

Alliance Care (Dales Homes) Limited

Kingston Care Home

Inspection report

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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

Kingston Care Home is a residential care home providing regulated activities of personal and nursing care to up to 67 people. The service provides support to people living with dementia, mental and physical health needs. At the time of our inspection there were 57 people using the service.

The care home comprises of three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia.

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

People did not always receive safe care. We received mixed feedback about the quality of care provided at the service. Comments included, "We have call bells. Sometimes they don't leave it near to me as they know I will use it!"; "The really seem short staffed"; "[Care staff] do look in on you at night" and "During the day I feel very safe."

We identified breaches of regulations in relation to privacy and dignity, staffing and good governance. People were not always treated in a manner that promoted their dignity and privacy. Staffing issues affected care delivery such as supporting people to undertake activities of their choosing and response times to requests when people required support. People were at risk of avoidable harm due to a lack of adequate oversight on the quality of care provided and the management of the home.

Staff understood their responsibilities to identify and report abuse and escalate concerns to keep people safe. People's care records were not always kept up to date which could cause delays in providing appropriate support.

People had not always experienced consistently good care because of high staff turnover, use of agency care staff and changes in management. There was not a manager registered with the Care Quality Commission. A deputy manager was in charge and was being supported by a regional manager. Some agency care workers did not have the same level of knowledge and experience of their roles as permanent staff which sometimes caused people to experience poor care delivery. Staff morale varied due to these highlighted issues.

The provider's quality assurance systems were not always effectively used to monitor and drive improvement of the quality of care. Staff received training required for their roles. However, the method of monitoring staff training and supervisions did not effectively identify any delays in staff uptake. The turnover of managers at the service caused distress to people, their relatives and staff. The provider had put plans in place to improve care delivery and we need to see consistent embedding of good practice and a stable management team.

The provider undertook safe recruitment practices and ensured new staff received induction before they

started the job. People received their medicines in line with best practice and any concerns identified were resolved. People had access to health care services in a timely manner.

Staff followed good hygiene practices in line with best practice guidelines regarding the prevention and control of infection of COVID-19.

People were involved in planning for their care. Staff reviewed and updated care and support plans which ensured people received care appropriate to their needs. Staff had guidance which they followed to support people with their needs and choices. The provider had an effective partnership with other agencies and social and health professionals to meet people's needs.

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 11 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made. However, some aspects of the care were not always delivered consistently to provide people with safe care, provision of activities and promoting their privacy and dignity resulting in breach of our regulations. The service remains rated requires improvement.

Why we inspected

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

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.

We carried out an unannounced focused inspection of this service on 4 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to privacy and dignity, staffing and good governance at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kingston Care Home

Detailed findings

Background to this inspection

The inspection

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

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 team consisted of two inspectors, a specialist advisor, and two Experts 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

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered 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. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (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 17 people who used the service and 15 relatives about their experience of the care provided. We spoke with 15 members of staff including the regional manager, deputy manager, a director, chef, maintenance worker, domestic staff and care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 10 people's care records and risk assessments.

We also reviewed a variety of records relating to quality assurance, audits and management of the service including some policies. We looked at eight staff files in relation to recruitment, training and supervision.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- People using the service and their relatives told us there were not always sufficient numbers of staff deployed to provide care. Comments were mixed and included, "[The care home] seems to be understaffed. The carers and nurses work very hard and sometimes seem pressured" and "There are normally enough staff during the day but it's a different story at night. You don't call them because you know they are too busy and probably won't come for a while."
- People did not always receive care from a consistent care staff team. One person told us, "There seems to be a high turnover of staff and they regularly change floors, so you get different people all of the time." The provider had experienced a high staff turnover and deployed agency care workers. This led people to receive care from staff who did not get an opportunity to know them and how they wished to receive their care. In addition, some of the care agency staff did not always provide consistent good standards of care which caused distress to the people using the service.
- At the time of inspection, the provider had filled the majority of the vacancies at the home and ran an ongoing recruitment programme. People, their relatives and staff told us there were times they felt activity attendance and provision was impacted by a lack of staff particularly when two activities coordinators left the service leaving one to cover the three floors.
- The deputy manager told us they had recruited agency care staff into permanent roles which had brought some stability and continuity in employment and providing of care to people. Staff told us and rotas confirmed more permanent staff were now deployed.
- Call bells were mostly answered promptly, and response times were monitored. However, there were people who did not remember how to use call bells and called out instead. These people would not be heard easily because of the layout of the building which included long corridors with bends and on different floors. Staff told us they checked on those people hourly and tried to bring them into the lounges during the day where they could be observed more often to prevent this. We were not assured people always received care in a timely manner.
- We observed most people stayed in their rooms. We were concerned not enough staff were allocated to support people who wished to receive one to one activities.
- People received care from staff who were safely recruited and underwent a Disclosure and Barring Service (DBS) check. DBS provide information including details about and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People received care in a manner that considered and managed the known risks to their health and well-being. Assessments of the risks to people were undertaken, reviewed and updated to reflect changes in their

needs and the support they required.

- Risk assessments looked at various aspects of people's needs such as their mobility, skin integrity, emotional wellbeing, medication and eating and drinking. However, falls assessments were generic and did not always have specific information to identify the factors that may increase the risk of a person falling such as footwear. We sought feedback from the deputy manager, who indicated they would review the plans to ensure risks were identified and managed.
- Staff followed guidance on risk management which enabled them to provide care in a safe manner.

Using medicines safely

- At the last inspection, we observed people's medicines were not managed safely. At this inspection, we identified people's medicines were managed and administered consistently and safely in line with national guidance.
- People received their medicines when needed. They told us, "Our medicines are all done well here. Just like being in hospital" and "I can ask for medication whenever I need it."
- Staff were trained in administration of medicines and had their competence assessed.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MARs were completed accurately, and stocks tallied with the balances recorded. Audits identified concerns which were addressed. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.

Premises Environment

There were areas of the home that required cleaning. Stairways were poorly cleaned, had cobwebs on ceilings and around windows. Some radiators were dirty and insects in light fittings on the top floor. We spoke with the deputy manager who took action immediately and these areas were cleaned by the second day of our inspection. Some carpets needed replacing. Carpets on the first floor had been replaced. We were informed after the inspection the provider was awaiting delivery of carpets for the remaining floors.

The provider was aware of the challenges in maintaining a consistent temperature in the home as the air conditioning system did not work optimally in all parts of the service. Staff did not always maintain records of the temperatures checked which did not give the deputy manager and or provider an opportunity to take action if temperatures fell below or went above the recommended levels.

We recommend the provider reviews premises management in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff underwent training in safeguarding and knew how to recognise and report potential abuse.
- A high number of safeguarding concerns were raised at the service and reported to the relevant authorities including the local authority to ensure concerns were investigated and resolved. We spoke with the local authority safeguarding team who investigated concerns raised at the service. We were reassured the provider took appropriate action in managing risks on the cases reported.
- Staff had access to the provider's safeguarding policy and procedure with guidance on identifying, reporting and escalating any concerns.

Preventing and controlling infection

- People received care in a manner that minimised the risk of infection. Staff had access to sufficient amounts of Personal Protective Equipment (PPE) and used it appropriately and when delivering care.

- Staff attended training in infection prevention and control (IPC) including COVID-19. Managers carried out team meetings, handovers and shared communication with staff to ensure they consistently used PPE. We observed staff using aprons and masks appropriately when supporting people.
- The provider's IPC and COVID-19 policy and procedures were in line with national guidance and implemented at the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People were supported by staff who learnt lessons when things went wrong. Staff reported and recorded incidents and accidents which the provider monitored to identify patterns and trends. The manager discussed incidents with staff and put plan in place to minimise the risk of similar events happening again.

Visiting in Care Homes

- Arrangements were in place for testing visitors and staff and new admission into the home.

Is the service effective?

Our findings

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

At our last inspection parts of this question were inspected but not rated. At this inspection the rating is requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we identified concerns around staff training and updating of their knowledge. At this inspection, we found similar concerns.

- People were supported by staff who received training and support for their roles. However, the monitoring of attendance to training did not identify easily staff who had not done so. In addition, staff attended group training, but no records were maintained to show attendance.
- The service had experienced a high staff turnover and relied on agency care staff. Concerns were raised about the reliability and standards of care provided by agency staff. The provider had increased recruitment efforts to fill the posts permanently so that all staff received the provider's induction and training to make them effective in their roles.
- There was no end of life care training on the list of the provider's mandatory training. Nurses were up to date with their training now. From reminders seen for nurses to update their medication training, this had been achieved relatively recently.
- Dementia care training had not been done at the last inspection and this is still the issue. We spoke with the manager and regional manager who told us the provider was rolling out more dementia training to its homes.
- Records showed no one had done fire warden training when we were told there should be six fire wardens.
- Staff did not consistently receive supervisions and appraisals in line with the provider's policy. Group supervisions were provided as a way of training. The same topic was discussed in teams throughout a month, aiming to include all staff. Examples of topics were applying creams and ointments and correct completion of notes. However, records were not consistently maintained to show staff who had attended.

We recommend the provider reviews their training in line with best practice guidance.

The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's care and treatment needs. This placed people at risk of harm.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received care appropriate to their healthcare needs. They told us, "If you're not well you let [care

workers] know and then you can see a doctor"; "I see a chiroprapist" and "I've seen everyone! I've been here three months and seen more medical people than in the last few years. It's unbelievable and impressive."

- Records confirmed staff arranged medical appointments, hospital visits and escorts when required to support people to access services to improve their health and well-being. Staff involved people and where appropriate their relatives to review each person's health needs.
- Healthcare professionals such as speech and language therapists, GPs and podiatrists were involved in a timely manner when people's needs changed for care and treatment.
- Staff followed guidance provided by healthcare professionals, for example wounds and pressure sores were monitored and body maps completed, and pictures taken to evidence progress of healing.

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

- People's needs, and choices were identified through an assessment and review of their needs. Staff involved people and where appropriate their relatives to make choices about their care.
- Support plans were put in place which enabled staff to provide care in line with good practice.
- Staff respected people's choices and provided care in line with guidance and best practice

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

- People were provided with sufficient food and drink and supported to maintain a healthy diet.
- People's dietary needs were assessed although their preferences were not always recorded. For example, the dietary plan of a person with diabetes contained general diabetic information. However, there was sufficient information on the file to mitigate diabetic risks and records showed the person's blood sugars were monitored.
- We observed people having lunch in a relaxed and quiet atmosphere. Tables were laid in restaurant style and looked attractive. The food was well presented and looked appetizing. Staff sat next to people who required support with eating and encouraged them to eat and they were not rushed. Drinks were made available to people as they wished.

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, 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.

- People were asked for their consent before staff delivered care. Staff understood and applied their knowledge about MCA when providing care. One person told us, "I can get up at whatever time I like. I can ask for a shower. It's my choice." Care plans and records confirmed staff sought and received consent from people to the support they required.
- Staff supported people to make decisions about their care and support and involved healthcare professionals such as mental health specialists when they were not able to do so.
- People were lawfully deprived of their liberties following an application and authorisation to relevant

authorities to restrict their freedoms. Care plans contained DoLS information and mental capacity assessments.

- A policy on MCA and DoLS provided guidance to staff on how to support people to make specific decisions about their care.

Is the service caring?

Our findings

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

At our last inspection this key question was not rated. At this inspection the rating is requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's care delivery did not always maintain and or promote their privacy and dignity. We observed throughout our inspection most bedroom doors were left wide open. Visitors could see people lying in bed, resting or sleeping in chairs, some fully dressed or not fully clothed.
- We sought feedback from the deputy manager, regional manager and director who told us some people preferred to have their doors open. Staff told us leaving the doors open made it easier to check on people who preferred to stay in their rooms. We observed several people shout from their rooms to gain the attention of care staff. In some instances, there were no care staff visible which made some people call out even louder.
- We asked a care worker about a person who did not know how to use their call bell and called out for help. They told us the person like some other people at the service, often called out when someone walked past. This may be indicative people wanted more human contact than they were getting.
- Lounges were infrequently used during our inspection visits, with people not being supported to enjoy the views into the gardens and interacting amongst themselves.

The provider failed to ensure staff always maintained people's privacy when they were in their rooms or lacked capacity There were no records to show people were involved in making the decision about keeping their bedroom doors open.

The issues raised above are a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's rooms were personalised, and staff supported them to decorate their rooms and to arrange their belongings as they wished.
- People received the support they required to live independent lives as much as possible. Comments included, "I really can do most things for myself and I'm determined to do more." Care plans identified the tasks people were able to carry out on their own and when they needed support.

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

- People were happy with the staff whom they said treated them with respect. Comments included, "The carers and nurses are very good. It's a good home. We are treated with respect"; "The staff are very good and very respectful" and "All of the staff are nice. I'm always welcomed. I see them with my relative and they are kind and patient."
- People's care delivery supported their equality and diversity based on equal opportunities for every

person.

- Staff told us they provided care without discrimination and understood their responsibility to uphold people's equality and diversity rights. For example, people could choose whether they wanted personal care from a male or female care worker and their choices were respected. Records showed staff took into account and respected people's differences and diverse needs such as mental health, gender, ethnicity, cultural differences when providing care.

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

- People were supported to express their views and make decisions about their care. People told us, "[Care staff] don't force me to do anything. They give me choice" and "I can get up at whatever time I like. I can ask for a shower. It's my choice."

- Care and support plans reflected people's wishes and preferences which ensured staff understood how people wanted their care provided. Staff valued and respected people's decisions and provided care in line with their wishes. Records showed staff had information about what was important to people.

- Staff held meetings with people and their relatives where appropriate to hear their views about the care provided and to plan for the support they needed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- People had not always been supported to have meaningful activities of their choice.
- People told us the level and quantity of activities reduced when the activities co-ordinators left. As most people stayed in their rooms, there were limited opportunities to have one to one activities. The deputy manager told us they had recruited an activities coordinator and there was cover from a member of the care staff to ensure people continued to take part in activities of their choosing.
- Records of some people on end of life did not show any achievement goals and more stretching activities. For example, there were no volunteers or visiting school children or an active relatives' group organising events for people using the service to increase stimulation.
- People were supported in maintaining their spiritual needs. Comments from people included, "The vicar comes here every now and then" and "The priest has visited the home and sometimes we have taken the residents to the local church."
- We observed people were able to receive visits from people who were important to them now that there was easing of restrictions on visitors due to COVID-19 pandemic.
- While the provider took action to ensure people had the opportunity to plan and take part in activities they liked, we were not assured by the current arrangements. We will check this at our next inspection.

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.

- People's communication needs were identified, and information provided in a format they understood. Support plans highlighted the way each person's communication needs and provided guidance to staff on how to communicate with them.
- However, we observed a person with a hearing impairment who came to chat with us during our inspection without their hearing aids. We asked a member of staff about the absence of the hearing aid and they told us "[Person] has not been long up". However, he had finished eating his cooked breakfast. This meant our short conversation was limited and the person looked frustrated.
- The provider did not always ensure people were provided with information in line with AIS requirements. There was no dementia friendly signage on the doors of toilets or showers, dementia friendly clocks, or information about what day it was and what the weather was like. This may impact negatively on people living with dementia.

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

- People were supported to make choices about their daily living which enabled staff to provide person centred care which met their individual needs and preferences.
- Care plans identified people's needs, health conditions, likes and dislikes and were reviewed regularly and updated to reflect their well-being and the support they required.
- People and their relatives were involved in planning for their care and support.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident to raise their concerns and felt listened to. Complaints were resolved in line with the provider's timescales.
- The provider ensured people received the complaints policy and procedure which highlighted the steps they had to follow and what to expect when they raised a concern.
- Complaints were recorded, investigated and resolved in line with the provider's procedures.

End of life care and support

- People received appropriate end of life care in line with their wishes and needs. One relative commented, "Words really cannot capture the depth and meaningful nature of care that everyone associated to Kingston Care Home showed to my father and our family, it was exceptional and above and beyond."
- Staff received end of life training and knew how to support people have a dignified and comfortable passing although this was not on the provider's list of mandatory courses.
- Care records detailed people's advance wishes. Healthcare professionals were involved which ensured people who required end of life care were supported with their needs.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our previous inspection, we identified records were not maintained appropriately. At this inspection, we noted the provider had made improvements but not sufficient enough to ensure delivery of consistently good standards of care. Quality assurance systems were not effectively used. Staff did not maintain good contemporaneous records of the care they provided such as people's emotional state, turning charts and activities people undertook.
- Staff told us people received showers or had a bath. However, this was not always reflected in records which had resulted in some relatives having concerns about this. We read reminders to staff, "that bath records must be logged as relatives are assuming their loved ones are not having showers or baths for a long period of time".
- The provider made staff aware of the need to improve documentation as this issue was raised in team meetings. However, a recent audit had shown notes still needed improvement. Records we reviewed did not contain sufficient information about some aspects of people's care.
- Supervisions were not consistently held in line with the provider's policy and procedures.
- There was inadequate oversight of staff training. For example, training records did not always reflect the staff who had attended. Staff uptake of some training was low and not always picked on time to ensure compliance. A staff compliance list showed no one had done fire warden training. An audit earlier in the year showed staff did not always complete their training or attended refresher courses when due and in some cases, management had to resort to giving a deadline to staff to ensure compliance.
- People, their relatives and staff told us they found the lack of a stable management unsettling. Comments included, "We used to have a really good manager here, but he left"; "If only we knew who the next [registered] manager is" and "[Deputy manager] has been unbelievable, but will he stay?"
- The provider had not ensured adequate oversight in quality performance. The use of agency staff due to staffing shortages without adequate measures to monitor the quality of care they provided had impacted care delivery. Staff told us some of the agency care staff were not well trained for their role and did not always receive sufficient handover information about people they supported.
- We asked the manager who told us, and staff confirmed the provider had an ongoing recruiting programme and some agency staff were confirmed in post as permanent staff. As a result, there was less reliance on agency staff.
- The service did not have a manager registered with the care as required by law. The provider had undertaken interviews to recruit one and the process was ongoing. The provider had senior managers in

place to support the deputy manager with the running of the service.

- Information about people was stored securely and accessible only to staff and made available to other professionals on a need to know basis.

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

- People did not always receive care in a manner consistent with promoting a person-centred culture.
- There were some instances when people had not consistently received person-centred care due to the staffing shortages and increased use of irregular care agency staff. We were concerned this reduced the ability of people to receive a continuity of care. Staff told us they communicated with management about the impact of agency staff on providing care to people.

The issues highlighted above and throughout the report constituted a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, staff and relatives were complementary about the deputy manager whom they said was, "approachable, visible and friendly". They were involved in the running of the service. Comments included, "I don't go to the residents' meetings, but a lot of people do" and "I like it here. I can't think of any improvements."
- Although there was reduced involvement of the people and their relatives particularly during the COVID-19 lockdown via face to face meetings, the service had arrangements to resume meetings, increase surveys and other interactions.
- People and staff told us they were happy with the changes and leadership style brought in by the new manager and hoped for stability of management.
- The provider submitted statutory notifications as required which meant that CQC and other relevant agencies could not undertake their regulatory function effectively..

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;

- Staff told us the deputy manager encouraged them to be open and honest when they made mistakes and did not provide a good standard of care. However, people and staff told us, the provider did not always keep them informed about the changes surrounding the [registered] managers nor seek to provide them with reassurances about the management and or the future of the home.
- The deputy manager understood the requirements of duty of candour and was open about the challenges at the service. They were aware of the provider's vision and ethos and had plans to implement these to drive improvement. These included, "make every moment matter, choose to be happy, sort it, do it from the heart and keeping it simple." They told us how improvements to the service were based on these values. The regional manager told us this included continued support to the deputy manager and providing additional resources towards recruitment, staffing and provision of activities.
- The deputy manager progressed the recruitment process of agency staff to permanent roles and ensuring a thorough induction to ensure their practice were safe for people using the service. Staff told us the manager had increased opportunities for them to meet with management and as teams to discuss the quality of care and running of the service.

Continuous learning and improving care

- The provider took action to ensure systems for learning from incidents and near misses were used

effectively.

- Incidents and accidents recorded and investigated. There were a high level of safeguarding incidents raised by the service. Although the safeguardings were resolved, the changes in management may hamper consistent reviews of operations at the service to drive improvement.

Working in partnership with others

- People received appropriate care because the service had systems which they implemented to ensure effective partnership working.
- Healthcare professionals, other agencies, the local community were involved as appropriate to enable people to receive services appropriate for their well-being.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>How the regulation was not being met:</p> <p>Providers failed to demonstrate that they took all reasonable steps to make sure that people using their service were always treated with dignity and respect by ensuring the privacy of all people using the service.</p> <p>Regulation 10 1, 2(a)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not operated effectively to ensure compliance with good governance.</p> <p>Regulation 17 1, 2(a) (b) (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed to provide care.</p> <p>Regulation 18 (1)</p>

