

St Johns Nursing Home Limited

# St Johns Nursing Home Limited

## Inspection report

129 Haling Park Road  
South Croydon  
Surrey  
CR2 6NN

Tel: 02086883053

Date of inspection visit:  
05 August 2021

Date of publication:  
24 September 2021

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

St Johns nursing home is a residential care home providing personal and nursing care to 30 people at the time of the inspection. The service can support up to 58 people. The home accommodates people across three floors, however the top floor was closed on the day of our inspection due to the reduced occupancy levels.

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

We had concerns the provider was not learning from previous incidents. In February 2021 CQC brought a criminal prosecution following the death of a resident in 2017. The provider pleaded guilty to failing to provide safe care and treatment, resulting in avoidable harm, namely the death of a resident at the home after they fell from height due to a window not being appropriately restricted. At this inspection we found a window that was not restricted. When we brought the unrestricted window to the registered manager's attention they arranged for prompt action to be taken to ensure the window was made safe. However, we were concerned that the health and safety audits in place had not identified that the window was not safe and the provider had not taken appropriate action following our prosecution to ensure this risk was mitigated and people were protected from the risk of harm.

Whilst the registered manager had implemented a number of new systems across all of the provider's services to improve practice, particularly in relation to safeguarding adults and incident management. We continued to have concerns the provider did not have effective systems in place to learn from all areas of previous inspections. We identified concerns at this inspection regarding the environment and the completeness of care records. These had been identified as requiring improvement at our previous inspection. Governance structures had been implemented to improve communication across the provider's services and included external scrutiny from independent auditors. However, these improvements had not addressed all of the concerns we identified during inspection and further improvement was required.

A new electronic care records system had been introduced. This had the capacity to capture information about people's risks and their care needs, as well as maintaining a record of the ongoing support provided by staff. Whilst the quality of care records had improved since our last inspection, we found that complete records were not always maintained about risks to people's safety and how to mitigate those risks.

A redecoration programme was in place but it had not been completed by the time of our inspection and we found that some areas of the home were not maintained to a sufficient standard to enable adequate cleaning of the service. We would also recommend the provider consults guidance on providing a dementia friendly environment when completing their redecoration programme.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. People, including those without a deprivation of liberty safeguard in place, were accompanied by staff when out in the community but we were not assured

that these arrangements had been discussed and agreed to by people.

Improvements had been made to meet previous breaches in relation to safeguarding people and staffing. Safeguarding adult's procedures had been improved to ensure any concerns were identified and reported. Recruitment processes had been strengthened to ensure suitable staff were recruited to support people and there were sufficient numbers of staff to meet people's needs. Staff had been supported to access training courses and update their knowledge and skills.

Staff were knowledgeable about the people they were supporting and people told us they felt well cared for. Staff understood people's care and support needs, and we saw staff interacted with people in a caring, polite and friendly manner. Staff were respectful of people's privacy and dignity, and enabled people to be as independent as possible. Staff supported people to access healthcare services and supported them with their nutritional needs.

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

The last rating for this service was requires improvement. (Report published 9 December 2020)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider continues to need to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Johns nursing home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, consent to care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# St Johns Nursing Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 undertaken by two 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

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection including the monthly updates we received on action taken since the last inspection.

#### During the inspection

We spoke with six people using the service and 12 staff (the operations director, the registered manager, two nurses, one senior care worker, two care workers, a member of the maintenance team, the cook, a member of the domestic team, the activities coordinator and the administrator). We reviewed five people's care records and five staff records. We reviewed records relating to the management of the home and the management of people's medicines. We undertook general observations and we used the Short Observational Framework for Inspection (SOFI) at lunchtime in the main dining area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the clinical review meeting held on the day of our inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We held virtual meetings with the operations director and the registered manager to further explore management and oversight arrangements, and to follow up on queries raised during the site visit. We also received feedback from a representative from the local authority.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our previous inspection we found that risks to people's safety had not been appropriately assessed and management plans were not in place to mitigate those risks. The provider was in breach of regulation 12 (Safe care and treatment) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made at this inspection and the provider remained in breach of regulation 12.

- At this inspection we found that staff were knowledgeable about the people they were supporting. They understood the risks to people's safety and how to support people to manage and mitigate those risks. Staff understood how to manage behaviour that challenged, how people's experiences may impact on their behaviour and what approaches to use to de-escalate any incidents.
- However, we found that accurate records were not maintained about risks to people's health and safety. For example, one person using the service had epilepsy but there was a lack of information in their records about triggers to their seizures and the type of seizures they experienced. There was also a lack of detail or conflicting information in records about how to support people with their skin integrity and mobility needs.
- On the whole a safe environment was provided. However, we found that one person's window was not restricted that put them at risk of falling from a height. We brought this to the registered manager's attention who arranged for a restrictor to be fitted immediately. We checked this was in place before we left the service.
- We found that safe food hygiene processes were not consistently adhered to. This included opened packets of food not being labelled appropriately with date of opening and not adhering to safe procedures to defrost frozen food.

The provider had not made sufficient improvements and continued to be in breach of regulation 12 (Safe care and treatment) of the HSCA 2008 (Regulated Activities) Regulations 2014. In addition, due to the concerns raised about the quality and accuracy of care records the provider remains in breach of regulation 17 (Good governance) of the HSCA 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

At our previous inspection we found the home could not be adequately cleaned to protect people from the spread of infections due to environmental concerns. The provider was in breach of regulation 12 (Safe care and treatment) of the HSCA 2008 (Regulated Activities) Regulations 2014.



Not enough improvements had been made at this inspection and the provider remained in breach of regulation 12.

- Whilst some improvements had been made to the environment we found there were concerns that the environment was not maintained appropriately to ensure the service could be adequately cleaned. We found some of the bathrooms were in need of repair. There was exposed plaster in one bathroom and there was a broken bath panel in another. The home also had chipped paintwork and would benefit from complete redecoration.
- The provider was aware that the environment needed improvement and a redecoration plan was in place but they had not completed all of the actions by the time of our inspection. Some of the delays had been incurred due to staff sickness.

The provider remains in breach of regulation 12 (Safe care and treatment) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- There were procedures in place to protect people from the risk of catching the COVID-19 virus. Staff participated in a regular testing programme.
- Staff were wearing PPE safely and there were safe procedures in place to accommodate visitors.

#### Learning lessons when things go wrong

- The staff we spoke with said there was good communication amongst the team and any concerns, accidents or incidents would be reported to the senior staff on duty.
- The registered manager had introduced new systems to review accidents and incidents, to ensure appropriate action was taken in response to individual incidents. This system was also used to identify any themes or trends for example, if a particular type of incident was occurring or at a certain time of day which may indicate improvements or additional support was required. This system had been shared with and implemented across all of the provider's services.
- However, we had concerns that the home was not learning from historical incidents, including the risk of injury to people from falling from height. These concerns are further explored in the well-led section of this report.

#### Using medicines safely

At our previous inspection we found safe medicines management practices were not in place. It was not clear in people's care records why or when certain medicines were to be taken and it was unclear when certain medicines had been discontinued. The provider was in breach of this part of regulation 12 (Safe care and treatment) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was not longer in breach of this part of regulation 12.

- At this inspection we found improvements had been made. There were adequate arrangements for ordering, receiving and disposing of medicines. People received their medicines as prescribed and we saw accurate records were maintained about medicines administered. Where there had been medicines errors these were investigated to ensure people remained safe and staff were provided with additional training to update their knowledge and skills.
- For the majority of medicines that were prescribed to be taken 'when required' there were protocols in place to instruct staff as to when and why to give these medicines and at what dose. We saw for one medicine the protocol was not specific enough as to what dose to give the person. The registered manager

was going to liaise with the GP to ensure more specific guidance was provided to staff to ensure the person received their medicines safely and as required.

#### Systems and processes to safeguard people from the risk of abuse

At our previous inspection we found the home was not adhering to safeguarding adults' procedures and had not appropriately reported all concerns to the local authority's safeguarding adults team. The provider was in breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of regulation 13.

- People we spoke with told us they felt safe at the service. One person said, "Yes, I am safe. They look after me well."
- At this inspection the safeguarding adults' procedures had been updated and all concerns identified were reported appropriately to the local authority safeguarding team. Staff were knowledgeable about recognising signs of possible abuse and told us they would follow reporting procedures to ensure any concerns were escalated.
- The registered manager had improved internal processes to ensure they were able to track any referrals made and follow up on the outcome of those referrals, to ensure any improvements required were identified and actioned. At the time of our inspection there were no open safeguarding enquiries.
- The whistleblowing policy had been shared at a recent staff meeting to ensure staff knew how to raise concerns safely, should they have any.

#### Staffing and recruitment

At our previous inspection we found safe recruitment practices were not in place meaning people were at risk of receiving support from staff that were not suitable to work in a care setting. The provider was in breach of regulation 18 (Staffing) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of regulation 18.

- At this inspection the service had made improvements to their recruitment systems and safe practices were in place to ensure people received support from suitable staff who had the knowledge, skills and experience to undertake their duties. This included obtaining references from previous employers, undertaking criminal record checks and ensuring staff were eligible to work in the UK.
- There were sufficient staff to meet people's needs and provide them with the level of support they required. We observed staff responding promptly for calls for assistance and spending time with people. One person said, "There are staff around all the time." Another person told us, "If I do ring my call bell, they come fairly quickly."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Ensuring consent to care and treatment in line with law and guidance

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

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

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

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

- Where people did not have the capacity to maintain their own safety in the community the registered manager had applied for authorisation to deprive a person of their liberty.
- However, we had concerns that staff were not always considering the least restrictive option first and that people who had capacity had not been involved in decisions about restrictions on their liberty. People, not subject to DoLS, were also required to be supported by a staff member when out in the community and it was not clear whether this arrangement had been discussed and agreed to by the people it involved. We also saw there were stair gates throughout the building, which had been previously been put in place to restrict people's movements within the home and staff had not considered that this may constitute a restriction on people's liberty and freedom to move around the service.

The provider was in breach of regulation 11 (need for consent) of the HSCA 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection the registered manager had improved processes to ensure staff had a better understanding of the MCA and staff were aware of what decisions people were able to make for themselves, and what to do if they had concerns a person did not have capacity to consent to aspects of their care.
- For people who did not have the capacity to consent we saw that best interests' meetings were held and

staff appropriately involved those that had authorisation to make decisions on a person's behalf.

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

- People's needs were assessed in line with best practice guidance to ensure staff were aware of what level of support people required. Where able, people were involved in these assessments to ensure their preferences were incorporated.
- We reviewed the records for the person who had most recently been admitted to the service and there was clear information about their needs and how they wished to be supported. Staff were also knowledgeable about the person, the reasons why they needed support and the level of support they required.

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

- One person said, "The food is very good."
- The cook and care staff were knowledgeable about people's nutritional needs. Information was included in people's care records about their dietary requirements and if they required a specific diet, including if they needed soft or texture modified meals.
- We observed staff supporting people, who required it, at meal times and this was done in a caring and friendly manner, at a pace set by the person.
- People's weights were regularly monitored and were discussed in the clinical review meeting we observed to ensure those that had lost weight were getting the support they required. Staff had changed the timings of meals for one person which had helped increase the person's appetite and the amount of food they consumed.

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

- People were supported to have their health needs met. Since our last inspection the registered manager had improved working relationships with the GP and there was now more regular communication and reviews by the GP to ensure people's primary care needs were met.
- Staff supported people to receive support from other healthcare professionals including dentists, opticians and chiropodists. People were also supported to access specialist healthcare professionals and attend hospital appointments when required. Staff were aware of any advice provided by specialist healthcare staff and incorporated this into the support they provided people.

Staff support: induction, training, skills and experience

- One person told us, "They know how to look after me. I think the staff are well trained."
- Since our last inspection the registered manager had focused on improving training opportunities and supported staff to update and develop their knowledge and skills. People were supported by staff who received regular training to ensure they were able to undertake their role and meet people's needs. Where staff were required to refresh their knowledge in specific topics we saw these courses had been booked.
- Staff had also been supported and encouraged to start National Vocational Qualifications (NVQs) in health and social care.
- Staff received regular supervision and the staff we spoke with were happy with the quality and frequency of supervision they received and said they found it useful and supportive.

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

- A large home was provided. The bedrooms were a good size and many of them had en-suite facilities. There were a range of communal areas which were spacious and accessible.
- There was a well-maintained garden which was wheelchair accessible.
- Whilst a redecoration programme was in place we found the environment was not very dementia friendly

and there was not clear use of colour or signage to help orientate people to the layout of the home.

We would recommend the provider consults guidance on providing a dementia friendly environment when completing their redecoration programme.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- One person said, "The staff are quite amusing. They treat me well. They are very friendly. They treat me with dignity and respect." Another person told us, "The carers are very kind."
- The interactions we observed between staff and people using the service were respectful, friendly and caring.
- Staff were aware of people's backgrounds, their culture and their religious preferences. Staff were respectful of people's individual needs and beliefs. Staff were aware of how people's experiences and backgrounds impacted on their behaviour and their communication, particularly for people who were living with dementia who may regress to an earlier time in their life.

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

- People were involved in their care. Staff communicated well with people and involved them in the support being provided. We observed staff speaking to people prior to providing support and communicating with them throughout, for example, when supporting people with their mobility and transferring from a wheelchair to a dining chair. Staff provided people with lots of reassurance and encouraged them to do as much as they could for themselves, whilst maintaining their safety.
- People were given choices about activities of daily life. We observed at lunchtime people were offered a choice about what they wanted to eat. Staff showed people the two options available plated up to help inform their choice, and if people wanted something else to eat or a bit of both meals then this choice was respected and provided for.
- However, we observed that people were taken to the dining room at least 20 minutes prior to any food being served and we felt for those living with dementia they may become disorientated as to why they had been brought to the dining room without any cues that a meal was about to be served. We discussed this with the registered manager who said they would review their mealtime arrangements.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "This is a nice place... And they certainly respect my privacy."
- Staff respected people's privacy and dignity, especially when supporting them with personal care and discussing their care needs.
- Staff encouraged people to do as much as they could for themselves. They supported people to be as independent as possible and respected where people wanted to manage aspects of their own support needs. For example, some people were able to apply their own barrier creams to help protect their skin integrity.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff were knowledgeable about the people they supported and provided personalised care. Staff were able to provide us with detailed information about a person's support needs and how those needs had changed over the time they had been at the service.
- Staff were respectful of the people they were supporting and were able to tell us about their lives, their experiences and those who were important to them, as well as knowing their care and support needs.
- We observed staff responding promptly to people's calls for assistance and supporting them with their care needs.

End of life care and support

- People were supported to explore and discuss their end of life choices and how they would want to be supported should they near the end of their life. We saw details were recorded in people's care records about their wishes and what arrangements were in place.
- When people were nearing the end of their life, the staff had liaised with the local hospice for advice and spoken to the GP to arrange for anticipatory medicines to be made available for when they were required. Do not attempt cardio pulmonary resuscitation (DNACPR) decisions had also been reviewed to ensure people's wishes were clearly recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff adjusted their communication style to suit people's level of understanding, speaking more slowly, loudly or using simpler words with some people than with others. One member of staff occasionally spoke to a person in their first language which wasn't English to aid communication.
- Some staff were wearing clear masks which helped facilitate communication, particularly non-verbal communication and facial expressions.
- However, we observed there was a lack of information available in other forms other than written, and it may be beneficial to provide more pictorial information to support communication and adherence to the AIS.

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

- One person told us, "The activities lady visits me in my room quite regularly."
- There was a dedicated activities coordinator at the service and there was a regular programme of activities available. This included group and one to one activities. We saw activities were delivered in the lounge as well as in people's rooms, so that those who chose to stay in their bedroom or were unable to leave their bedroom were still engaged and protected from the risk of isolation.
- During the COVID-19 pandemic activities had to be delivered at the service, but now restrictions were lifted the activities coordinator had plans to start to re-engage people in activities in the community.

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

- A complaints process was in place to ensure any concerns raised would be heard, recorded and acted upon. At the time of our inspection the registered manager told us no complaints had been made since they came into post. The people we spoke with were confident if they had any concerns the registered manager would address anything they raised.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our previous inspection there were not sufficient systems in place to review the quality and safety of service provision. The provider was in breach of regulation 17 (Good governance) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made and the provider remained in breach of regulation 17.

- There was a governance system in place, however, we found it to be ineffective at times. Some of the audits had not identified the concerns we found on inspection. There was not sufficient oversight of these audits to ensure they were completed correctly, to ensure they identified and addressed any areas requiring improvement.
- Accurate, complete and contemporaneous care records were not always maintained. A new electronic care records systems had been introduced and whilst this had improved the recording of daily activities and assessments of people's needs, we saw that further improvement was required for risk assessments in particular as they did not contain sufficient information about risks to people's safety and the mitigation of those risks.

Continuous learning and improving care

- Whilst the registered manager had made a number of improvements since joining the service, we had concerns that the provider did not have sufficient focus on learning from previous incidents and joint learning across the provider's services.
- In February 2021 the provider pleaded guilty to failing to provide safe care and treatment, resulting in avoidable harm, namely the death of a resident at the home in 2017 after they fell from height due to a window not being appropriately restricted. Despite this incident and health and safety audits being in place, at this inspection we found a window that was not restricted. We had significant concerns that the provider was not learning from previous incidents to ensure people were protected from the risk of harm.
- The concerns and areas requiring improvement we identified at this inspection, including the environment concerns and the lack of detail in care records had all been identified at previous inspections or during inspections at the provider's other services. We had concerns that the systems in place to learn from previous inspections and share learning across services were not effective.

The provider remained in breach of regulation 17 (Good governance) of the HSCA 2008 (Regulated Activities) Regulations 2014.

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 duties and their responsibilities regarding their registration with the Care Quality Commission. The registered manager told us they were focusing on the regulations and making improvements to become compliant with the regulations. They were aware of the registration regulations and submitted statutory notifications about specific incidents that occurred and displayed the rating from their previous inspection.

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

- One person told us, "The manager is very approachable. We do have residents' meetings. They do listen. On the whole this place is good." Another person said, "The manager is fine. She is definitely very approachable. If you raise an issue, it is always addressed by the manager." And a third person said, "The manager seems very nice."
- There was very positive feedback from staff about the new registered manager. One staff member said, "She has made a lot of changes, such as more meetings and training which is a good thing." Staff also said there was an open and supportive culture at the service with good teamwork and communication. Other comments about the registered manager from staff included, "I love it here – both colleagues and management are great", "the new manager is very supportive" and "she is brilliant and has made a lot of improvements to things like the medicines systems and paperwork".

Working in partnership with others

- The registered manager had done a lot of work to improve relations with key health and social care professionals. They had improved relations with their GP to ensure the arrangements worked for the needs of people using the service. They had also improved communication with the local authority and were continuing to build relations with the local safeguarding team and the DoLS team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	We could not be assured care and treatment was provided with the consent of the person in accordance with the Mental Capacity Act 2005. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We could not be assured that care and treatment was provided in a safe way which appropriately assessed and mitigated risks to people's safety. Regulation 12 (1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	We could not be assured there were sufficient effective systems in place to assess, monitor and improve the quality of service provision. Accurate, complete and contemporaneous care records were not always maintained. Regulation 17 (1) (2) (a) (b) (c)

### **The enforcement action we took:**

A warning notice was issued.