

Harbour Healthcare Ltd

# Hilltop Hall Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service effective?

**Inadequate** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Hilltop Hall Nursing Home is a care home providing personal and nursing care to up to 54 people. The service provides support to older people. At the time of our inspection there were 38 people using the service. The care home accommodates people in one adapted building across 3 floors.

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

People were not always supported safely to receive their medicines. People were not always supported appropriately with their needs and action to mitigate individual risk was not always taken. Shortfalls in recruitment processes had not been fully addressed and systems to safely manage the use of agency staff were not being followed. People did not always feel there were enough staff to meet their needs.

The provider did not have enough oversight to ensure the shortfalls identified at previous inspections, and through their own system of checks, were effectively addressed. Many of the issues identified at this inspection were identified and referenced within actions plans but the required action had not yet been made. The service had not had a registered manager in post for some time and there had been a high turnover of managers. The provider's interim arrangements for oversight between management changes had been insufficient to drive the required improvement. Systems were in place to investigate concerns and respond under the duty of candour and staff worked in partnership with external services to meet people's needs.

The home was generally clean and a plan to address environmental issues and improve infection control was in place. There were systems to ensure lessons were learnt from accidents and incidents but lack of detail and consistency in record keeping meant meaningful analysis was not always possible.

People were not suitably supported to eat and drink well and people with specialist dietary needs did not get choice. People told us the food provided was often cold. People did not always receive care in line with their individual needs. Care records were not always clear, accurate or detailed and did not always readily identify people's needs and risk.

People were not supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests; the policies and systems in the service were not effective to ensure good practice. The service was not working within the principles of the mental capacity act and people were not always asked for consent before they were supported. Staff were not consistently supported through regular training and appraisals and training requirements were not in line with best practice guidance. Staff worked with other agencies to meet people's needs and appropriate referrals for specialist advice.

People and relatives generally felt able to raise concerns and there was evidence that these were investigated. People spoke highly about the activity team and were supported to access a range of activities

both in groups and on a one to one basis.

People did not always feel staff were kind and caring and interactions observed during inspection ranged from positive chats from staff who knew people well to interactions where people did not receive the support or reassurance they needed. It was not always clear that people were supported to make decisions about their care and choice was not always promoted.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 July 2023). 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 the provider remained in breach of regulations.

#### 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 needs to make improvements. Please see the Safe, Effective, Responsive and Well led sections of this full report.

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 inspection reports and timeline' link for Hilltop Hall Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to the management of medicines, risk management, how the service ensured the need for consent to care was followed, person centred care, how people were supported to eat and drink, staffing levels, staff training and induction and the providers oversight of the safety and quality of the care provided.

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 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 work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Hilltop Hall Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by 3 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

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

At the time of our inspection there was not a registered manager in post. The current home manager told us they intended to begin the process of registration with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included

information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 6 people who use the service, 4 family members and 13 members of staff, including the manager, deputy, clinical lead, nurses, care workers activity workers and other auxiliary staff.

We reviewed a range of records including the full care plans for 5 people, and additional care records in relation to the management of other specific needs. We looked at 3 staff files in relation to recruitment, additional records in relation to staff training and support, and the management of agency staff. A variety of records relating to the management of the service, including policies and procedures were examined.

# 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. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

At our last inspection we found systems to ensure medicines were safely managed were either not being used or not effective to ensure people received their medicines as prescribed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always safely managed. We found repeated concerns about the management of time sensitive medicines. People continued to not to receive their time sensitive medicines at the right time during the night and care plans did not contain sufficient detail about how to manage this risk. Where medicines were to be taken before or after food, records did not provide assurances that people were getting these at the right time and there was no clear guidance in place for staff to follow.
- Records were not being used effectively to record sites of administration for the injection of insulin or rotation on topical patches. This meant systems to ensure manufacturers or good practice guidance to protect people from the risk of skin irritation and tissue damage was not in place.
- The administration of medicines given covertly, hidden in food and drink, was not suitably robust. There was not enough evidence to demonstrate the pharmacist had assessed each medicine for its suitability to be crushed or hidden in food or drink. Care plans and medicine's records lacked detail to guide staff on how to safely give these medicines in this way.
- We found repeated concerns that not all staff, who administered medicines, had been assessed for competencies by someone qualified to do so.

Suitable processes were not in place to ensure medicines were given safely and complete and accurate records maintained. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were being securely stored. At our last inspection we noted issues with the management of thickening powders, with the exception on 1 occasion this had improved, and thickening powders were securely stored and only being used for the person for whom they had been prescribed.

### Assessing risk, safety monitoring and management

- Risks were not always safely managed. For example, people who were at risk of skin integrity issues did not always receive support in line with their care plans. Records did not demonstrate that people were



safely supported to reposition to protect any wounds, that creams to promote good skin integrity were being used effectively or that a holistic approach to support the healing of wounds was in place.

- People who were at risk due to diabetes did not have clear guidance in place to mitigate any potential risk. For example, care plans did not detail what action staff should take or how to safely monitor a person's blood glucose range. Care plans did not provide consistent information for staff to follow, which meant people were at risk of not receiving a stable diet.
- People at risk of falls, or who had recent falls, were not consistently reassessed. We could not be assured that staff were following people's updated care plans or were aware of any changes to their support needs. For example, one person who was at risk of falls and required regular checks was not receiving these as described in their care plan.
- We identified some environmental shortfalls during the inspection including furniture not being suitably secured and hot surfaces not being covered to protect people. This was fed back to the management team who told us these issues would be immediately addressed.

The provider did not ensure systems to monitor and manage risk were effective and followed by staff. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks were completed, and the maintenance team were responsive where action had been identified.

#### Staffing and recruitment

- Suitable recruitment processes were in place, but records did not always evidence that these had been robustly followed. For example, inconsistencies in information provided at application were not always followed up.
- We received mixed feedback about the staffing levels and whether there were enough staff. There was a dependency tool in place, but we observed staff were very busy and tasks were sometimes rushed. One person told us, "There is definitely not enough staff about. If I use my call bell, I have to wait quite a while." A family member confirmed that responses to the call bell could be slow. However, another relative fed back, "I always feel there are plenty of staff about."
- The service had staff vacancies. Agency staff were regularly used; however, the provider did not carry out appropriate checks. The provider did not maintain accurate records of the skills and identification of agency staff attending the service. There were no robust checks in place to ensure the agency staff were of good character and suitably skilled prior to them working at the service.
- There were no records to demonstrate that the agency staff who had worked at the service within the last month had completed an induction to familiarise themselves with the service and its policies. Records did not always demonstrate that permanently employed staff had completed induction or had their probationary period signed off.

Procedures to ensure staff had the qualifications, competence skills and experience to work at the service were not being followed. This is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

#### Learning lessons when things go wrong

- At the last inspection we found that the processes to ensure lessons were learnt were not clear. At this inspection we found improvements were still needed. Information in relation to accidents, incidents and falls were not consistently captured in the same places and way. There was a lack of recorded information to ensure accidents and incidents could be analysed and lessons learnt.
- Clinical meetings were used to review people's needs. However, due to shortfalls in recording processes,

there was a lack of effective oversight of all falls. For example, one person had been found on the floor on two occasions the previous month, but their needs had not been discussed at the following clinical meeting.

The provider had failed to ensure suitable systems were in place for the oversight and management of risk to ensure lessons were learnt. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People felt protected from the risk of abuse. People and relatives generally felt that staff were able to keep people safe. One person told us, "I feel very safe here with staff around."
- Some people and staff told us they had concerns in relation to the behaviours of some staff members. This is discussed further in the caring section.
- Staff had completed training and there were suitable processes in place to manage safeguarding concerns. However, staff commented that they did not always feel that action had been taken in response to concerns they raised. This is discussed further in the well led section.

Preventing and controlling infection

- The service was generally clean and odour free. Cleaning staff worked throughout the day, and people and visitors commented that the service was nice and clean.
- Staff completed training in relation to infection prevention and control and the provider had suitable policies and procedure in place. There were sufficient stocks of personal protective equipment, such as gloves and aprons for staff to use as needed.
- An environmental improvement plan was in place and identified some areas of the home needed to be improved to aid good infection control processes.

Visiting in care homes

People were supported to have friends and family visiting them whilst at the service in line with current guidance.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- We found continued shortfalls in how people were supported to eat and drink enough to maintain a balanced diet. Accurate records were not always completed to demonstrate that people were receiving the correct diet for their needs.
- People did not always speak positively about the food. The service's feedback log indicated there had been numerous complaints about the food. One person commented, "The quality is excellent but cold plates and cold food spoil it."
- People with specific dietary needs were not provided with suitable levels of choice, or alternatives options provided. Meals were not always labelled by kitchen staff, meaning that staff could not always be certain that each modified diet was appropriate to the person's specific needs.
- People did not have access to regular snacks throughout the day, particularly those with specific dietary needs. One staff member commented, "If we do get snacks there is nothing for modified diets."
- Care plans did not always reference the need for fortified meals and extra snacks, and weights records were not always consistently maintained. Some people required prompts and encouragement to eat well but care plans were not always followed in this area. For example, we observed one person, who was registered blind, had their food placed in front of them by staff without any conversation or reassurance being given.
- The management team had identified some shortfalls through their own checks of care and quality. However, suitable action had not been taken to ensure in these issues were resolved.

People were not being provided with choice and suitable support to eat and drink well and there was not enough oversight to ensure people's needs were being met in this area and issues were addressed effectively. This is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of MCA. Where people lacked capacity, decisions made in people's best interests were not sufficiently recorded and previous shortfalls found at our last inspection had not been addressed.
- Care records did not always accurately reflect when people had a DoLS in place. The manager had implemented systems for oversight of DoLS but this was not yet completed and there was conflicting information between the information held by the manager and information in people's care plans.
- Covert medicines were not being managed in line with the principles of MCA. Appropriate MCA and best interest decisions were not always found within people's care records with consideration of which medicines met the criteria for being administered covertly.
- People's care plans did not contain appropriately signed consent forms as many of these had been signed by staff. Some people told us that staff did not always ask for consent before they provided support, and this was observed on multiple occasions during the inspection.

The provider did not have suitable systems to ensure that care and treatment for people was provided with the consent of the relevant person. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had not always completed training in areas relevant for their role, including condition specific training and awareness in line with good practice guidance.
- Records did not demonstrate staff had been receiving consistent support and supervision since our last inspection. Records did not demonstrate that staff had appraisals or reviews of their role when needed. Inductions and probation records had not always been completed and records of competency assessments were not always in place.

The provider had failed to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to effectively meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager told us they were taking steps needed to address areas where staff were not working appropriately or where concerns had been raised in line with employment laws.

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

- Improvements to the assessment process were needed. At the last inspection we noted that whilst people generally had initial and current assessments of needs, the level of detail and quality of assessments varied. At this inspection we found these issues had not yet been resolved.
- A range of individual risk assessments regarding people's needs were completed and reviewed regularly. However, it was not clear that these were always accurate and sufficiently detailed to contain clear information about people's likes and preferences. Risks, needs and preferences were not always clearly highlighted with in the summary of people's needs.

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

- Improvements to the environment were needed. An action plan was in place to address the environmental issues. However, some of these areas for improvement had been slow to have been addressed.
- Some areas of the home were cold as windows were not effective and people often said they were cold. During the inspection further progress to add secondary glazing to certain areas of the home were being completed.
- At our last inspection the lift had been broken. This issue had now been resolved. People commented that the environment had improved, and the home improvement plan indicated that significant environmental improvements had either been completed or were planned for this listed building. One person said, "The environment is welcoming and pleasant to walk into and the garden is very nice and well used."

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

- Staff made referrals to external services where needs were identified. For example, we saw speech and language therapy, dietitian and tissue viability advice had been sought for people.
- People felt confident staff would seek assistance where this was needed.

# Is the service caring?

## Our findings

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

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

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

- People did not always feel well treated and did not always receive the right support. The views of people about how they were supported was mixed. One person told us, "Staff are mainly kind and caring but there is the odd one who isn't."
- Staff views on how caring the service was also very mixed. One member of staff said, "I think the care is improving and we are getting better at making sure people are having [personal care]" However, others had opposing views with one staff member saying, "Some of the staff are not as good. People sometimes comment in the morning that they didn't like the way they were turned or that the staff member was rough. Sometimes there can also be a language barrier."
- The mixed feedback given reflected observations of care during inspection. We observed some kind and caring practice, which showed that some staff knew people and understood how to support them. However, we saw interactions where staff did not respond to people, did not request consent before providing care, and did not provide assurance when supporting people. People were not consistently given the care and support they needed.

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

- People generally felt they were able to make decisions about their daily care and that decisions were respected. One person commented, "I choose when I go to bed and get up when I want. They did try to put me to bed at 7pm once and I refused."
- It was not evident that people had been involved in developing their care plans and people were unclear if or how they had been supported to discuss their wishes and views in relation to their care. Relatives told us they had not been involved in care plans or asked for any feedback about the care as part of a review process.

Respecting and promoting people's privacy, dignity and independence

- People felt they were generally treated with dignity and respect. One person commented, "The staff treat me with privacy and dignity. They cover me when washing."
- Some care plans contained information about what people could do for themselves and what they needed support with. One family member gave us an example of how they person had been supported to get out of bed which had improved their wellbeing. However, we found people's preferences and choices could not always be respected due to lack of equipment, such as appropriate chairs. The provider informed inspectors that they had made a referral to an external agency to address this in the case of one person living at the service.

- We observed staff did not always request consent or provide meaningful choices to people.

# 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.

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

At our last inspection we found the provider had failed to ensure staff provided people with individualised care that met their needs. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Not enough improvements had been made at this inspection and the service remains in breach of this regulation.

- People and relatives were not involved in developing plans of care and no one we spoke with was able to confirm they had been involved in care planning. This had not been addressed since our last inspection.
- The quality of care plans varied. Care plans contained information to direct staff on everyday needs but often lacked more personalised detail, contained conflicting information, or did not always clearly identify people's specific needs and risk. It was not always clear that staff were following the action as documented within the care plans.
- Some staff knew people and their needs this was not the case for all staff. Records indicated people were not always receiving the care they needed, for example, with regard to repositioning. Mattress settings were not always checked or adjusted to ensure they were appropriate to the person using them. We found several examples where mattress settings had not been set to the correct weight and asked the manager to review these and take any action needed.
- The service had a number of people who required specialist chairs to support them when not in bed. At the time of the inspection there were not enough of these to ensure everybody who wanted to get out of bed was able to. We found one person who had enjoyed spending time engaging in activities had not been able to do this as there were no suitable chair available for them to use. Staff explained how they managed to rotate the equipment to enable people to sit out as much as possible.
- People were not always able to make choice about their care. For example, we observed that people who had specific dietary needs were not provided with choice. The importance of meaningful choice was not valued with one staff member saying, "I've been told the stew is for the minced and moist (Specific modified diet level for people with swallowing difficulties) and if they don't like it, they can have a yogurt." The Chef told us that people could make specific meal requests if they did not like the options, but records and observations indicated this was not happening in practice.

The provider had failed to ensure staff provided people with individualised care that met their needs. This is



a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

### 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.

- Care plans generally detailed people's communication support needs including basic information such as glasses and hearing aids. However, these plans lacked personalised detail about people's communication preferences. We observed staff did not always consider people's communication needs when supporting them. For example, staff did not effectively communicate and reassure one person who was sensory impaired when supporting them with mobility or mealtimes.
- The manager understood the principles of the accessible information standards and the range of tools which could be used to support people with their communication needs. The service supported people where English was not their first language and used technology and translations service to support them to communicate and access resources which were cultural relevant to them, such as specific music and television shows.

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 were supported to engage in activities and avoid social isolation and the provision of activities had significantly improved, including for those cared for in bed.
- The activity workers were enthusiastic about supporting people and ran a variety of different activities including crafts, quizzes, and themed sessions. A relative commented, "I was unhappy that my [family member] was just sat in bed all the time. I spoke to [activity worker] who encourage them to get out of bed. They are now dressed every day and go to the lounge and takes part in all the activities. [Activity worker] goes the extra mile, they are wonderful."
- People who did not like group activities or who were cared for in bed received regular input from the activity workers. One person told us, "I don't like to take part in organised activities. Activity workers come to my room and play scrabble or a board game which I enjoy."
- The provider had subscribed to a wellbeing and activity programme and work to implement and roll out this approach was ongoing.

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

- There was a complaints procedure and systems for oversight. These indicated that complaints were investigated, and responses given.
- People and relatives generally told us they felt able to raise concerns and, where they had these had been addressed quickly. One person told us, "I had a niggle about a switch that was hanging loosely. I reported it and the handyman came up right away and secured it."

### End of life care and support

- At the time of inspection nobody was receiving end of life care. Information about people who had a 'do not resuscitate' decision was available when this was in place.
- At the last inspection we found care plans in relation to end of life care lacked personalised information about people's wishes and preferences. At this inspection we found end of life care plans continued to lack

personalised detail and were task focused.

# Is the service well-led?

## Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the provider had not always ensured full oversight of the operation of the home. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remains in breach of regulation 17.

- Systems for oversight of the delivery of care were either not in place or not being utilised to ensure people received appropriate care and support. For example, ensuring that people were receiving positional changes in line with their care plan or that people were getting enough nutrition and hydration.
- Accurate records were not being maintained about the care and support people were receiving. For example, records did not provide detail that people were receiving the correct diet or thickened fluids. Similar shortfalls regarding accurate care documentation had been identified at previous inspections.
- The service had not had a registered manager for 30 months and during this time there had been multiple managers in post. People, relatives and staff all noted that the lack of stability at management levels had been significantly detrimental to the smooth running of the service. One person commented, "Managers are a revolving door here."
- A new manager had been in post for 3 months at the time of inspection and intends to register with CQC. It was not clear that people and families knew who the current manager of the home was.
- The provider had senior management supporting the service, but this had failed to ensure systems of oversight were effective and embedded within practice. It was not evident there had been sufficient oversight of the home to drive the required improvement and address the shortfall and breaches identified at the last inspection.

The provider had failed to ensure the systems implemented were sufficient, effective and robust to assess monitor and improve the quality of the service and that accurate and complete records were being maintained. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The manager and staff were responsive to any questions and feedback given and took action to address specific areas of concern during the inspection.

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

- People were not receiving person-centred care and although systems and an action plan were in place to address this, this was ineffective, and the provider remains in breach of regulations.
- Staff commented that improvements to make the culture of the service open and inclusive were needed. A number of staff said they did not feel able to raise concerns or that when they had these had not been addressed. The provider told us there were a variety of systems in place to support staff to feel able to raise concerns. Staff turnover was high, and the service relied on the use of agency staff. Staff did not receive supervision and did not feel engaged or had their views explored.

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 new manager had implemented a process for monitoring and responding to complaints. There was evidence that recent complaints had been investigated and responded to with an apology given when needed. The new manager understood their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and families told us they felt able to raise concerns and that these were usually addressed. However, structured systems for feedback were not being fully utilised. The new manager had recently held a resident and relatives meeting where updates about the service had been given. No surveys had been recently completed with people or their relatives.
- The service worked within external health care agencies to meet people's needs. However, it was not always evident that the guidance and advice given was being followed.
- Staff held daily meetings to share updates from each department within the service and support joint working. However, this had not led to mitigating the concerns we found on this inspection.