

# Shaw Healthcare Limited

# Mill River Lodge

## 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

Mill River Lodge is situated in Horsham, West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. It is a residential 'care home' for up to 70 people some of whom are living with dementia, older age or frailty. Some people also require support with their nursing needs. At the time of the inspection there were 63 people living in the home.

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

The provider had learned from concerns that had been found during inspections at some of their other services and had implemented training to increase staff's awareness and skills. Systems and processes had been introduced to help minimise potential risk. However, people had not always been protected from the potential risk of harm. People requiring modified diets had sometimes been given foods that had the potential to cause them harm. People did not always have enough fluids to ensure they remained hydrated. Infection control was not always well-maintained. Systems and processes had not always identified the concerns found as part of the inspection. Improvement to systems that had been introduced were yet to be fully embedded and sustained in practice. The manager took immediate action to address the concerns raised and ensure risk was minimised.

One person had not always been treated in a caring or dignified way. Once identified, appropriate and robust action was taken by the manager and provider. Some people were, at times, at risk of social isolation. Some people spent large amounts of time unoccupied with little stimulation or interaction with others.

Information had not always been provided in the most accessible format. People who were living with dementia did not always have access to an environment that met all their needs. We have recommended that the provider seeks support from a reputable source in relation to this.

Staff were not always appropriately deployed to ensure people's needs were met in a timely way. People sometimes had to wait for support if they needed assistance to eat and drink. Some staff were observed to be task-focused and there were sometimes missed opportunities to interact and engage with people. People provided mixed feedback about staff's skills. They told us that permanent staff had the skills to meet their needs, yet they felt some agency staff lacked the necessary skills and understanding.

People's needs were assessed, and staff were provided with guidance to help inform their practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff complimented the efforts that the manager had made to make improvements. There was a friendly and relaxed atmosphere. Staff told us they felt valued and well-supported by both the manager and provider.

People told us they were happy. One person told us, "Overall, I'm happy with the care here and the staff, who do the best they can."

#### Rating at last inspection

At the last comprehensive inspection, the home was rated as Requires Improvement. (Published 12 September 2018). At a focused inspection on 3 December 2018, the overall rating remained the same. (Published 29 January 2019). The home has been rated as Requires Improvement on six consecutive occasions.

#### Why we inspected

The inspection was prompted in part due to concerns received about people's hydration, pressure area care, the responsiveness of staff and the leadership and management of the home. Although an inspection was planned based on the previous comprehensive inspection rating, a decision was made for us to inspect sooner and examine risks. We have found evidence that the provider needs to make improvements. Please see all the sections of this full report.

#### Enforcement

We have identified three breaches in relation to people's safety, person-centred care and the leadership and management of the home. You can see what action we have asked the provider to take at the end of this full report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. The manager took prompt action after the inspection, to ensure that risks were lessened.

#### Follow-up

We will continue to monitor the intelligence we receive about this home. 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 plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not 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** ●

# Mill River Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by one Inspector, a Nurse 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

Mill River Lodge 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 home did not have a manager who was registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The home had been without a registered manager for ten months. A manager from one of the provider's other homes had provided management oversight since this time. A new manager had been recruited but had yet to start employment. They planned to apply to become registered manager.

#### 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 liaised with health and social care professionals for their feedback. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with 18 people and two relatives, five members of staff, the manager, three quality improvement managers and an operations manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for 15 people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

#### After the inspection

We requested information and assurance from the provider that risks identified as part of the inspection had been sufficiently lessened.

# Is the service safe?

## Our findings

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

We did not inspect this key question at the focused inspection on 3 December 2018. At the last comprehensive inspection on 15 May 2018, this key question was rated as Requires Improvement. At this inspection this key question 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

- People were not always protected from the potential risk of harm. Three people had been assessed by a Speech and Language Therapist (SALT) and required a modified diet. They had advised against certain types of food due to the risk of choking. Some staff's knowledge of this was poor. Records showed that high-risk foods such as bread, toast, cakes and biscuits had been given on several occasions. The manager had identified that one of these people had been exposed to risk and had raised a safeguarding concern to the local authority. However despite this, records showed that on occasions the person continued to be given high-risk foods that increased their risk of choking and experiencing harm. These actions placed all three people at increased risk of harm and the provider had not considered the potential risk of choking.
- One person had been assessed by a SALT as requiring a modified diet and thickened fluids. Records showed that they too had been provided with high-risk foods that had a potential to cause them harm. SALT guidance had advised that the person should avoid ice-cream as this could melt and become too thin. Despite this, records showed that the person had been provided with ice-cream and other high-risk foods on several occasions. This placed the person at increased risk of choking.
- Most people were supported by staff to move and position in a safe way. One person was observed being supported in an unsafe manner which was not in accordance with the person's assessed needs or the guidance provided. This placed the person at increased risk of injury. This was immediately fed back to the management team who addressed this with the members of staff concerned.

Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately after the inspection. They informed staff of the importance of not giving people high-risk foods. Modified diets were to be monitored at each meal time by a mealtime supervisor to help ensure people's safety.

- People told us they felt safe. One person told us, "Oh yes, I do feel safe in this place. It's because there is always someone around."
- Risks within the environment had been identified and lessened. Equipment was regularly checked to ensure it was safe to use.

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

- People were not always protected from the risk of abuse. Staff had undertaken training about safeguarding, but risks that people had been exposed to when those that required a modified diet had been given high-risk foods, had not been considered under safeguarding guidance.
- Following the inspection, due to the concerns, CQC made safeguarding referrals to the local authority for them to consider under their safeguarding guidance.
- When the provider had identified concerns about people's safety, they had worked with external health and social care professionals.
- People told us that they would speak to staff if they had concerns. Regular meetings enabled people to share feedback about their care.

### Preventing and controlling infection

- People were not always protected from the spread of infection. A member of staff blew their nose over one person's dinner. They did not wash their hands and proceeded to support the person to eat. Another member of staff was observed wearing soiled and visibly dirty clothing within the dining area. This increased the risk of cross-contamination. When these incidents were shared with the manager they took immediate action to address these shortfalls with the members of staff concerned.
- The environment was clean, and people told us they were happy with the cleanliness of the home. The provider assured themselves that infection prevention and control was maintained by conducting regular audits and acting when needed.

### Staffing and recruitment

- Staff were not always deployed sufficiently to ensure that people's needs were met in a timely way. Due to the amount of people who required assistance to eat and drink, they sometimes had to wait to receive support from staff. This meant that they could not eat at the same time as others and two people had fallen asleep whilst waiting for staff to support them. This was fed back to the manager for them to review.
- People were supported by staff that were suitable to work with them. The provider had ensured that pre-employment checks were undertaken to ensure people's safety.
- People told us there were enough staff and that when they called for assistance staff responded promptly. One person told us, "There seems to be enough staff, but they are busy at times, but will always come. Mostly, if I call for help, it comes pretty quickly."
- New staff were allocated to work alongside more experienced staff to ensure they had appropriate skills to meet people's needs.

### Learning lessons when things go wrong

- The provider had acted to share learning from inspections of their other services. Additional training had been provided to staff to increase their awareness of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguarding (DoLS), medicines management and modified diets.
- The shared learning from inspections of their other services helped ensure that changes were made to systems and processes to make improvements and help minimise risk to people. Some of which still needed to be embedded and sustained in practice.

### Using medicines safely

- Medicines management was safe. Changes has been made to the way medicines were managed in response to concerns found at some of the provider's other homes. People received their medicines as they should and in accordance with prescribing guidance.
- People's ability to administer their own medicines was assessed. When people lacked understanding, staff had followed correct processes and liaised with external healthcare professionals to ensure people had their

prescribed medicines.

- People's medicines were reviewed to ensure that were appropriate. This helped ensure that people's behaviour was not inappropriately managed by medicines.

# 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.

We did not inspect this key question at the focused inspection on 3 December 2018. At the last comprehensive inspection on 15 May 2018, this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's hydration needs had not always been considered or met. People did not always receive enough fluids to ensure they were hydrated. Staff had not always ensured that drinks were within people's reach. On the day of the inspection the weather was hot. Staff had not always adapted their support to encourage fluids to ensure people had enough to drink. When people refused drinks, staff did not always make further attempts to encourage them. Consideration had not been made as to how else people's hydration could be maintained. For example, by offering ice-lollies. Some people told us they were thirsty. When this was raised with staff they provided drinks to people immediately.
- Some people required their fluid intake to be monitored due to their risk of dehydration. Staff had not always been provided with correct guidance to advise them of how much fluid people should be given. Records for one person showed that the amount had been calculated incorrectly and staff had been advised to provide a lower amount than the person's assessed needs. The person had consistently been given lower than the recommended daily amount. This increased their risk of dehydration.
- After the inspection, the provider notified us about one person whose health condition had been affected by their low fluid intake. The person had become unwell and had been admitted to hospital. A review of their fluid intake prior to their condition deteriorating, showed they had not had enough fluids to maintain their hydration.

Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities they had access to hoists or mobilising wheelchairs to support them to move and position.
- People were complimentary about the food and told us they had enough to eat and that staff respected their choices if they did not like what was on the menu. One person told us, "I'm perfectly happy with the meals and the food and they have changed a dish when I wanted."
- Technology was used so that people were able to call for staff's assistance by using call bells.

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

- Four units of the home were for people who were living with dementia. Some people's doors had photographs of the person to help provide orientation. Most bedroom doors and all communal hallways however, were bare and contained minimal prompts to aid people's orientation. This did not help people to navigate their environment or have access to decorations that were meaningful or provided simulation. We observed one person walking up and down the hallway trying to find their room.

We recommend the provider considers current guidance on providing stimulating, meaningful and appropriate environments for people who are living with dementia.

- People had adequate space to move around the home. People were observed mobilising independently with their mobility aids.
- People had private rooms if they wished to spend time alone or receive visitors in privacy. One person told us, "I feel very comfortable here, I have a nice bedroom with a bathroom."
- Regular meetings enabled people to be involved in on-going discussions about proposed changes to the decoration of the environment.

Staff support: induction, training, skills and experience

- Staff had been provided with training which the provider considered essential for their roles. The provider had implemented training in relation to Parkinson's disease, MCA and DoLS and modified diets in response to learning from concerns identified at some of their other services. Staff's knowledge of supporting people who required modified diets was still being embedded in practice. However, their knowledge and practices for supporting people living with Parkinson's disease and MCA and DoLS had improved through the additional learning.
- People and relatives told us that they had concerns over the suitability, experience and skills of some agency staff. They felt that some agency staff lacked the appropriate skills to meet people's needs. The provider had introduced competency assessments so that agency staff's skills could be assessed before they started work. However, these were yet to be implemented in practice. A relative told us, "The only thing is agency staff are not as good as the permanent ones."
- Staff told us that since the change in management, they felt well-supported and valued by both the manager and provider. Staff had access to formal supervisions yet told us they could also approach the manager at any time for support and guidance.

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 provider 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.

- Oversight of MCA and DoLS had improved since the last inspection. When people were unable to consent to staying at the home, DoLS applications had been made. There were effective systems in place to ensure DoLS that had been authorised were monitored and managed appropriately.
- People who had a health condition that had the potential to affect their decision-making, had their capacity assessed in relation to specific decisions.
- Some people had Lasting Powers of Attorneys (LPA) that enabled others to make decisions on their behalf.

The manager had assured themselves that people had appropriate legal authority by obtaining copies of documents before liaising and sharing information with others.

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

- People received a consistent and effective service as staff liaised and worked alongside external healthcare professionals to coordinate people's care. Staff had been responsive if people had become unwell or needed additional support. Referrals to external services had been made in a timely way.
- People told us staff would contact healthcare professionals if their health changed and that they were confident that staff worked hard to ensure their health was maintained. One person told us, "I sure they would call the doctor without question, when 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.

We did not inspect this key question at the focused inspection on 3 December 2018. At the last comprehensive inspection on 15 May 2018, this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People had not always been treated in an appropriate way to meet their assessed needs. Before the inspection we had been notified that one person had not been supported with their continence needs or to reposition for ten hours. This did not demonstrate caring or dignified care and increased the risk of skin breakdown. As soon as they were made aware, the management team took immediate action. The person was supported with their needs to ensure their comfort. The manager raised a safeguarding referral to the local authority for them to consider under their safeguarding guidance. Appropriate action was taken towards the members of staff who were responsible.
- Staff were observed treating people with kindness, sensitivity and respect. People and staff shared warm and friendly interactions with one another. People were seen smiling and laughing in the presence of staff. It was apparent that staff cared about people's experiences.
- People told us they were happy and spoke fondly of staff. One person told us, "The staff here are lovely, you couldn't wish for better. They are attentive."
- People's religious and cultural needs were established when they first moved into the home and people were able to continue to practise their faith if they so wished.
- People's confidentiality was maintained. Handover meetings, where staff discussed people's care needs, were conducted in offices so that people's privacy was maintained.
- Information held about people was securely stored in locked cabinets and offices.
- People told us that staff encouraged them to remain as independent as they could. Staff were observed encouraging people to continue to do things for themselves.

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

- People and their relatives had been involved in discussions about their care. They told us they were involved in the development and on-going review of people's care and that staff liaised with them when there were changes in people's needs. A new system had been introduced to enable the provider to better evidence people's involvement in these discussions.
- Regular meetings helped ensure people were involved in discussions about the running of the home. They were able to share ideas and make suggestions.
- Staff asked people and gained their consent before assisting them. People were actively involved in the care that was provided. Comments from people included, "I do feel involved in matters about me" and "They do speak to me about what I need."

## 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 deteriorated to 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

- People's social and emotional needs had not always been considered, assessed and met. Although people were seen to be having fun whilst participating in planned group activities, some people spent extended periods of time unoccupied.
- People who spent time in their rooms, as well as those who were living with dementia and were more reliant on staff to meet their needs, were at risk of social isolation. Staff were observed to be busy and task-focused. There were sometimes missed opportunities to interact and engage with people.
- One person was showing signs of apparent anxiety and distress and was continually calling out. When one member of staff was alerted to the person calling out they explained that the person always did this. There was no attempt to interact with the person or offer any sources of stimulation. Staff had liaised with external healthcare professionals who had prescribed medicines to help the person. One healthcare professional had advised to contact the person's family to request photos as a source of stimulation. It was not evident that staff had acted on this. The person was in their room all day with no sources of stimulation. Another healthcare professional had commented that the person appeared to be calm when being spoken to. This was apparent when a member of the inspection team spoke to the person. This indicated that the person responded well to interaction with others and that this may help alleviate some of their anxiety.
- Communal areas and gardens enabled people to spend time with others. However, people were not always supported to access the garden facilities to enjoy the outside space. Guidance from the Social Care Institute for Excellence (SCIE) advises that people living with dementia are less likely to become agitated if they can have regular access to fresh air, exercise and a quiet space away from others. One person told us, "I'd like to get out into the garden more often." Another person told us, "I would like to go out into the garden but there are not always enough staff to do that."

People did not receive care that met their needs. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People enjoyed participating in external entertainment. People were seen smiling, laughing, dancing and conducting the music.
- The provider had recognised that systems that were in place to assess and plan people's care, needed further improvement. They had streamlined the process to ensure that only information that was appropriate for people's needs and preferences was gathered and provided to staff. This helped ensure the information was more specific to people's needs.
- Reviews of people's care ensured that staff were provided with current guidance about people's needs.
- People were able to maintain contact with their family and friends who were welcomed into the home. A

relative told us, "My relative is well cared for, staff are all lovely. I'm encouraged to visit as often as I can and share decisions. They give me news about my relative."

#### 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.

- Some people were living with dementia. Information was not always provided in a way that supported them to understand and make choices. For example, people were asked to choose their meals the day before. Some dining rooms displayed the menu choices for the day and others did not. The provider had not considered other types of communication that might enable people who were living with dementia to understand the different food options available to them. We saw that people were sometimes confused as to what was being offered and what they had chosen to eat.

We recommend the provider considers current guidance on providing accessible information for people who are living with dementia.

- Staff were provided with guidance about how to support people according to their individual communication needs. Three people used English as their second language. Efforts had been made to communicate with them. Phrases had been provided in the person's first language to help encourage communication. Some staff shared the same language and communicated effectively with people. There were further plans to develop communication aids if people required further assistance or if they stopped understanding the communication with staff.

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

- The provider had a complaints policy and people were made aware of how to raise a complaint within the information provided to them when they first moved into the home.
- People and their relatives told us they felt comfortable to raise any concerns.
- Complaints that had been raised had been responded to according to the provider's policy.

#### End of life care and support

- People were able to plan for care at the end of their lives.
- People had been able to remain at the home for the end of their lives and staff had supported them according to their expressed wishes.
- Staff had worked with external healthcare professionals to ensure people had appropriate medicines so that their comfort was maintained.
- Compliments had been received and relatives had praised the care their loved ones had received at the end of their lives.

# 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, although improvements have been made, this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not consistently delivered high-quality or person-centred care.

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

- There have been on-going themes amongst the provider's other services within the Sussex area in relation to MCA and DoLS, time-specific medicines management and modified diets. The provider had acted to ensure lessons were learned and had implemented specific training to increase staff's awareness. Systems and processes had been introduced to minimise potential risks. There was a lack of oversight and monitoring of all the improvements that had been made and these needed to be embedded in practice. There were risks found in relation to people's access to high-risk foods when they required a modified diet.
- Audits and a lack of monitoring and review meant that the provider had not always identified concerns that were found at inspection. For example, the manager had identified that one person who required a modified diet had been given high-risk foods. They had acted appropriately and had raised a safeguarding referral to the local authority for them to consider under their safeguarding guidance. Despite this, records showed the person had continued to have access to high-risk foods after this time. Three other people who required a modified diet had also had access to high-risk foods that increased their risk of choking, this had not been identified by the provider. It had not been recognised that people who were at risk of dehydration had not always had access to enough fluids to maintain their health.
- Records, to document the care people had received were not always maintained. For example, some records contained inaccurate or conflicting guidance for staff. One person's records advised staff they required a 'regular' diet despite the person being assessed as requiring a modified diet. Another person's records advised staff that the person required pureed food, yet the person required their food to be soft and bite-sized. Staff had not always ensured that they accurately recorded their actions and it was not evident if people had received appropriate care or if staff had failed to correctly document their actions.
- Although it was evident that some improvements had been made and the provider was in the process of implementing and embedding these, improvements made were not sufficient. There has been a failure to make enough, sustained changes to improve people's experiences. The home has now been rated as Requires Improvement on six consecutive occasions.

The provider had not always assessed, monitored or improved the quality and safety of the service provided. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager's and provider's responses to the concerns raised showed a willingness to improve. Immediate

and robust action was taken. They developed systems and processes to minimise risk and help assure people's safety.

- The home had not had a registered manager for ten months. There was no clinical lead to provide oversight of the high-number of agency nurses to help ensure people's nursing needs were appropriately met. The day-to-day management had been conducted by a manager of one of the provider's other homes. They had worked hard to make improvements to staff's skills and practices and to change the culture within the home. A new manager had been recruited but was yet to start employment. They planned to apply to become registered manager.
- New audit processes had been introduced as it had been recognised by CQC and the provider, that those previously used had not always identified concerns that were being found at inspections of the provider's other services. There was an increased focus on quality and new roles had been introduced to help ensure people had positive experiences.
- Staff were complimentary about the changes and progress that the manager had made. They told us they felt more supported.
- The manager was aware of their regulatory responsibilities and had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

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

- People and relatives told us they felt the provider's values of wellness, happiness and kindness were implemented in practice. There was a friendly culture and atmosphere within the home. People and relatives told us they were happy and thought the home was well-led. Comments from people included, "The place is managed well. The manager seems nice," and "Overall, I like it very much here and they look after me well."

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

- The manager and staff had worked in partnership with external health and social care professionals to help ensure people received appropriate care.
- People contributed to discussions and agreements about their care. These helped ensure that people's expressed needs and preferences were listened to.
- Staff were involved in discussions about the home. Staff meetings as well as an approachable nature, enabled staff to raise suggestions and ideas to the manager. They told us that their input and suggestions were valued and listened to.
- People and their relatives had been asked for their feedback and had completed surveys which the provider had analysed to help provide assurance that people's needs were being met.

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 manager and provider had worked hard to change and improve. They now demonstrated a candid, open and transparent approach. We had confidence in their abilities to make improvements in response to the concerns that had been found as part of the inspection.
- People and their relatives told us that the manager and staff were open and honest with them. Records showed that were kept informed of any changes in people's needs or if care had not gone according to plan.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.  The registered person had not ensured that the care and treatment of service users was appropriate, met their needs or reflected their preferences.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment.  The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed or mitigated the risks to service users.

### The enforcement action we took:

We have served a Warning Notice to the provider as they had not provided safe care and treatment. They are required to become compliant by 30 September 2019.

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	Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.  The registered person had not ensured that systems and processes were established and operated effectively to:  Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).  Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

**The enforcement action we took:**

We have served a Warning Notice to the provider as they had not ensured good governance. They are required to become compliant by 31 October 2019.