

# Crimson Care Limited

# Crimson Manor

## Inspection report

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23 May 2019

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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: Crimson Manor provides accommodation, care and support for up to 20 people over 65 years old, including people living with dementia. The home provides permanent and short stay care. At the time of our inspection, there were 15 people living at the service.

People's experience of using this service: People and relatives told us they felt the home provided safe care. However, during this inspection, we identified concerns in relation to the safety of the care provided.

We found the service had deteriorated since last inspection.

At this inspection, we found failings in the oversight, monitoring and management of the service and we could not be reassured people were always receiving safe care.

During this inspection, we found the service was in breach of regulations in relation to safe care and treatment, consent, person centred care and good governance. We made three recommendations in relation to management of risks to people's skin integrity, falls and submission of statutory notifications.

The provider had policies and procedures to deal with safeguarding concerns and staff told us about signs of abuse they would report and how, however during this inspection, we identified safeguarding concerns in relation to people having bruises which had not been accurately recorded or fully investigated. We contacted the local safeguarding in relation to these.

We found the provider was not always managing risks to people's care appropriately. The home's buzzer system had been inoperative for several weeks before our inspection; the provider had put in place additional checks on people however, we could not be reassured they had taken all the reasonable steps in a timely way to manage the risks associated with people falling or people not being able to summon help. At this inspection, we could not be sure risks to people's skin integrity were effectively assessed and advice from professionals always incorporated in the care plans and followed. The provider informed us they were aware of the guidance in relation to checking the temperature of the water in people's baths and showers. They had the appropriate equipment fitted and were checking the temperature of the water every four weeks.

During this inspection, we found the home was not always free of malodours and we identified concerns in relation to infection control procedures. We shared our concerns with the local authority's infection control team. There were areas of the home that required maintenance and we could not be reassured action had always been taken promptly.

We found people's medicines were administered in a person-centred way. However, we found improvements were required in the recording of people's prescribed creams and 'as and when required' medication as well as the information recorded during medication audits.

People were supported by staff who told us they were motivated and enjoyed their job. Staff felt supported by their management however at this inspection we found staff were not offered supervision as often as stated by the provider.

We found the quality of care plans was variable; some areas of people's care plans were individuated, included their choices and preferences and met the needs of people using the service however, other areas lacked detail in relation to important areas of their care.

There was a regular and varied programme of activities at the home and people spoke positively about the activities they were involved in.

Feedback from staff and people was mostly positive and they felt the service was well-led. Relatives shared mixed views in relation to the management of the service. Our findings at this inspection indicate management's oversight was not robust.

There were several audits in place however these had not always been effective in identifying the issues found at this inspection and in driving the improvements required.

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: At our last inspection the service was rated good. Our last report was published on 22 November 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Please see the 'Action we have told the provider to take' section at the back of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the service closely and discuss ongoing concerns with the local authority, clinical commissioning group and safeguarding team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was not 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 not always caring

Details are in our Caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Crimson Manor

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two adult social care inspectors on the first day and one adult social care inspector on the second day.

#### Service and service type:

Crimson Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who had been managing the service for the last 6 years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Notice of inspection:

This inspection was unannounced. We visited the service on the 13 May 2019 but could not carry out the inspection due to an infectious outbreak at the service. The inspection visits were completed on the 20 and 23 May 2019. We visited the service to see the registered manager, speak with people, relatives, staff and review relevant records.

#### What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested and received feedback from other

stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, the local authority infection prevention and control team, the fire service and the Clinical Commissioning Group. 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. We used all of this information to plan our inspection.

During the inspection, we spoke with four people using the service and five relatives of people using the service. We spent time observing care in the communal lounges and dining rooms. We spoke with eight staff members; this included the registered manager, care managers, chef, care workers and staff on cleaning duties. We looked at care records for five people using the service and we reviewed five medicine administration records. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

As part of the inspection we exchanged emails with the registered manager for additional evidence and updates on the actions being taken by the provider following this inspection. We also shared information with the local safeguarding team, commissioners and the infection control team.

The report includes evidence and information gathered by both inspectors. Details are in the key questions below.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The home had a safeguarding policy and procedures in place, staff had been trained in these and were able to tell us the signs of abuse that they would look out for and what steps to take if they had concerns. However, during this inspection, we noted that staff had completed body map for two people and found bruises but there was no evidence these had been reported to the registered manager or investigated. These body maps lacked detail and accuracy. The registered manager told us the bruises on these two people were a consequence of their care needs and preferences. For example, one person was known to display behaviours that were considered challenging to others such as being physically aggressive towards staff. We asked to see the accident and incident reports related with behavioural incidents, but we were told these were not usually being recorded unless they involved other people living at the home. The registered manager said they were going to clarify with staff that all behavioural incidents needed to be recorded and reported.
- We asked the registered manager to investigate the incidents of bruising of the two people. We found the provider's approach to reviewing and investigating the causes of these incidents was insufficient. We were not reassured that all the necessary steps had been made to investigate the specific bruises and to review people's care arrangements in order to prevent further incidents of bruising. We contacted the local safeguarding team and shared our concerns.
- We also asked the registered manager to improve the quality of recording and reporting of bruises and to review the body maps of other people living at the home. They acknowledged that improvements were required in documenting "our thought processes to justify why no additional action was taken other than observation of bruising" and that this was going to be added to their record keeping processes. However, they did not agree that reviewing the body maps for other people living at the service was needed. This indicated that, in this instance, there was little evidence of learning from events or action taken to improve safety.

Assessing risk, safety monitoring and management

- Risks to people's care were not always managed in a consistent way and there was an increased risk to people.
- The home's call buzzer system and sensor alarm mats had been inoperative for the last four weeks before our inspection; during our visits it was still not working, and we could not be reassured all the reasonable steps had been taken by the provider in a timely way to address this issue. People told us, "We used to have [a nurse call system] but it doesn't work now. I have to use the telephone. It's not as good as a cord, if I am in bed, I have to get up, I use my [equipment]." Some people living at the service required the use of sensor mats in their bedrooms to manage the risk of falls or due to being unable to summon help. The registered manager told us they had put in place more frequent checks on these people during the night and during

the day people were encouraged to go to the communal areas. Night staff told us they were doing these checks however records did not always evidence this. We discussed with the care managers and registered manager if there had been an increase in falls during the period of the call buzzer system being inoperative. The registered manager investigated this matter further at our request and their investigation showed there had not been an increase in unwitnessed falls or any falls from people who could not summon help. After our inspection, we asked the registered manager to consider additional equipment to monitor the risk for people at risk of falls and advise them to contact the local authority's telecare team.

- Risks to people at risk of falls were not always managed safely because falls risk assessments and care plans lacked detail. We recommended the registered manager to review and implement relevant guidance in the multifactorial assessment and management of falls.
- Risks to people's skin were not always managed safely. The provider was using a recognised tool to assess risks to people's skin integrity however we could not be assured the tool was being used effectively because people with risks to their skin, for example due to continence issues, low weight had been scored as not being at risk or at low risk. This meant we could not be reassured that the appropriate risks to people's skin were always being properly identified, prevented and managed. We asked the registered manager to consult and implement recognised guidance in assessing and managing risks to people's skin.

These findings constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- During this inspection we found there were several areas of the home that required repair and maintenance such as window restrictors and water taps in people's bedrooms. This had been identified during the provider's health and safety audits on consecutive months however there was no evidence the issues had always been promptly addressed. Some relatives told us they had noted these issues. We discussed this with the registered manager and after the inspection they provided us with an of the work that had been done, such as window restrictors and water taps that had been fitted and an update on the ongoing repairs happening at the home.
- The provider informed us that they were aware of the guidance in relation to checking the temperature of the water of people's baths and showers. They had the appropriate equipment fitted and were checking the temperature of the water every four weeks.

#### Preventing and controlling infection

- During our first inspection visit, we noted the home was not free from malodours in some communal areas and some people's bedrooms. On our second inspection day, we did not find concerns in relation to odours. People told us they felt the home's environment was clean. One person commented, "Yes, I think so [the home is clean], staff come through and vac, the kitchen is kept clean." Relatives shared mixed views about the home being clean and free from odour; they said, "It is not bad at all, but my [relative's] bedroom is awful, there is a strong smell of urine" and "It is mostly fine, it might smell a bit overall, but it is clean and tidy; my [relative] might smell." The home had a daily cleaning schedule that included regular deep cleans however we could not be reassured appropriate infection control measures were always followed. We shared our concerns with the local authority's infection control team; after the inspection they audited the home and shared their findings and the action plan they had developed with the provider.

#### Using medicines safely

- People's medicines were administered in a person-centred way and people were receiving their medicines when they should. However improvements were required in the recording of people's prescribed creams and 'as and when required' medication. For example, on our first inspection day we noted that one person was being administered pain relief medication when required, however, there was no medication



administration sheet. We discussed this with the registered manager and the issue was addressed.

- The provider was carrying out regular medication audits, however these lacked detail in what had been audited and how the issues found were being addressed. For example, we saw medication audits in three consecutive months identified issues with prescribed creams not being appropriately recorded. In each month, the action identified had been for daily checks to be completed. However, at this inspection we continued to find issues with the quality of recording of creams and gaps.

#### Staffing and recruitment

- People told us they felt there was enough staff to provide support. Relatives shared mixed views in relation to staffing levels, in particular during the afternoon period. The registered manager told us they used a dependency tool to assess the level of staff required to meet people's needs and gave us examples of how they had made changes to the shift patterns to ensure there was additional staff available, for example, following incidents between people using the service happening in the afternoon period.
- People and relatives told us that there were some changes in the staff team.
- Staff were safely recruited.

# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- At this inspection, we found inconsistency in the provider's compliance with the MCA. The provider was completing mental capacity assessments and best interest decisions for some decisions but not for others. For example, one person who had had been assessed as lacking capacity in relation to their care arrangements had given consent in relation to their bedroom door to be left unlocked and for photos to be taken. We asked the provider for evidence that the appropriate process to seek consent had been followed when additional checks were put in place for one person who had difficulty in making decisions about their care. This information was not provided in the timescale specified; this was a best interest decision record but there was no indication what the specific decision had been and if a mental capacity assessment had preceded the best interest decision.

These findings constitute a breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the adequate skills to provide support. One relative said, "They [staff] have good knowledge of my [relative], they pay attention."
- Staff told us they felt well supported by management including during out of office hours. Staff told us they received regular supervisions and found these supportive. The registered manager told us they aimed to complete supervision every eight weeks however when we looked at the supervision records we saw this was not always happening. We discussed this with the registered manager and they acknowledged there had been a gap due to absence of previous care manager but that during that period they provided informal supervision to specific members of staff and the care manager told us staff came for them for support when required.

- The majority of the training was delivered inhouse by the registered manager and care managers. The provider's training matrix showed some staff had not completed all the training such as in infection control and health and safety, however the registered manager showed us they had a rolling programme of training and those staff members were booked in for training. The registered manager also told us that during induction staff were taught about essential areas of care. When we reviewed induction records, we confirmed there was a tick list about information provided to the new starter.

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

- People shared positive feedback about the meals and our observations confirmed the meal time experience for people was relaxed and sociable. People said, "The food is quite good" and "I love the food here." The registered manager told us they had been given a nationally recognised award in providing healthy, tasty and sustainable food. The home had been awarded a five-star food hygiene rating.
- People's dietary requirements and preferences were included in their care plans and staff were aware of people's preferences in relation to what they liked to eat and drink. We saw people were appropriately supported with their nutritional intake. However, we identified improvements were required in relation to the recording of quantity of fluids offered and taken by people. For example, one person was known to have recurrent urinary infections and their medical care plan indicated they should be encouraged to drink "6-8 mugs fluid per day and keep accurate record of fluid intake." However, fluid records were not always properly dated and the total amount of fluid per day was not being recorded. Recording this information allows a more accurate and evidence based monitoring of people's health. We raised this issue with the registered manager.

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

- People's physical, mental health and social needs were assessed and their care and support was planned through the development of a care plan. However, this was not always in line with good practice. During this inspection, we recommended the provider to consult and implement recognised guidance in relation to people with risks associated to their skin integrity and at risk of falls.
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's communication requirements were assessed and included in their care plans. For example, one person's communication needs indicated they were hard of hearing, how this impacted their understanding and what staff should do. During the inspection, we observed staff talking with this person in a way that they could understand.

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

- People and relatives told us staff had contacted other healthcare professionals when required. One relative said, "[Person] falls quite a lot, they [staff] call an ambulance."
- The records we looked at confirmed referrals had been made and the provider maintained contact with relevant services such as the GPs, social workers and the mental health team however we could not be sure the service always made referrals at the right time to make sure that people's health and wellbeing was maintained or improved. For example, as part of the discussions held during this inspection, the registered manager referred two people for specialist assessments.

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

- People were able to walk freely between different areas of the home throughout the day. There was signage throughout the home to help people and visitors to access the different areas of the home. There were handrails to assist people's mobility, suitable flooring and pleasant areas both inside and outside the home for people to sit and chat.

- People's bedrooms had been individually decorated.

# 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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- We asked people if staff respected their privacy and we received mixed views. One person said, "They [staff] are kind and caring". Another person said, "Depends who it is. [Name of staff] always makes sure she knows she is coming in. She has better manners. The others don't knock. I have got used to it. I am not bothered by it. In the bath, they don't cover you up, but I'm not bothered." Another person commented, "Yes, some [staff] are better than others. They knock when they come in apart from when they have their hands full, bringing tea."
- People told us they could have a shower when they wanted to, but records did not always show people were being supported or offered with a shower/bath in line with the preferences and needs stated in their care plan. For example, one person's skin care plan indicated that staff should offer bath every other day; records do not evidence this. Records indicated that another person had not being offered a bath or shower in the period of two weeks. We reviewed dignity audits being carried out by the provider and we saw that in the last two months it had been noted as an action: "Make sure bath preferences are met accordingly and documented." We shared our concerns with the registered manager; they told us that there were issues with the recording, but they were satisfied with the oversight provided by the care managers in ensuring bathing arrangements were carried out appropriately.
- These findings constitute a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

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

- We asked people if they had been involved in writing their care plans and if they had read them and we received mixed views. One person said, "[The care plan] has been done, it is ongoing. They know about me all right. They know my needs." Another person said, "I haven't seen my care plan. I don't know where it is."
- People's care plans were only in electronic format and we asked the care managers and registered manager how this information was made accessible to people. They told us people were involved during the development of care plans and during reviews and a paper copy could be printed out on request. When we looked at people's reviews, these did not evidence how people had been involved. Some reviews indicated "family contacted to discuss review" but there was no detail of discussions held.
- The provider was consulting with people through resident's meetings and discussing areas such as activities and food options. One person told us, "I think we did have one [resident meeting]. I thought what's the point. All my views are positive. I haven't been to any more. I don't even know when they are due. I don't think they are on the notice board."

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

- People said they were supported by staff who were caring. People's comments included, "The carers are kind," "They are lovely people, they make me laugh." Relatives also shared positive feedback about staff. One said, "They [staff] are helpful and friendly."
- Interactions between staff and people living at the service were relaxed, people seemed comfortable in the presence of staff and staff were proactive in engaging with people in an appropriate way.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People told us they received a service that was responsive to their individual needs and preferences. People told us staff responded appropriately and quickly. Their comments included, "I have cereal and bananas for breakfast, I asked [chef] to keep them out of the fridge, so [chef] keeps them out. They do listen. If there is food I don't like they change it. They don't forget what you say." Another person said, "They can't do enough for you, no matter what time of day, they will get it for you."
- We found inconsistency in the quality and level of detail of people's care plans. Some reflected people's choices, wishes and preferences. For example, people's care plans included information about their personal history, specific medical conditions, signs of health deterioration and preferred morning routine. However, some care plans lacked detail in relation to important areas of people's care. For example, one person's care plan did not indicate the equipment used or guidance to staff when supporting this person to have a shower. We discussed this with staff and they were able to describe us the support provided. Due to this person's specific requirements, we were unsure if the shower equipment used was meeting this person needs. We asked the registered manager to check the manufacturer's instructions and after the inspection they confirmed that the equipment was safe for this person to use. Another person was known to have falls and staff told us this was related with this person's mental health. However, this person's falls risk assessment or care plan did not indicate possible triggers for this behaviour or what staff could do to prevent it. This person did not have a behavioural care plan.
- Records of daily delivery of care were not always accurate and contemporaneous. These records did not always evidence how choice had been offered to people or confirm people's care plans were being followed. For example, we saw gaps in daily notes and in the monitoring sheets used for people who required 30 minutes checks due to the sensor mats not working. We discussed with the care manager an incident when one person was incontinent in the communal area. The care manager told us this was an occurrence that could happen once every fortnight and they told us signs this person would present before similar incidents of incontinence occurring. When we checked this person's continence care plan it indicated this person required support with personal care every two hours however, daily notes from the date of the incident and other days, did not evidence this was happening. We discussed our concerns regarding record keeping with the registered manager and they acknowledged this was an area they had already identified needed improvement in relation to "missing notes, not detailed enough, and legibility issues." The registered manager told us they were considering implementing a computerised system to record daily notes in the next six months.

These findings constitute a breach of Regulations 9 and 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- There was a regular and varied programme of activities happening at the home. People shared positive feedback about the activities and the activities coordinator. Comments included, "[Name of activities coordinator] is absolutely brilliant at organising things. They have entertainers, usually singers. There was a lady that came and talked about history;" "We go to Blackpool once a year, [activities coordinator] took me to the garden centre" and "We do go out regularly." Relatives also shared positive feedback. During the inspection we observed activities happening at the home at different times of the day including group and one to one activities.

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

- People told us they felt comfortable with speaking with staff if they had a complaint. One person said, "I feel able to make a complaint to [name of care managers]. I have nothing to complain about." Another person told us, "I try hard not to complain as the good outweighs the bad."
- Relatives shared mixed views in relation to who to contact if they had a complaint. One relative said, "I don't have a clue [who to make a complaint to]." Another relative commented, "Probably speak with the manager but it is very difficult to get hold of [name of registered manager]." Another relative commented that when they had a complaint they "Spoke with [name of care manager], she is really good." We shared feedback from relatives with the registered manager but they told us the complaints procedures was accessible at the home and they did not plan to make any changes in relation to this.
- The provider had not received any formal complaints recently however the service was recording informal complaints that had been brought to the management's attention and what had been done to address them. We reviewed this information as part of this inspection.
- When we reviewed the provider's complaints policy we noted that this needed updating in relation to who to contact if the complainant wanted to escalate concerns.

#### End of life care and support

- There was no one living at the home receiving end of life care at the time of this inspection. However, we saw people's care plan included information about their end of life wishes and staff told us how they would support a person at the end of their life and involve relevant professionals.
- The registered manager told us they were following a multisensory programme at the home called Namaste Care that focused on offering activities and relaxation for people living with advanced dementia or receiving end of life care. The provider had a room dedicated for this programme and during the inspection we saw people and relatives using it.



## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Most people told us they enjoyed living at the service and felt it was well managed. Some relatives commented on the difficulty in getting in contact with the registered manager, either by phone, email or face to face and they did not feel the registered manager was approachable. We shared this information with the registered manager and asked how they were planning to address this. The registered manager did not agree with information that was shared with us by relatives. The manager told us they were confident that the current management arrangements were appropriate and they did not plan to make any changes. This showed the registered manager was not acting on feedback from relevant people for the purposes of continually evaluating and improving the service.
- During this inspection we found areas where the management's oversight and governance had not been robust. The service had a registered manager however they told us the day to day management of the service was delegated to the care managers. The registered manager told us they visited the service regularly, kept in contact with the care managers on a daily basis and provided informal support however their ongoing oversight of the management of the service was not evidenced in the records provided. For example, there was no evidence that the registered manager had been made aware, investigating and taking the appropriate actions to review people's care when staff noted bruises on two people for consecutive weeks. During our first inspection day, we found a lack of consistency in the quality of records relating to risks to people's care, support they required and were receiving. The registered manager told us they were aware of issues in relation to quality of record keeping and that care managers were tasked with reviewing this regularly until a new system was implemented. However, on our second inspection day we continued to find issues for example in the recording of prescribed creams and checks on people requiring frequent monitoring. During this inspection, we found staff's supervision and training had not always been kept up to date.
- Quality management systems were not effective. Several audits were being completed regularly and action plans were being developed however some issues were being identified on consecutive months and were found again during this inspection. For example, infection control audits had identified on three consecutive months that "odour control" was required. At our first inspection day we continued to find concerns about control of malodours.
- Our communications with the registered manager after our inspection, in respect to the areas that required improvement, did not reassure us they were consistently taking timely action to address the concerns highlighted and working collaboratively with CQC and other relevant stakeholders to improve the

quality and safety of the service provided.

These findings constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- The provider had not always submitted statutory notifications when required; this related to one safeguarding incident, one event that stopped the service running safely and one change to service user bands and statement of purpose. This is important to ensure CQC can monitor the safety of the service people receive. Two of these statutory notifications were submitted after our inspection.

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

- The registered manager told us the service completed an annual survey to ask people and residents opinion about the quality of the service. We reviewed the outcomes of the last survey and these identified some areas for improvement and the actions planned to address them.
- Staff meetings were regularly organised. We saw relevant discussions about the management of the home being held. Minutes showed regular discussions about issues related with infection control and record keeping.

Working in partnership with others

- Evidence we looked at demonstrated the service was in contact with a wider professional team in the community to address specific needs of people, for example, district nurses and social workers.

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 9 HSCA RA Regulations 2014 Person-centred care  The quality of care plans was variable; some areas of people's care plans were individuated, other areas lacked detail in relation to important areas of their care. Care records did not always evidenced people were receiving care in line with their care plans and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider's compliance with the MCA was inconsistent; some mental capacity assessments and best interest decisions were being completed, others were not.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider was not always managing risks to people's care appropriately. We identified concerns in relation to infection control procedures. There were areas of the home that required maintenance and we could not be reassured action had always been taken promptly.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

Records of care were not always accurate. Management's oversight was not robust. The quality assurance were not effective. The registered manager did not act on feedback from relevant people for the purposes of continually evaluating and improving the service