The Chase Care Home Ltd

The Chase Rest Home

Inspection report

The Chase
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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 well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
The Chase Rest Home is a care home that accommodates up to 24 people. The service supports a wide range of people including those living with dementia and other mental health needs. At the time of our inspection there were 19 people living at the service.

People's experience of using this service and what we found
The service was not well-led. There was no effective governance system in place to ensure the service was meeting regulation. In the absence of a registered manager, the provider had not maintained oversight of the service to ensure that people's safety was maintained.

Documentation had not been maintained to an appropriate standard. Care plans and risk assessments were confusing and contradictory. People's care was not always planned or delivered in a person-centred way as staff did not have access to up to date and relevant information about people's care and support needs.

There was not an effective system in place to manage the environment and to review overall maintenance and safety in the home. This included fire safety, general maintenance, systems and service checks.

Staff did not demonstrate a clear understanding around safeguarding people from abuse. The provider had not reported an allegation of abuse in line with regulatory requirements.

We identified staffing and recruitment concerns. Staff did not receive an appropriate induction or training before working unsupervised. Recruitment processes were not robust to ensure people were safe to work in the home. Staff were covering roles without the appropriate training and experience.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Documentation around Deprivation of Liberty Safeguards (DoLS) was not clear, staff were not sure who had a DoLS authorisation currently in place or what this related to.

Improvements were needed to ensure people's nutritional needs were met appropriately. Staff were not appropriately trained to ensure meals were provided in a nutritional and appetising way. Information about people's nutritional needs had not been updated.

Infection prevention and control (IPC) concerns were identified. Areas of the home were not suitably clean. Laundry and kitchen procedures needed to be improved.

People told us they liked staff; we saw staff engaging with people in a polite manner. The service worked with outside agencies to support people's mental health needs.

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 17 July 2018). At this inspection breaches were identified. The service has now been rated as requires improvement.

Why we inspected
The inspection was prompted in part due to concerns received about safe care, medicines, staffing, training, reporting allegations of abuse and maintenance. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Enforcement and Recommendations
We have identified breaches in relation to safeguarding people from abuse, safety, staffing, recruitment, mental capacity, infection prevention control and good governance. Please see the action we have told the provider to take at the end of this 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.

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

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 well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

The Chase Rest Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
The Chase Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Chase Rest Home 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 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. A new manager had recently been employed but had only been working at The Chase Rest Home for one week at the time of the inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We contacted the local authority market support team for feedback. We reviewed information we hold about the service including enquiries and notifications. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with 11 staff including the new manager and deputy manager and care staff. and 11 people living at The Chase Rest Home. We reviewed a range of records. This included four people's care plans in full and a further two people's to look at specific areas in relation to their health and care needs. We also reviewed other documentation in relation to people's safety, including medicine administration, accidents, incidents and risk assessments. We looked at staff training and competencies, and a variety of records relating to governance and the management of the service, policies and procedures. We asked the provider to send us a number of documents which could not be found during the inspection.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were not in place.
- Staff did not have access to appropriate safeguarding policies. Policies found in the manager's office were out of date. Although staff told us they would report any issue to the manager, they were not clear on what to do if this was not appropriate.
- New staff had not completed safeguarding training, and other staff were out of date.
- The provider had not ensured that in the absence of a registered manager, referrals to the local authority and CQC were still completed. An allegation of abuse had occurred. This had not been referred to the local authority or CQC. There was no procedure in place for staff to follow and no formal investigation or action had been completed by the provider. Following the inspection, we received reassurances from the provider and manager that this allegation had been referred to the local authority.
- There was no process for staff to follow when accidents or incidents occurred. Although some incident forms were found, these did not contain all required information and body maps were not routinely completed when required. A body map should be used to clearly document the location and size of any injuries or wounds. There was limited oversight of accidents and incidents by management or the provider.
- People were at risk as no analysis of accident and incidents had been completed to identify any reoccurring risks or identify improvements and learning to keep people safe. For example, we found incidents of self-harming behaviour that could put the individual and others at risk. These had not led to a thorough review of care or updated risk assessments for the person or the environment.

The provider had failed to safeguard people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the new manager told us they were working with staff to implement safeguarding systems and improvements to the recording of accidents and incidents to mitigate risk.
- People we spoke to told us they felt safe living at the home. One person told us, "I lock my door, that way I know my things are safe." Another said. "I know there are people here to help me if I need them."

Using medicines safely

- Medicines systems needed to be improved to ensure people received their medications safely and effectively.
- Medicines were not being checked to ensure they were in date. We found a controlled pain relief liquid medicine which was out of date. The manager told us this was not currently being given. Therefore, they

would ensure it was removed and a replacement bottle requested.
● Prescribed creams were stored in people's rooms. Many creams have a limited use by date once opened. We found a number of creams which had not been dated on opening to ensure they were used within the required timescale. We also found opened eye drops stored in the medicines fridge with no opening date recorded.
● It was unclear if people had received their medicines as prescribed. We found gaps on people's medication administration records (MAR) We asked care staff if they had noticed the gaps when administering medicines. One told us, "There are lots of gaps, I tell people to make sure they write it down properly, but still it happens."
● We looked at previous medicine audits. MAR charts were not always looked at as part of the audit. However, senior staff spoken with told us they knew there were medicines issues. Despite staff being aware of the gaps, we could not evidence any action had been taken to investigate the errors or to improve medicine processes.
● People who required 'as required' or PRN medicines had protocols in place to inform staff how and when to give these medicines. However, staffing at night did not always include a medicine trained member of staff. This meant that all medicines had to be given by day staff before they went home. It was unclear how people who may require PRN medicines at night, for example, for pain relief, would have this provided in a timely manner.
● Staff providing medicines had completed medicines training and had competencies assessed in the last 12 months.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● The provider had not maintained systems to ensure risk was monitored and managed safely.
● People's individual risk assessments were out of date; many included a number of handwritten changes. This meant staff were not able to assess relevant information about risks for people. For example, following changes to their mental or physical health.
● One person was receiving end of life care, although care plans stated a number of risks, including the risk of skin breakdown due to being cared for in bed. No specific guidance was in place to advise staff what signs to look for which may indicate skin integrity breakdown.
● Care plans and risk assessments did not include people's current care needs and associated risks including changes to their nutritional needs. There were a number of new staff working at the home who did not know people's needs, this placed people at risk.
● Staff who had worked at the service for some time were able to tell us about people and their needs. Staff told us, "I have been here for years, I know all about people and their lives." Another said, "Those of us who have been here a while know people, but the new ones don't know them and that makes it difficult we have to tell them what to do."
● We identified a number of environmental concerns. There was no clear system for reporting maintenance issues. We found a number of general maintenance issues which had not been addressed. This included windows which did not close properly, damage to the front door, a broken doorframe and general maintenance upkeep throughout the building. Environmental risk assessments had not been reviewed. This included free standing heaters in people's bedrooms. No evidence could be found to confirm when these had last been checked to ensure they were safe to use.
● Fire safety had not been safely managed. A current fire risk assessment for the service could not be found. We informed the provider during the inspection that this needed to be in place. Following the inspection, the provider confirmed this had been completed.
● Not all staff were trained to use the evacuation equipment which may be required to assist people if an emergency evacuation was required.
● Personal Emergency Evacuation Plans (PEEP) did not include relevant information. A PEEPs form located

by the front door did not include people's names. Two individual PEEPs found on the inside of people's bedroom doors referred to a different person, others needed to be updated, for example, in relation to the person's mobility. The manager informed us these had been updated following the inspection. Fire exits located in people's bedrooms were not being checked regularly to ensure they were not blocked. We saw one example where a number of bags and items were on the floor directly in front of the fire escape.
● Window restrictors were not in place on all windows. We found windows in bedrooms on second floor which did not have adequate window restrictors in place. We raised this with the manager and requested this was rectified immediately. This was completed during the inspection.
● Processes were not in place to ensure management or provider oversight of the day to day running of the home. This meant there was limited evidence of learning taken forward to facilitate effective care provision and identify areas for improvement.

The provider had not ensured people received safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Concerns identified during the inspection were discussed with the provider and manager. Although some immediate action was taken too mitigate immediate risk, further action was needed to ensure people remained safe.

Staffing and recruitment
● The provider did not have safe recruitment processes in place to ensure fit and proper persons were employed. Recruitment folders did not contain all required information.
● New staff were working during the inspection, although people told us they liked staff and care staff seen appeared to be kind and caring, the provider had not ensured all required recruitment information was in place. A carer told us. "Some of the new staff have never worked in care before, it's really hard trying to help them and do the job yourself."
● One staff member had been employed for a week and was working unsupervised. Full recruitment information had not been recorded, recruitment information did not include references, full employment or education background.
● A further staff member had been at the service three months had one reference but there was no explanation regarding who this person was. No reference had been sought from their most recent employer and no explanation had been recorded to explain the rationale for this. A full background of employment had not been recorded. This meant the provider could not be assured people were safe to work at the home. The provider has sought further recruitment information following the inspection.

The provider had not maintained appropriate recruitment processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Disclosure and Barring Service checks(DBS) were in place for staff and new staff had completed a basic health and safety checklist which staff told us was part of a walk around the home and being shown where things were kept.
● Following the inspection the provider informed us further recruitment information had been sought and added to new staff recruitment documentation.

Preventing and controlling infection
● One member of care staff had been assigned cleaning duties. This was four hours a day and did not include weekends. We were not able to evidence if staff carrying out cleaning duties had received appropriate training to ensure they were aware of required Infection Prevention Control (IPC) measures

specifically in relation to COVID19 and the spread of infection or Control of Substances Hazardous to Health (CoSHH).

● Daily cleaning logs were not completed consistently. Staff told us cleaning was completed Monday to Fridays, however, it was apparent that some areas of the home required a more thorough clean and it was not clear how staff worked with people to maintain their rooms to an appropriate standard of cleanliness.

● Some bedrooms and ensuite areas needed to be cleaned to ensure appropriate standards of cleanliness were maintained.

● The laundry room was located in a small outbuilding accessed via the garden. There were no handwashing facilities or means for staff to clean and disinfect their hands after handling soiled laundry. There was no clear distinction between areas for clean and dirty laundry to be handled. Laundry was on the floor and it was unclear if this had been washed or not.

●Care staff were seen entering the kitchen throughout the day wearing their care uniform without wearing an apron. Personal Protective Equipment (PPE) is required to prevent a risk of cross contamination. The kitchen sink area was being used by a number of staff to get drinks and to wash cups. This area was not appropriately clean.

● Staff did not have access to an up to date IPC policy, however, some COVID19 specific information was available for staff.

The provider had not ensured Infection prevention Control measures were maintained. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

There were currently no visiting restrictions in place.

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.

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

- People's care documentation was out of date. We could not find evidence that people had been involved in monthly reviews or that changes to their health or care needs had been discussed with them.
- Care plans had a large number of handwritten changes which meant information was confusing and difficult to follow. One person's mobility/falls care plan and risk assessment had been written in February 2017. This had thirteen handwritten changes. Information was contradictory and confusing. A second person's cognition/mental health care plan contained numerous changes and their care and support needs were not clear. This put people at risk of receiving unsafe care, particularly due to the number of newly employed staff who did not have access to clear guidance about people's care and support needs.
- There was limited information to demonstrate how the provider and staff kept up to date with relevant standards and guidance. Policies and procedures were out of date, this meant staff did not have access to relevant guidance and information.
- People told us they felt lonely and bored. There were no structured activities provided for people to motivate and engage with them to do the things they enjoyed. People spent their time sleeping, sitting in their rooms or communal areas watching television. People who smoked went out into the garden. One told us, "I like to come outside, it would be nice if there was something nice to sit on or look at." Another told us, "There is not much happening."

Staff support: induction, training, skills and experience

- There was no formal induction for new staff. A health and safety checklist was completed which included staff being shown around the building, however, no structured induction was carried out. This meant staff did not receive adequate mandatory training or support to ensure they were confident and competent to carry out the role before working unsupervised.
- New staff were working unsupervised without having completed mandatory training or an induction. A carer who had worked at the home for a week had completed three days of shadowing the week before the inspection. This was carried out by two other care staff, both of whom had only worked at the home for a few months. There was no evidence that any discussion or review had been completed by senior staff before this person began working unsupervised.
- There were no designated kitchen, laundry or activity staff. Care staff were allocated these tasks. It was unclear if staff had received the appropriate training or where suitably experienced to carry out these roles. Staff told us covering these tasks impacted on people's care and the time they had to spend with people. Following the inspection, we were informed by the provider that they are advertising for new kitchen staff.
- We were not able to see a full training matrix. Staff training was accessed online. The manager was unable

to have oversight of all staff training. Training records could only be accessed by going into each staff members individual training record. This meant that management had no oversight of who had competed training and those who were out of date or had training due.
● Staff told us they were aware they had further training to complete. One told us, "I have completed quite a bit, but have quite a few that I still need to do. I need to find the time to do it at home."
● A number of areas of training were out of date or not completed. Following completion of online training, no competency checks were carried out to assess staff levels of understanding. A member of staff who was working unsupervised and had not yet been added to the training system.
● The provider had not maintained oversight of staff training This meant that some staff were working without the training and experience to ensure peoples care needs could be met. People living at service had mental health needs, some staff had not completed training to ensure they had the knowledge and understanding to support people effectively.
● Although a supervision programme was in place. This needed to be improved to ensure it provided staff with support and an opportunity to identify areas for learning and improvement.

The provider had not ensured staff received an induction programme and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet
● Improvements were needed to ensure people's nutritional needs were met.
● Care staff were currently covering kitchen duties, including cooking. Some people living at the home had Speech and Language Therapy (SALT) guidance in place. Staff currently covering kitchen duties were not able to demonstrate an adequate understanding of people's nutritional needs, for example fortifying and appropriate meal textures. Staff described mashed or pureed diets as 'smoothies'. We saw this was presented to people with the whole meal blended together in a bowl, which did not look appetising.
● There was limited evidence that people were involved in day to day meal choices. Meal decisions were made based on what food was available on the day.
● People had guidance in their care plans regarding their nutritional needs. However, we found care plans and risk assessments did not include the most recent guidance. Staff were not aware of everyone's nutritional needs, one person's care plan stated they were required to be sat up for 20 minutes following a meal. Both the manager and inspector witnessed that this did not happen following lunch.
● People told us they enjoyed the meals provided but were not always aware what they were having until it was being prepared.
● Nutritional support needed to be improved. The manager informed us during the inspection that SALT reviews would be requested to ensure care plans were up to date.

Adapting service, design, decoration to meet people's needs
● Areas of the home required maintenance and redecoration. Specifically, ensuite and communal toilets and bathrooms. Windows needed to be maintained to ensure they opened and closed effectively.
● Improvements were needed to the rear garden to ensure it was a pleasant and safe area for people to access.
● The home had a passenger lift for people with reduced mobility.

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.

● Improvements were needed to the management of MCA and DoLS to ensure people were not subject to undue restrictions..
● Staff and management were not able to clarify who had a DoLS authorisation in place. We found information in some care folders which indicated that a DoLS authorisation was in place, however, one folder only contained minimal documentation, so it was not clear if the authorisation had ended.
● Care staff who had worked at the service for some time were able to tell us about people's capacity and were aware some DoLS authorisations were in place. However, there was a disparity in information provided and this demonstrated that the correct information needed to be clarified.
● Mental capacity assessments and best interest meetings had not been consistently recorded to demonstrate who had been involved in decisions made about people's care.
● Consent forms had not been updated for some time. We could not find any recent consent forms or discussion with people regarding CCTV in communal areas of the home.

The provider had not ensured principles of the MCA 2005 had been applied. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The new manager told us they had contacted the local authority DoLS team and requested copies of all current DoLS authorisations.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with other outside agencies to support people including mental health teams, community nurses and GPs.
● Referrals had been completed to relevant healthcare professionals, including SALT.
● People were supported to attend appointments. On the day of the inspection the manager escorted one person to a mental health appointment as they did not wish to go alone.

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

- The provider had not ensured good quality assurance had been maintained. There was no evidence of learning, reflective practice and service improvement.
- Maintenance and service checks had not been managed safely. We found a number of maintenance issues during the inspection as detailed in the safe and effective sections of the report.
- Environmental issues found during the inspection demonstrated a lack of provider oversight and clear systems in place for the management of maintenance. Staff told us they reported concerns, but these were not always sorted in a timely manner.
- People were at risk as safety checks around the home had not been completed. The manager and senior staff were unable to find a number of safety checks and information. This included a fire risk assessment, legionella certificate, gas safety and Portable Appliance Testing (PAT). There were no regular checks on window restrictors to ensure they were in good working order. Water flushing had not been completed for a month, cleaning schedules had not been completed consistently and audits were not identifying areas of concern These need to be clearly documented to demonstrate a safe environment for people.
- Following the inspection, we have received the gas safety certificate. The provider has also confirmed that a fire risk assessment has now been arranged and will be completed shortly. We have not received other items requested.
- Staffing levels and staffing allocation needed to be improved. People told us there had been a lot of new staff recently and they were aware there had been a change to the management of the home.
- The service had not had a registered manager since 27 August 2022. The new manager had only been working at the home for a week at the time of the inspection. During the interim period two deputy managers had been left in charge. Despite reassurances from the provider prior to the inspection that they attended the service regularly and had oversight of the running of the home, we found a number of concerns during this inspection.
- We found people's care needs had not been fully completed. For example, people who required support and encouragement to get up and dressed were seen to stay in bed throughout a large portion of the day. People told us, "I only get up when I want to go outside for a cigarette, I prefer to stay in bed." Another said, I only get up for meals then go back to bed to sleep."
- Further areas of people's personal care needed to be improved, for example, encouraging and supporting adequate mouthcare. We found a number of people did not appear to have access to mouthcare equipment and had not had mouthcare supported.

● Parts of the home were untidy and cluttered. Staff told us the lounge area was 'a mess'. It was clear that this area had not been tidied for some time. There was an area in the lounge being used to store people's belongings and laundry. The area was very untidy and included suitcases, black bags which we were told by staff belonged to previous residents and various equipment, furniture, boxes and general rubbish. This was not a nice environment for people to sit in and did not show respect for people's belongings. Despite a curtain being placed to hide the area from people sat in the lounge, the curtain was not drawn on either day of the inspection. Following the inspection, the manager informed us care staff had tidied people's laundry.
● Information in people's care plans was not always in line with best practice guidance. People's care was not always planned or delivered in a person-centred way, as they were not all up to date or accurate. The provider had informed CQC prior to the inspection care plans and risk assessments were up to date. At this inspection we found documentation had not been maintained appropriately. Information provided for staff was confusing and contradictory. Staff did not have access to up to date policies or procedures and effective quality assurance systems were not in place.
● Care plans were almost impossible to follow with numerous handwritten changes. Monthly reviews on care plans stated 'no changes'. However, separate monthly forms found in some care folders did include changes. This information was not used to update care plans. For example, nutritional guidance and information in relation to peoples end of life care and mental health needs. Risk to people was increased due to the number of new staff recently employed. Staff could not easily access relevant information about people's care and support needs.
● There was a lack of recording in relation to people's oral hygiene. We were unable to confirm whether people's teeth had not been cleaned. If people refused personal care records did not demonstrate that staff had returned to encourage this later in the day.
● Risks were not being responded to appropriately to ensure people were protected from the risk of abuse. Following an allegation of abuse made to senior staff, the provider had not ensured a referral was completed to the local authority and CQC as required, and appropriate actions had not been taken.
● Accident and incident processes were not being followed. Incident forms completed did not include all required information, for example, body maps were not consistently completed following an injury or wound. There was no clear process in place to assess, review and analyse accidents and incidents to identify trends or themes to help prevent reoccurrence.
● Paperwork was not stored appropriately. Incident forms, updates and reviews were found in the manager's office in piles, some were in people's care folders, daily records were not in a locked cupboard. The manager and senior staff were unable to locate a number of requested items of documentation. Much of the information found was out of date.
● There was no effective quality assurance system in place to monitor and review the service. Medicine audits did not include all areas of medicine administration. When issues had been identified no changes had been actioned.
● There was no evidence of areas for improvement being identified or learning taken forward.
● Staff were unable to locate relevant paperwork in relation to people's capacity and DoLS. This meant that people could be at risk of inappropriate restrictions.

The provider had not ensured good governance of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People told us they would like to be more involved. One person who preferred to spend time in their room told us, "I only see staff when they come in to do things like bring in meals or empty the bin. No one comes in to talk to me and ask how I am, or what I would like."

● Staff meetings had taken place. We looked at the minutes for meetings which identified a number of issues being raised by the previous manager in relation to the day to day running of the home and care provision. It was not clear what improvements or systems had been introduced following the meeting.
● The new manager had already introduced formal staff meetings and told us these would be taking place regularly moving forward.
● Residents' meetings had last taken place in June 2022. The new manager told us that these would continue to ensure people had a chance to share their views.

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 was aware of their legal responsibility in relation to duty of candour. The new manager was able to explain to us what actions would be taken if something went wrong.

Working in partnership with others
● Staff told us they worked with other outside agencies and health professionals. The new manager told us they hoped to build relationships moving forward.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure peoples capacity was monitored and reviewed. Deprivation of Liberty Safeguards had not been managed appropriately.

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 provide safe care and treatment to people, including failing to assess and mitigate risks to individuals and the environment. The provider had failed to ensure safe management of medicines and infection prevention control.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure service users had been protected from allegations of abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure robust recruitment processes were maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide staff with an induction programme and maintain a robust training programme to ensure staff were suitably trained and experienced to meet peoples needs.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not maintained appropriate quality assurance. Regulars audits were not robust to assess, monitor and improve the quality and safety of the service provided in carrying out the regulated activities.

The enforcement action we took:

Warning Notice