also received feedback from two health and social care professionals.

We reviewed 5 people's care records and records relating to medicines. We looked at three staff files in relation to recruitment. We also reviewed a range of records which the new manager sent us electronically following our visit in relation to the management of the service.

Is the service safe?

Our findings

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

At our previous inspection we rated this key question requires improvement. At this inspection, the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

This is the fifth consecutive inspection where the provider has failed to achieve a rating of good in this key question. We have taken this into account when rating this key question.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

At our previous inspection, systems and staff practices had not been properly established to prevent and control the spread of infection and assess and mitigate risks. This was a breach of regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider remained in breach of the regulations.

- An effective system was still not in place to assess, monitor and manage risks.
- Risks relating to the environment, people's care and support and infection control had not been fully assessed to ensure people, staff and visitors' safety.
- Certain rooms which could cause a risk to people should they access these areas were open. One person was at risk of absconding; their window restrictor did not meet the safety requirements as described by the Health and Safety Executive (HSE). An effective system to ensure the security of the garden area was not in place. One person had absconded on six occasions.
- Records at the time of the inspection did not fully demonstrate that all staff had been involved in drills. In addition, there were outstanding actions identified on the 2018 Legionella risk assessment which had not yet been completed
- Risks relating to smoking and eating had not been clearly assessed or followed.
- There was a track record of failing to provide good standards of safety over 5 consecutive inspections dating back to December 2017. There was no evidence that lessons had been learned following each inspection to ensure a robust and effective system was in place to improve the management of risks.

The failure to ensure risks were fully assessed, monitored and managed to ensure people, staff and visitors safety was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to ensure an effective system was in place to manage risks and ensure accurate records were maintained was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Following our inspection, the new manager submitted an action plan which stated the actions which had/were being taken to address the issues identified. Additional information regarding fire drills and

instruction were submitted.

- Records did not evidence that risks relating to COVID-19 had been fully assessed when people came to live at the home. Following our inspection, the new manager submitted an action plan which stated that information relating to COVID-19 would be added to people's preadmission and admission assessments. The provider submitted additional information regarding COVID-19 testing.

Using medicines safely

At our previous inspection, an effective system to ensure records supported the safe use of medicines was not fully in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider remained in breach of the regulations.

- An effective system to manage medicines was not in place.
- There were gaps and inconsistencies in the recording of topical medicines. Not all staff who administered topical medicines had undertaken training or had their competency assessed. Guidance to inform staff how "when required" medicines should be administered was not always available or detailed.
- The storage of medicines was not always safe. On one occasion we found the medicines room door was unlocked and the fridge which contained medicines was not lockable. This posed a risk to people's safety.

The failure to ensure medicines were managed safely was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the new manager submitted an action plan which stated that training was being arranged, 'when required' protocols were now in place, the medicines room was being fitted with a pin code and the fridge was being fitted with a lock.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding system in place. However, this was not always operated effectively. CQC had not been notified of all the safeguarding incidents at the home. This omission meant CQC were not fully aware of the level of risk to people at the home.

The failure to ensure CQC were informed of notifiable events at the service was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. This is being dealt with outside of this inspection process.

Staffing and recruitment

- Records did not fully evidence that safe recruitment procedures were followed.

The failure to ensure accurate records were maintained in relation to staff recruitment was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. Although staff were not always deployed effectively to meet people's emotional and social needs. In addition, we spoke with the new manager about administrative support since we observed both herself and the deputy manager spent long periods of time on administrative duties.

Following our inspection, the new manager told us that they were in the process of recruiting an activities coordinator. In addition, an additional member of staff had been identified to support the management team with administrative duties.

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 previous inspection we rated this key question requires improvement. At this inspection, the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our previous inspection we found the principles of the MCA were not fully implemented or followed. We made a recommendation around this. Not enough action had been taken and the provider was in breach of the regulations.

- Records did not always evidence how people's consent was gained in relation to any restrictions detailed in their plan of care such as alcohol reduction or smoking.
- Some people had capacity assessments which did not relate to a specific decision or restriction.

The failure to ensure the principles of the MCA were followed and consent was gained in relation to people's care and support was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the new manager sent us an action plan which stated consent forms had been signed and mental capacity assessments were in the process of being reviewed.

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

- People's needs were not always assessed in line with best practice guidelines. We identified shortfalls around the management of risk, medicines, care planning and consent. Records did not always demonstrate how best practice guidance was followed.

The failure to ensure an effective system was in place to ensure care was assessed and delivered in line with best practice guidance was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the new manager sent us an action plan which stated that all assessments were being reviewed.

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

- Systems were not effective to ensure people were provided with a suitable diet and their independence and involvement was promoted. Several people told us their goal was to move onto independent living. Care plans formulated by staff at the home, did not evidence how staff were going to support them to be independent with living skills such as meal preparation and cooking.
- One person had been assessed by a speech and language therapist [SaLT] as requiring a soft textured diet. Their care plan stated that items such as biscuits and crisps should be avoided. We observed this person eating crisps. There was no risk assessment exploring this person's capacity or risks if they did not follow the SaLT guidance.

The failure to ensure care was planned to ensure people were provided with a suitable diet and their independence and involvement was promoted was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the new manager sent us an action plan which stated they were devising new menus with people. They had also introduced a dining with dignity audit and were liaising with people and their social workers to ensure care plans were more person centred. The provider also wrote to us and stated there would be enhanced monitoring at meal times to ensure people's safety.

Staff support: induction, training, skills and experience

- A staff support and training system was in place. Staff had undertaken training, including mental health conditions and alcohol use. However, this knowledge and understanding was not reflected in the care plans and risk assessments we reviewed.
- Some staff felt that more training was required. One staff member told us, "Training needs a lot of improvement. It doesn't meet the needs of the people we are supporting especially the new admissions."

We recommend the provider keeps staff training under review to ensure staff are suitably skilled in supporting people's needs and ensuring care and support is delivered in line with best practice guidance.

Following our inspection, the provider wrote to us and explained care plans were in the process of being reviewed and further extended to reflect people's needs in relation to their mental health conditions and alcohol use. In addition, further training had already been identified and was being organised by the new manager at the time of the inspection to meet the needs of people, newly admitted to the service.

- Staff spoke positively about the support they were receiving from the new manager.

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

- Staff supported people to access health and social care services such as GPs, district nursing and speech and language therapy. We received positive feedback from health and social care professionals about the staff and their support of people who lived at the home.

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

- An effective system to ensure the design and décor of the service met people's needs was not fully in place. The refurbishment plan discussed at our previous inspections was still ongoing. Not all areas of the home were safe, or person centred. In addition, records did not evidence that areas such as the communal kitchen were used to promote people's independence.

We recommend the provider reviews the facilities at the home to ensure these are being used effectively to promote people's independence in line with people's assessed needs.

Following our inspection, the provider wrote to us and stated, "Some redecoration has been completed since the new manager has been at the service. Since the manager has taken up post, there has been redecoration on the ground floor corridor and 3 bedrooms have been redecorated. New curtains and linen are being sourced and further redecoration continues." The provider also stated that there was only one person who used/wished to use the communal kitchen and they were supported to make their own hot drinks and make basic snacks such as sandwiches and toast. Other people were supported to use the hydration stations around the home.

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 previous comprehensive inspection we rated this key question good. At this inspection, the rating for has changed 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; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People spoke positively about the caring nature of staff. However, due to the concerns identified during the inspection, we could not be assured that people received a high quality, compassionate and caring service.
- People with a diverse range of needs, ages, disabilities and conditions lived at the home. Staff did not always know how to support people to ensure their needs were met. One staff member told us, "We could do with more specialist input for [names of people] – we are not sure if we go along with the delusion. We need more detail about how to support her." A wide range of activities were not always provided to meet people's diverse needs to promote people's wellbeing and support them to be more independent.
- One person's goal was to move on to independent living. There was no evidence in the person's care plan, formulated by staff at the home, as to how this was going to be achieved and how staff were going to support them to be independent in daily living skills such as cooking, cleaning and doing their laundry.
- An effective system to ensure people were involved in their care and support was not fully in place. Records did not fully evidence people's involvement.

The failure to ensure care was planned with people to ensure their needs and preferences were met was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the new manager sent us an action plan which stated care plans were in the process of being updated with people and their social workers to ensure they were more person centred. They also stated they were currently advertising for an activities co-ordinator and were identifying activities and courses within the local community for people to access.

- We observed caring interactions between people and staff. Staff spoke positively about the people they supported.

Is the service responsive?

Our findings

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

At our previous inspection we rated this key question requires improvement. At this inspection, the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

This is the sixth consecutive inspection where the provider has failed to achieve a rating of good in this key question. We have taken this into account when rating this key question.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our previous inspection care plans and risk assessments were not always accurate, complete or reflective of people's needs. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvement had been made and the provider remained in breach of the regulations.

- Care plans and risk assessments formulated by staff at the home, still did not fully reflect people's needs. People's strengths and levels of independence had not been fully assessed to help ensure people achieved their full potential and positive outcomes.
- Staff told us that further information was required in care plans and risk assessments to enable them to understand how to respond to people's behaviours. One staff member told us, "There's not enough information about triggers for people and how we can manage/react to them."

The failure to ensure care was planned to ensure people's preferences and needs were assessed and met was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the new manager sent us an action plan which stated care plans were in the process of being updated with people, to ensure they were more person centred.

- There was limited information about people's end of life wishes to ensure these could be met at this important time in their lives.

Following our inspection the provider wrote to us and stated that people's spiritual wishes were recorded, however, not everyone wanted to discuss their end of life plans or arrangements.

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

- A wide range of activities to promote people's wellbeing and support them to be more independent were

not planned or carried out.

- One person told us, "I'm bored, bored, bored." Another person said, "There's nothing going on, just television to watch...There's no activities - no staff for that." Staff explained that most people did not like to engage in planned activities but preferred to go out and about or spend time in their rooms. Staff told us however; that they would like to do more to encourage activities and social inclusion.

The failure to ensure people's social needs were met was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the new manager submitted an action plan and stated they were currently advertising for an activities co-ordinator. They were also identifying activities and courses within the local community for people to access.

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.

- The provider was meeting the AIS. The new manager told us no one had any specific communication needs. They explained that if people required information in a specific format, this would be provided.

Improving care quality in response to complaints or concerns

- A system was in place to record and respond to complaints and concerns.

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 previous inspection, we rated this key question inadequate. At this inspection, the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

This is the fifth consecutive inspection where the provider has failed to achieve a rating of good in this key question. We have taken this into account when rating this key question.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, systems had not been established or operated properly to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has continued to be in breach of this regulation since February 2018.

- A system to ensure regulatory requirements were met was still not in place. There was a longstanding track record of the provider and registered manager failing to implement robust governance procedures to improve the quality and safety of the service.
- Following our last inspection we issued a warning notice. In addition, an action plan was submitted to CQC. This process had failed to achieve the required improvements and compliance with the regulations.
- The provider had not ensured the 'Statement of Purpose' for the location was accurate. A statement of purpose is a legally required document that includes a standard set of information about a service. This had been discussed at our previous inspection.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure accurate records were maintained was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An effective system was not fully in place to ensure events at the home were notified to CQC in line with legal requirements.

The failure to ensure CQC were informed of notifiable events at the service was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. We are dealing with this issue outside of this inspection process.

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 provider's duty of candour policy had not been followed. Records did not demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising.

The failure to ensure the duty of candour policy was being followed was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our inspection, the new manager sent us an action plan which stated new audits had been implemented, records relating to the duty of candour had been updated, the statement of purpose was being reviewed and the issue relating to the submission of certain notifications was being looked into. Whilst we acknowledged the content of the action plan; the provider has been in breach of the regulations since 2015 and action plans have been completed following each inspection. These, however, have not led to sustained improvements.

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

- An effective system was not in place to involve people who lived at the home. Care plans contained limited information to demonstrate people's involvement.

The failure to ensure an effective system was in place to involve people in the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke positively about the new manager who was in post and the changes they were making. Comments from staff included, "Things have improved with [new manager] managing" and "New ways of working has helped, it's better organised, this takes the pressure off staff. We have monthly meetings in now."

Working in partnership with others

- Staff worked in partnership with healthcare agencies and specialist alcohol support services. We received positive feedback from health and social care professionals about staff and their support of people who lived at the home.