Beech Care Limited

Beechcare

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
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
Beechcare is a residential care home providing accommodation for persons who require personal care to up to six people. The service provides support to people with a learning disability and autistic people, people with mental health needs, and people who have a physical disability. At the time of our inspection there were four people using the service.

The service is a bungalow and has five bedrooms, the sixth bedroom has been made into an office.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The provider had not always demonstrated how they were meeting and supporting people in with the principles of Right support, Right care, Right culture.

Right Support
Staff supported people to take part in activities, however this was not always recorded accurately and efficiently. People had not benefitted from the interactive and stimulating environment. For example, the sensory room was not easily accessible as it was used to store equipment. People's relatives told us agency staff did not always engage and interact with people they were supporting.
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.

Right Care
Not all staff understood how to protect people from poor care and abuse. Staff told us of incidents that had not been recorded or reported. The service had not always worked well with other agencies to do so. The service had not always identified and reported safeguarding concerns to the local authority. The service did not have enough appropriately skilled staff to meet people's needs and keep them safe. Relatives told us there were only a few staff who knew people well and how to support them. People were being supported by staff who had not received safeguarding training or the restrictive practises training that was detailed in a person's care plan. People did not always receive care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. For example, during inspection we observed staff not always promoting people's independence.

Right Culture

Not all staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. For example, the service needed the support of agency staff who did not always know people's needs or wishes. People did not always receive good quality care and support. For example, people who needed one to one support from staff did not always receive this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 15 November 2018).

Why we inspected
We received concerns in relation to the management of people's specific health and support needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. However, during the inspection, further concerns were found, and all key questions were covered.

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.

Immediately following inspection, we asked the provider for assurances about the immediate actions they were taking to address the most serious risks. This included management of weight, constipation and behaviour support plans. The overall rating for the service has changed from good to inadequate based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the service not keeping people safe from harm or abuse and inadequate risk assessments and guidance for staff about risks to people. We also identified that staff had not undertaken the required training to support people effectively and safely. The registered provider had failed to effectively monitor and improve the quality of the service.

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
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 six 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? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Beechcare

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 was carried out by two inspectors

Service and service type
Beechcare is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Beechcare is a care home without 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 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
People were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spoke with three relatives about their experience of the care and support provided. We spoke with eight members of staff including the home manager, supporting manager, senior support worker and night and day support workers.

We reviewed a range of records including three people's care and support plans and medication records. We also reviewed a number of documents relating to the running of the service, this included staff rotas.

Inadequate

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

Assessing risk, safety monitoring and management

- People were not always kept safe from the risk of harm. The provider had not helped keep people safe through formal and informal sharing of information about risks. People's specific health needs were not always well managed.
- People who were at risk of malnutrition had not been supported to ensure they received their nutritional supplements. For example, one person's SALT assessment (speech and language therapy) outlined that any significant weight loss would need to be referred for support. The person had been prescribed two nutritional supplement shakes per day; however, the staff had been administering one. The MAR (medication administration record) detailed two shakes had been prescribed. When we spoke to staff, they were unaware two nutritional shakes had been prescribed and had not highlighted or identified the person's weight had decreased by at least 10%.
- Constipation risks were not well managed. Staff did not identify or record that a person, who was at risk of constipation, had not opened their bowels over a period of 7 days. Staff had not administered any medicines to help the person in line with the prescribing instructions.
- People who lived with epilepsy did not have a support plan in place to guide staff. For example, one person who lived with epilepsy did not have information in place to describe how their seizures presented, what to do in an emergency situation or how to support them post seizure. One member of staff was able to describe how they supported this person but there were no guidelines in place to support the new members of staff or agency staff.
- People who were at risk of eating inedible items did not have support plans in place to guide staff to keep them safe. One person's SALT assessment and local authority review highlighted the person could eat inedible items increasing their risk of choking. However, when we spoke to staff and management, they were unaware of this risk. The person's behaviour support plan documented staff could give the person plastic items even though other external professional assessments and reviews detailed they could eat inedible items and increase the risk of choking.
- People who were at risk of choking did not consistently have detailed support plans in place for staff to follow to keep people safe, including information such as the use of back slaps, CPR and calling 999."

The provider had failed to assess the risks to the health and safety of people or do all that is reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 .

- Following the inspection, we asked the provider to take immediate action to address the serious concerns we found. The provider began to put risk assessments in place for people's specific health needs.

Staffing and recruitment

● The number and skills of staff did not match the needs of the people using the service. The provider had failed to ensure there were enough competent and trained staff deployed to support people. For example, one person's behaviour support plan detailed they needed a staff member trained in positive behaviour support. The person had not always been supported by staff who were trained in this area, this included new staff members and agency staff. The person was at risk of receiving inappropriate care by not being supported in line with the agreed intervention processes.

● The service did not have enough staff for one-to-one support. On more than one occasion there were not enough staff to ensure people had their one-to-one hours. An incident occurred where one person hit another person in the service . The person should have been supported one-to-one with staff, however the incident report states the staff were not supporting them at the time of the incident.

The provider failed to deploy suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 .

● Safe recruitment processes were followed. The provider ensured pre-employment checks were completed before staff began working at the service. These checks included a current Disclosure and Barring Service Criminal records check (DBS). DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

● Safeguarding incidents were not always reported by staff. One staff member told us about an incident where one person attempted to hit another person in the service. The staff member intervened so the person did not get hit, however the staff member got hit themselves. They told us they had not competed an incident form or reported it to anyone. We could not be assured safeguarding incidents were always documented and reported.

● The provider had not ensured all staff members had completed safeguarding training prior to supporting people. Two new members of staff were supporting people with one-to-one and had not yet completed their training in safeguarding . One of the new staff members told us if they had any concerns, they will raise it with the senior.

Learning lessons when things go wrong

● People did not always receive safe care because there had not been learning from incidents. The provider did not have effective and robust systems in place to highlight and identify any trends with incidents and accidents.

● Staff did not always raise concerns and record incidents to help keep people safe. Staff told us of an incident that was not recorded or reported to be investigated.

Preventing and controlling infection

● Staff told us they were testing in line with current guidance. However, there were no records to evidence that all staff and agency staff had completed their LFT tests. The provider was aware of this and was in the process of setting up a process to document and evidence staff testing.

● 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 promoting safety through the layout and hygiene practices of the premises.

● 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.

● The service had a process in place for ensuring visitors had a negative COVID 19 lateral flow test. The staff asked visitors for proof of their lateral flow test and took their temperatures. If visitors did not have a lateral flow test they could take one at the service and wait for the results, prior to entering the service.
We have also signposted the provider to resources to develop their approach.

Using medicines safely
● The service ensured people's behaviours were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed in line with these principles. MAR charts showed that people were being given their medicines in line with STOMP.
● People were supported by staff who followed systems and processes to administer, store and record medicines safely. We observed a staff member administering medicines in line with current guidance. The staff member spoke to people and told them what their medicines were.
● Temperatures were recorded to ensure the medicines were kept in a location that did not exceed the recommended temperatures for storing the medicines. If it was identified that it was getting too warm, action was taken to reduce the temperature such as adding an ice pack to the cabinet.

Requires Improvement

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 good. At this inspection the rating has changed to 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

- People were not always supported by staff who received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support. For example, staff had not received training in different communication tools. People who lived at the service did not always communicate verbally and used their own expressions and body language to communicate. There was a risk people would not be able to express themselves and their choices to staff effectively.
- There service did not have clear procedures for team working and peer support that promoted good quality care and support. There had been a number of staff changes at management level as well as a number of different agency staff supporting people. Staff and relatives told us that the team did not work effectively together. For example, staff and relatives told us agency staff members had fallen asleep during their shift. One relative told us, "All the agency staff do is sleep or sit there and do nothing, they don't support people or interact with them."
- Staff were not always able to attend updated training and refresher courses which would help staff continuously apply best practice. For example, staff were unable to attend some refresher training as they were needed to support on shift.

The provider failed to deploy suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 .

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

- The provider had failed to ensure they were meeting the Right support, Right Care, Right culture guidance. Staff had not always ensured people had up-to-date care and support assessments, including positive behaviour support plans. For example, one person's support plan review had failed to acknowledge the person's health risks regarding their sensory support needs. Staff identified the persons needs had changed and made a hand-written note on the PBS plan, however there was no date to determine when they highlighted this. The plan also failed to highlight that although this person had a particular sensory item they enjoyed, it did not highlight this was also a choking risk to that person."
- People did not always have support plans that set out their current needs. For example, one person had been prescribed medicine for a mental health illness, however there was no support plan in place on how to help and support this person with their mental health.
- People's care plans reflected an understanding of people's needs including communication support. For

example, one person's care plan detailed how they recognise objects and picture very well to support them to make choices .

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

● The provider had not ensured there was accurate and up to date information in place for external health professionals. People had hospital passports in place, however the information was not always up to date. For example, one person's hospital passport did not contain details about the person being at risk of choking and what adaptions they needed to their food to minimise the risk of them choking. Hospital passports ensure important information is available to health care professionals, for example if someone needs to attend accident and emergency.

● The provider had not always ensured people were supported to live healthier lives and access healthcare services and support. People were not always supported to seek health advice, screening and access primary care services when needed. For example, health advice had not been sought by the provider regarding people's constipation management. These areas have been reported under the safe section of our report.

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

● People were supported to eat and drink to maintain a balanced diet. Mealtimes were flexible to meet people's needs and to avoid them rushing meals. For example, if people were out for the day, dinner would be organised around them being out or they would eat dinner out.

● The staff carried out food safety checks to ensure food that was made met food safety guidelines. For example, staff took the temperatures of food that had been cooked to mitigate the risk of food poisoning and people becoming unwell.

● Relatives gave mixed feedback about the food people were supported to eat. For example, one relative told us the, "The food seemed to be okay when I went there." However other relatives felt the food could have been better, for example one relative told us, "A few months ago all the meals were nicely cooked but now that doesn't seem to be the case, I made a complaint about the food".

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

● People's care and support was provided in a clean and well-equipped environment. During inspection we observed the home to be clean, this included people's bedrooms and communal areas.

● People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

● The design, layout and furnishings in the home supported people's individual needs. For example, enough room was available for wheelchairs to be manoeuvred around the home.

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty .

● For people lacking capacity to make decisions about their medicines, best practice was followed. For example, best interest meetings were held with health professionals and relatives to discuss what the person's best interest were regarding their medicines.
● Staff knew about people's capacity to make decisions through verbal and non-verbal means. For example, one staff member told us they supported someone by holding two different items and then they would pick which they preferred, this could be clothing or food.
● The provider had ensured people who needed a DoLS, had one in place and that it was up to date.

Requires Improvement

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.

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

● People's independence had not always been promoted by staff . For example, during the inspection, we observed a staff member attempting to put on a person's slippers, whilst they were standing and without communicating with them. Another staff member told them that they should ask the person if they wanted to put their slippers on and if they would like to go and sit down to be supported.

● People were not always well matched with their designated support worker, which meant people were not always happy, engaged and well-stimulated. For example, one person's support plan detailed they found it difficult having new staff or agency staff supporting them and would seek the support from someone they knew well. On inspection and other occasions, the person was being supported by new or agency staff. During the inspection, the person appeared more settled and happier when they sought support from the staff they knew well.

● People's privacy and dignity was supported and respected by staff. For example, during inspection we observed staff closing bedroom doors if they were delivering personal care.

●We observed some staff to be patient and to use appropriate styles of interaction with people. For example, one staff member understood one person's communication style and was able to support them with planning about what activity they wanted to do that day. The person was able to choose by using body language and hand gestures that the staff member understood.

● Relatives had mixed reviews about staff. For example, one relative told us, "There is one staff member left that is excellent, the new staff don't know [person's] needs, its hit and miss with the staff being caring." Another relative told us, "The staff seem to be caring and understating ." These are areas that require improvement.

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

● Staff supported people to maintain links with those that were important to them. For example, one person regularly saw their relative who played an active part in their care and support.

● People were enabled to make choices for themselves and staff ensured they had the information they needed. For example, staff used picture cards to ensure people were able to make their own choice, this included pictures for dinners.

● Staff told us, "If people want a lay in or to stay in bed that is their choice, we just support them when they wish to get up but if we think they are poorly we will call the doctor".

Requires Improvement

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 good. At this inspection the rating has changed 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

● Care plans were not always consistent to ensure people received personalised care to meet their needs. Staff told us that care plan documents had been changed a number of times recently when each new manager took over the service. Staff felt there was no consistency and not everything was being recorded by all staff to ensure the support people were receiving was meeting their needs and preferences .

● Care and support documents were not easy to follow are were not completed consistently with the same level of detail or evidence. For example, one person's daily notes did not detail what that person had done that day whereas on other days more detail was provided. The provider could not be assured people were receiving person centred care.

● Staff that knew people well, knew their likes and dislikes. This included what activities people liked to do and what they liked to eat and drink. For example, one staff member was able to tell us a person's favourite drink was a fizzy drink and they called it 'bubbles'.

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

● Staff had not always recorded people's activities consistently or with relevant information regarding activities. For example, one person's key worker report from May should have listed what activities they had done, but there had been no entries for this month. The provider could not be assured people were taking part in activities that were relevant to them. This is an area for improvement.

● The service had not ensured the sensory room was easily accessible for people to use as and when they wanted. The sensory room was being used to store large chairs and the weights chair.

● Staff were able to tell us what people liked to do, for example, one person enjoyed going out to eat. Although activities were not always recorded, on the day of inspection people carried out their normal routines and went out with staff .

Improving care quality in response to complaints or concerns

● The provider had failed to always ensure a positive outcome with people regarding complaints and concerns. People, and those important to them, could raise concerns and complaints. However, relatives felt when they raised concerns they were not always listened to or acted upon. For example, one relative told us, "They [service] tell me they have failed [relative] and admit it but they don't act upon it . Another relative told us, "The management don't seem to get to grips with anything".

● Staff also told us relatives were able to make complaints or raise concerns with them and this would be passed onto management.

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 had individual communication passports that detailed effective and preferred methods of communication. For example, one person's plan outlined words they were able to use such as hello and goodbye, but also that visual aids such as pictures were very useful.

● We observed information in care plans and around the home using picture format. For example, one person's end of life care plan was in easy read picture format. COVID-19 guidance around the home was also in easy read, including hand-washing and social distancing.

End of life care and support

● The provider ensured end of life care plans were in place for people. We viewed one end of life care plan that detailed the involvement from external professionals such as the district nursing team.

● People and their relatives were involved in the discussions surrounding their end of life care. The information was also available in people's care plans in a format that was easily accessible for them.

Inadequate

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 good. 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
There was no registered manager for the service.

- The provider failed to ensure that the management team at the service had sufficient oversight of the service to address any shortfalls. The management at the service had been inconsistent and the provider had failed to ensure people's care and support plans were up to date and contained the necessary information for staff to be able to support people in the way they needed. For example, care plans failed to address and mitigate behaviours when people may eat inedible objects.
- The provider had failed to invest in staff by providing them with quality training to meet the needs of all individuals using the service. The provider had failed to ensure that staff had received the necessary restraint training in line with people's behaviour support plans .
- Governance processes were not effective and did not help to hold staff to account, keep people safe or provide good quality care. The provider did not have an effective and robust system in place to ensure there was oversight and analysis of incidents, accidents and people's behaviours. Staff told us of incidents that had happened but had not been recorded or reported. For people who needed their emotional wellbeing monitored, these were not reviewed regularly to assess if there were any changes to the person's health and wellbeing.
- The provider had failed to ensure staff delivered good quality support consistently. During inspection we observed care that did not always promote people's independence or was in line with their support plans. For example, one person was left on their own when their support plan detailed they should not be left on their own.

The provider failed to monitor and mitigate the quality of the service and to individual people using the service. This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had failed to ensure the service was meeting the Right support, Right care, Right Culture guidance and did not have a plan in place for how to meet this guidance. The provider had failed to ensure that care and support was person-centred.
- Leaders were not always visible within the service. The registered manager had left the service a few months prior to CQC's inspection there had been no management presence at the weekends. A number of

different managers were overseeing the service; however, they had failed to identify the issues we found on inspection.
● Staff did not feel supported and the provider had failed to ensure a positive culture within the service. Staff told us they felt frustrated with the management changes and the lack of consistency. The provider had failed to ensure that the staff who knew people well were not over-burdened with taking on management tasks as well as their caring and supporting responsibilities in the service .
● The provider had failed to ensure that relatives were confident with their responses to concerns. Relatives told us they felt nothing changed after they had raised concerns to the managers and provider over a period of a few months.

The provider had failed to evaluate and improve their practice to continually assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood their role regarding duty of candour. The service apologised to people, and those important to them when things went wrong. However, relatives told us that although the service apologised, they felt no changes were made to rectify the issues or concerns raised.
● Incident forms detailed when relatives were informed and if there was no response this was recorded with date and time of attempted contact.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Working in partnership with others
● The service had not always worked well with other external professionals; the provider had failed to identify and report a safeguarding concern to the local authority when there had been an incident of possible neglect regarding people's weight management.
● The provider had failed to ensure referrals to external health professionals were made in accordance with care and support plans. A referral to the dietician and SALT team had not been made in line with the person's SALT assessment.
● The provider failed to consistently ensure people and their relatives were engaged and involved in the service. The provider had sent questionnaires to relatives, however there was no date on the questionnaires and the supporting manager was not sure when people's feedback was sought. There was limited feedback from the questionnaires, however some comments detailed a lack of activities.
● Feedback was sought from people in the form of a residents' 'talk time' and management told us this was done on a monthly basis. One person's 'talk time' was held with the person and their key worker, the person was asked questions including do you like your key worker. It was documented the person gave their keyworker a hug when they asked them this question.
● Feedback from people was facilitated in a way to ensure people's equality characteristics were considered. For example, during 'talk time' the staff member ensured the questions being asked were in a format of the persons choosing. One 'talk time' used picture cards and symbols, this was highlighted in their care and support plan to be the most effective way for that person to express their choices and emotions staff.

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 The provider had failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. The provider failed to deploy suitably qualified, competent, skilled and experienced staff.

The enforcement action we took:

We applied a condition to the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to monitor and mitigate the quality of the service and to individual people using the service

The enforcement action we took:

We applied a condition to the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy suitably qualified, competent, skilled and experienced staff.

The enforcement action we took:

We applied a condition to the provider's registration.