Care Quality Commission

Martlane Limited

Forest Place Nursing Home

Inspection report

Forest Place
Roebuck Lane
Buckhurst Hill
Essex
IG9 5QL

Tel: 02085052063
Website: www.forestplacenursinghome.co.uk

Date of inspection visit:
11 November 2019
12 November 2019

Date of publication:
06 January 2020

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?	**Inadequate**

Summary of findings

Overall summary

Overall Summary
About the service
Forest Place is a residential care home providing personal and nursing care for up to 90 people over the age of 65 years, with nursing and/or dementia related needs. There were 52 people accommodated at the time of our inspection.

Forest Place is made up of two adapted buildings on one site. Maple is spread across three floors. Kingfisher, the older of the two buildings, originally the old cottage hospital for Epping, has two floors; the upper floor was closed. The provider was building a purpose designed new building in the same grounds which will eventually replace Kingfisher. The provider was looking to the end of January 2020 for completion of the new building.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Peoples experience of using this service and what we found
Since our last inspection managerial oversight had lapsed. Governance systems were not run effectively to monitor the quality and safety of the service and give a correct overview. This led to incidents not being reported correctly or investigated properly.

The local authority safeguarding, and quality improvement teams have monitored and supported the service through regular visits and training. Formal systems have since been put in place to record, review and check incidents, and make sure action is taken to address the situation, protect people and prevent further occurrences. The number of incidents has now reduced.

The provider was developing a new management team to support the registered manager and they had appointed a new home manager. We viewed this appointment of an experienced person in care to be a positive step, bringing stability, support and guidance to the staff team. Although only in post for just a few weeks prior to this inspection, clear governance, management and accountability arrangements were already appearing.

The provider had a clear vision for the service and the extensive new purpose build of a 60 bedded unit in the grounds of Forest Place was almost at the stage of completion. However, further improvement was needed to bring the rating up to good. We need to be sure quality assurance arrangements and improvement plans are robust, effective and sustainable to improve outcomes for people. Any future development of the service would benefit from this.

Management and staff treated people with kindness and compassion. Positive relationships had developed between people and staff. However, people's experiences of care varied considerably.

Care records contained insufficient guidance for staff in providing safe care and in supporting people's wellbeing. Improvements were needed in staff's understanding of dementia care to enable them to support people and deliver care that is responsive, and person centred. This included staff's knowledge in managing heightened levels of anxiety and associated behaviour and supporting people to have access to meaningful stimulus and engagement tailored to their level of dementia. Staff had received some element of training in dementia care, but staff did not have a good understanding of how dementia affected people and how they could support people in a safe and responsive way. Staff did not understand people's social needs.

The new management structure was starting to create a positive and inclusive culture at the service, with a supportive approach, developing strong and productive relationships with the staff team.

Rating at last inspection
The last rating for this service was requires improvement (published 28 April 2019). The provider did not complete an action plan after the last inspection to show what they would do and by when they would do it to improve.

At this inspection enough improvement had not been made and the provider was still in breach of Regulation 17, Good governance. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected
This inspection was brought forward due to information received in relation to an elevated level of unreported injuries of unknown cause. A decision was made for us to inspect and examine those risks and to follow up on action we told the provider to take at the last inspection.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well led Details are in our well led findings below	**Inadequate**

Care Quality Commission

Forest Place Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by three inspectors, a specialist advisor, who is a registered 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
Forest Place 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.

Notice of inspection
This inspection was unannounced and a comprehensive inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with 12 people who used the service and 10 relatives about their experience of the care provided. We spoke with 13 members of staff including the provider, registered manager, clinical lead, new general manager, projects manager, care supervisor, nurses, team leaders, care workers and a housekeeper. To help us gain a better understanding of people's experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Prior to this inspection there had been an increase in safeguarding concerns raised in relation to skin tear injuries and bruising of unknown cause that were not being reported as they should be.
● Whilst we acknowledge the skin, due to ageing changes, is more susceptible to injury and bruising, the service was not consistently recording or systematically reviewing skin tears and bruising to check for any themes and trends that may be safety-related.
● The service was working jointly with the local authority and safeguarding team. A healthcare professional told us the management and staff were open and transparent and were acting on their recommendations.
● Staff received further training in moving and handling and the care supervisor carried out competency assessments and spot checks to review staff practice. We saw staff moving and transferring people in a safe and patient way with good interaction and encouragement.
● The amount of unexplained injuries sustained by people living in the home had reduced in the last month.
● People told us they felt safe and cared for. Relatives were confident their family members were in a safe place. One relative told us, "I am no longer prepared for [my family member] to go into hospital any more, [family member] is safer here, I trust the staff, I have never found fault with any of them. I'm here every day so I know what is going on and they are all ok." Another relative said, "I visit at any time I want to, and I feel [family member] is safe and secure here." A third relative told us, "I wouldn't want [my family member] anywhere else, the staff are good, and they keep him safe."
● Staff had received training in safeguarding people and they understood their responsibilities to act on and report any concerns. They were clear this included unexplained bruising, skin breakdown and skin tears. They were also clear about the documentation they needed to complete for reporting and monitoring purposes.

Assessing risk, safety monitoring and management;
● There was no information to support staff on how to recognise and de-escalate early signs of distress or effectively manage people's heightened anxiety. This resulted in unsettled behaviour which at times presented as aggressive. Personalised calming techniques or other agreed good practice approaches were not in place to enable staff to support people in a consistent and positive way. We saw that people's behaviours had a negative impact on others and at times put others at risk; staff did not know how to diffuse incidents to keep people safe.
● People found to be at risk of skin breakdown had the right equipment in place to help prevent this. A relative told us, "The staff here are very caring, they always keep [family members] feet in the foam cushions, their skin is so thin and they always ensure the foam is in place to protect them."

● Bed rails were being used only when they were the most appropriate solution to prevent falls.
● We found in all but one case, bed rails, accessories and mattress were compatible with the bed and occupant. The exception related to a poorly fitting mattress with a gap more than 60mm between the bottom of the side rail and the mattress platform; posing a risk of entrapment. The bed rail protective covering had insufficient padding to protect the occupant from injury. The occupant had dementia and was very restless in bed. The registered manager arranged at once for the exchange of the bed and mattress with one that met British Standard safety guidance.
● All staff had received practical training in moving and handling and competency assessments. One person told us, "I have to use the hoist to move but the staff keep me safe, they are very careful when they move me in the hoist into the wheelchair. I need to go straight down into the chair and they know that."
● Arrangements were in place to ensure fire prevention measures, systems and equipment were in place and working properly. However, aspects of fire safety arrangements needed improvement. The principle of progressive horizontal evacuation (PHE) was the policy of the home. However, staff told us they had not taken part in regular fire drills since their induction and had not received practical training in the use of fire safety and evacuation equipment. They were unclear of their roles and responsibilities in this situation.
● People's individual fire risk assessments and evacuation plan had not considered all factors that may affect a safe evacuation such as night sedation or heightened anxieties with associated behaviours. These factors may mean a person requires a higher level of support in an event such as a fire, particularly at night.

Staffing and recruitment
● People, relatives and staff mostly felt there were enough staff on duty to meet people's needs although some relatives were concerned for family members and the time they sometimes waited for help. One relative said, "Sometimes I worry there is not enough staff on. If my [family member] needs help I go to the lounge for a carer and usually there is only one in there and they can't leave the lounge unattended, but when [family member] needs the toilet it's not good for them to have to wait so long."
● We saw examples where people had to wait unnecessarily long times for help to go to the toilet. This was due to poor unit leadership, organisation and deployment of staff.
● Rota's consistently showed there were five carers and a nurse on each unit, however it was unclear how the number of five staff were determined or how this fitted in with the dependency calculations for each unit.
● The recruitment and selection process ensured staff were suitable to work with people who used the service. Appropriate checks were made, including DBS, minimum of two references, including the last employer and the right to remain and work in the UK. Interview questions had explored the suitability of the applicant for the role applied for.

Using medicines safely
● People received their medicines in a safe and supportive way and as prescribed.
● There were robust systems in place to help ensure medicines were managed safely, to detect errors and take prompt action if any errors were found.
● Staff had received training to administer medicines and were assessed as competent to do so, they had completed medicine administration records (MARs) correctly.
● Care plans and protocols did not have enough information to support staff to administer when required medicines (PRN), particularly medicines to relieve anxiety.

Preventing and controlling infection
● The home was clean and hygienic.
● The service had housekeepers who managed the cleaning effectively on a scheduled routine throughout the day.

- Personal protective equipment (PPE) such as gloves and aprons, paper towels and liquid soap were available to staff throughout the home to prevent and control infection.
- Arrangements were in place to prevent and control the risk of legionella infection.
- On one occasion a staff member did not dispose of a single use syringe which they had used to flush a percutaneous endoscopic gastronomy (PEG) feeding tube. This was not good practice and put people at risk of cross infection. We brought this to the attention of the clinical lead.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has 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
● Many people living at Forest Place were at various stages of their dementia ranging from early onset to advanced stages. The registered manager did not have a plan about how the service was to keep up to date and develop positively in this area. Care and support delivered did not always reflect current evidence-based guidance and best practice. Staff spoken with were unaware of the meaning of evidence-based guidance or best practice.
● Care plans did not reflect how their dementia related needs affected their day to day living. They did not inform people's strengths and the type and level of support they needed to keep their best independence and promote their wellbeing.

Staff support: induction, training, skills and experience
● Despite the provider's claim in their Service User Guide, which stated, 'All staff are appropriately qualified to ensure we deliver highest standards of care and undergo continuous refresher training to ensure their skills and experience are developed to maintain these standards at all times', the service did not have a pro-active approach to supporting staff to develop their skills and knowledge. Learning and development opportunities were insufficient to ensure the staff team had the right mix of skills, knowledge and values.
● Staff did not know how to support people with dementia and this was shown in their practice, attitude and approach to the support people received. Whilst staff received training that gave them an introduction into dementia, for further development they needed a more substantive training. This would increase their skills and equip them to support people with dementia more effectively particularly with provision and support of meaningful activity and occupation, and promoting and keeping for as long as possible, interests and independence. Skills were lacking in person centred care, engaging with people in purposeful activity and responding effectively to the wider aspects of people's dementia related needs including communication, unsettled behaviours and dysphagia (difficulty swallowing).
● Staff did not know how to interact with people who were expressing their anxieties and needs vocally or effectively use diversion strategies, and so their anxiety continued to increase. For example, a person with advanced dementia was persistently calling out and was getting increasingly distressed. This was also causing distress to three other people who were shouting out "shut up" and "For goodness sake be quiet". Efforts by a staff member to comfort the person were ineffective and not best practice. They stood over the person, trying to talk to them but clearly did not know how. The staff member was not really engaging and kept walking away. Every time they walked away the person screamed out but did become calmer when the staff member was with them. The staff member did not support the person effectively and did nothing to reassure the other people.

We recommend the service explores current guidance from a reputable source, such as Skills for Care, SCIE or National Institute for Care Excellence (NICE) about available training and resources, based on best practice, for supporting people to live well with dementia.

● Staff received training in core subject areas needed to do their job. Refresher training for many was not up to date; staff told us they had to do this in their own time.
● The provider did not routinely support nurses with training to keep their knowledge updated on current and best practice. This would help to ensure they delivered best care that is up to date.
Five senior staff had recently attended a free one-day workshop delivered by the local authority about new national guidance in wound care, oral health and textured diet for people with dysphagia. This new guidance and associated training had yet to be delivered to members of the staff team.
● Staff confirmed they completed an induction programme which mirrored the Care Certificate standards. However, it would be beneficial for staff to complete the Care Certificate with competence assessment to support development and it is transferable between employers.
● Staff received supervision. However, records showed it was not very robust. Staff were not given the opportunity to discuss care practice issues or development and training needs. Supervision focused on time keeping, completion of outstanding e learning and working hours. The on-going monitoring and assessment of staff helps ensure the effective support of people using the service. The new home manager was addressing and revising the supervisory arrangements for staff.

Supporting people to eat and drink enough to maintain a balanced diet
● The consensus among people was the food was consistently good. Although people told us the food was not as hot as they would like it to be. One person said, "Sometimes the food could be hotter. They bring the food over from the main kitchen in a little golf buggy thing, and by the time I get it, it's not so hot. We had sweet and sour pork today and I had to ask them to reheat it in the microwave. I ask them to do this most often." Another person said, "I get up when I like and have a nice breakfast. I never had a cooked breakfast at home, but I have it here all the time."
● Our observation of mealtime showed staff were patient and supportive whilst encouraging, prompting and helping people to eat. They were aware of people's dietary needs and any support they needed to stay a healthy weight.
● The dining areas were nicely laid out with condiments on each table. Staff provided some people with adapted crockery to help them to eat more independently.
● Kingfisher unit, in contrast to Maple unit was more task led, not a lot of engagement from staff or chatting and not a sociable experience for people. We were told the meal time experience was being reviewed and assessed to drive improvement.
● Jugs of cold drinks were accessible in all communal areas and bedrooms and staff gave out tea/coffee and biscuits/cake in the morning, afternoon and at lunch time and offered more drinks throughout the day.
● Where people were at risk of poor nutrition and/or unplanned weight loss staff consulted with the right healthcare professionals for further support and advice. To improve nutritional intake staff supplied nourishing drinks such as milk shakes.
● Kitchen staff were passionate about their work; they had recently worked with a family to improve a person's pureed meals to encourage their appetite and improve their intake.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and their relatives told us they were supported to access healthcare services promptly. Staff knew people well and identified when people's needs changed. We saw evidence of dietician, SALT (speech and language therapist), tissue viability nurse, diabetic nurse and GP involvement.

- Staff had not received training in oral healthcare. It was not evident staff were confident to support oral health. We noted a lot of people had no dentures in; there was a lack of denture pots in their bedrooms. We were shown communication between the service and a local dentist to begin a private oral healthcare service to people.

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 service was working within the principles of the MCA.
- Management and staff knew what they needed to do to make sure decisions were taken in people's best interests and involve the right professionals.
- Where people lacked capacity and were deprived of their liberty, the registered manager had submitted applications to the local authority to seek authorisation to ensure this was lawful.
- Covert administration of medicines is when they are given without the persons consent or knowledge and hidden in food or drink. It is only likely to be necessary or appropriate where a person actively refuses their medication but is judged not to have capacity, as determined by the Mental Capacity Act 2005, to understand the consequences of their refusal and the medicine is deemed essential to the person's health and wellbeing. Decisions for people to receive their medications covertly were made in their best interest and authorised by the GP.

Adapting service, design, decoration to meet people's needs
- The provider was still carrying out extensive building works onsite which will eventually replace Kingfisher unit, originally the old Epping cottage hospital. Kingfisher unit was old, tired drab and falling into disrepair. It was not conducive to the needs of people living with dementia.
- Despite the provision of added freestanding heaters people and relatives told us it was still cold sometimes on Kingfisher unit. This was brought to the registered managers attention.
- Maple unit in contrast provided spacious rooms; some with kitchenette areas and ensuite facilities. This unit was in the process of redecoration. People were very happy with their accommodation on this unit. One person told us, "It's marvellous here, I've got my own room that opens out onto a patio and garden, I'd give it 101 out of 100."
- Gardens and external features of Forest Place were under reconstruction, however there were some individual patio areas, a larger patio and a new large garden house and shelter.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

Although staff were very caring, their approach was intuitive and not knowledge driven which meant they did not always support people well.

Ensuring people are well treated and supported; respecting equality and diversity
- The service did not understand the importance of ensuring staff have the right skills and time to know when and how to give people the right support they need. People with more complex and/or latter stage of dementia related needs were left alone in their rooms for extended periods of time.
- One person remained in bed on both days of our inspection, calling out. Staff did not engage with them and did not provide them with any stimulation. An inspector spent time with them, holding their hand, stroking their arm and speaking softly to them. They at once became calmer.
- We saw another person walking along the corridor backwards and forwards for best part of both days. They only remained seated when their relative visited. Another distressed person, unable to verbally express their self, was screaming and calling out over the two days. Two staff told us their plan of care states to take them to a quiet place, sit with them and talk calmly to them about dogs. None of the staff followed their plan of care.
- The quality of conversations and social interaction was better for those people who did not have dementia. People and relatives felt the staff were very caring and helpful. One relative said, "I think they are lovely to [family member]. We come in most days. They all seem absolutely perfect, yes, we come in most days, so we know what is going on. We also come in at weekends, they are all perfect, we've never known such a nice lot of carers".

Supporting people to express their views and be involved in making decisions about their care
- Staff did not always support people properly to have choice or give information in a way they understood such as visual prompts to actively involve people to make choices. For example, at mealtime some people kept asking what the meal was, staff did not visually show them the options available to enable them to make an informed choice. On another occasion staff told people the soup options, two people said, "We don't usually get told, they just give it to us." We saw that although there were three choices of juice available a nurse poured out all the same for everyone.
- Where needed the service has supported people to access advocacy services.

Respecting and promoting people's privacy, dignity and independence
- A relative told us, "I've never seen any staff be rude to [family member]. When they go into their bedroom they always knock on the door and apologise if they must wake [family member]. They are all very pleasant."
- The staff were kind and polite to people.

- People's bedrooms reflected the person; they were individual, personalised and contained their own belongings. One person on Maple unit told us, "I've just had my room painted pink and I am having new curtains too, all my choice!" They also told us they were having WiFi installed that afternoon, so they could use their iPad.
- The service welcomed relatives and friends and visiting times were open.
- Another relative told us, "This room is lovely, I have the freedom to make a cup of tea in the little kitchenette area, the registered manager said to make it home from home and to bring things in [family member] may like to see."

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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 with more complex needs did not receive planned personalised care responsive to their needs.

● There was no detailed and relevant information to tell staff why an individual may become agitated or anxious, any triggers that might heighten their anxiety or ideas about how to distract or engage positively with them. This relevant and specific information is important to ensure support delivered is personalised and responsive to a person's needs and ensure well-being.

● Staff did not know how to complete Antecedent Behaviour Charts (ABC) properly and they were not using them effectively. Information recorded in the charts focused on impact and risk to staff and not the person. Incidents of distressed behaviour was mostly around the delivery of personal care. The persons mental and physical health, choice and preference had not been considered. One relative told us, "[family member] can't use their arm but staff don't remember that and try to hold their arm which [family member] doesn't like, they don't know [family member] well.

● The aim of using the chart is to better understand what the person's behaviour was communicating and how staff could effectively support them. There were no systems in place to ensure the behaviour monitoring charts were analysed for potential triggers and to improve planning of personal care provision.

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

● There was a lack of clear guidance and key information for staff to enable them to deliver the right and consistent support people needed to protect them from social isolation. People's care and support plans did not show how the service responded to individual's differing needs in terms of interests, social activity and stimulation, types of dementia and the varying stage of dementia they were at. Personal history was sparse and therefore staff were not provided with a good understanding of the person's past life to help understand them and initiate conversation.

● Activity provision was not at a level which was relevant to everyone. People at mid and latter stages of dementia spent prolonged periods of time disengaged.

● The service supported people to maintain relationships that mattered to them, family members friends and partners were able to visit as and when they wanted.

● It was the birthday of one person, their relatives visited, and staff gave them tea and cake. Later the person was the focus of a memory game about what was happening in the year they were born. However, none of the people present had the ability to take part.

We recommend that the service consults with and uses a reputable source to support them in identifying

activities which people are interested / able to participate in. For example, Alzheimer's Society, the Social Care Institute for Excellence and the National Institute for Health and Clinical Excellence.

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.
● The service was not meeting AIS however the registered manager told us they would address this.

End of life care and support
● At this time nobody was at the end of their life, some were on the end of life care pathway but had stabilised.
● The service had systems and arrangements in place to make sure it identified people in their last days of life to ensure where required they have rapid access to support, equipment and medicines for a dignified and pain-free death.
● Care plans showed advanced directives and end of life choices and preferences were discussed and planned for, included in relation to protected equality characteristics, spiritual and cultural needs. Family and friends where required were involved in planning, managing and decision making about their relatives end of life care.

Improving care quality in response to complaints or concerns
● Where people had raised concerns, the registered manager had responded to them in an open and transparent way.
● Relatives were happy with the level of care their family member received and support provided to the family. One relative told us they had previously raised little niggles about the food and were incredibly happy with the way the chef met with them and resolved the issue. They told us, "If we have a problem we ask to see the registered manager and they will deal with it. I asked him if we could buy and put up a blind to stop the sun from shining in [family member's] eyes, he said not to worry we will buy it and fit it, which he did."
● Whilst complaints were dealt with as they arose they were not logged and analysed to find trends and/or themes and were not used to inform an overall plan for ongoing improvements.
● The provider had a complaints policy and procedure; the registered manager told us they viewed concerns positively and were pro-active in addressing concerns to prevent them from re-occurring. They reiterated the complaints process at the relatives meeting and told relatives if they had concerns that had not been resolved to their satisfaction to speak with him. He said, "Complaints are part of our governance process and we need to use them to drive improvement."

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 the last inspection this key question was rated as requires improvement.

At this inspection this key question has now deteriorated to inadequate. Whilst we saw the beginnings of improvement there was still a lot of work to do to bring the service up to where it should have been at this time.

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

At our last inspection we found audits and checks were insufficient to identify failings and where failings had been identified no action had been taken to put them right. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider continued to be in breach of Regulation 17.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The leadership, management and governance arrangements were unreliable and did not assure the delivery of high-quality care. This had led to an increase in safeguarding concerns since our last inspection.
- The registered manager acknowledged oversight of the service had lapsed. They had placed too much reliance on others who did not understand the principles of good governance and regulatory requirements. Therefore, no further action had been taken to develop the audit and monitoring systems and improve service delivery.
- Investigations into incidents were not effective which meant the service did not achieve learning, reflective practice and improvement. Management did not look for the root cause and did not consider potential contributing factors such as staff training, particularly in relation to dementia care. Examples of this were given to the provider and registered manager when we fed back our initial findings after our inspection.
- The provider had not designed the staff training programme around staff learning needs or people's care and support needs. There was no system in place to assess the quality of training staff received to ensure they had the right skills, knowledge and competence to support people properly and safely.
- The registered manager needed to explore best practice initiatives to influence how staff ensured each person living with dementia lives well.
- Roles, responsibilities and accountability arrangements were not clear. Shift leadership was inconsistent across the two units and there was a lack of oversight on Kingfisher unit which meant care delivery was not checked. For example, a person's urinary catheter output had not been checked throughout the day and it was blocked, we brought this to the attention of the clinical lead.

This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.
Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.
● The service has been rated requires improvement three times consecutively. We were concerned about the length of time it was taking for the provider to make the right progress. However, at this inspection we found they had taken a step in the right direction and recognised the registered manager needed support to drive improvement. The registered manager will continue to take the operational role but as they did not have a clinical or social care background the provider had recently recruited a home manager with the right experience and skills to support them. The provider was also looking to recruit a clinical manager.
● Although the general manager had only been in post for a few weeks prior to our inspection, we saw they had started to make improvements to promote a person-centred culture. However, the homes new management structure needed time to embed and sustain improvement and achieve good outcomes for people. It was too soon to comment on their long-term effectiveness.
● Staff were positive about the daily support provided to them by the home manager. They appeared motivated and eager to learn. The home manager was working alongside staff on a daily basis, observing practice and monitoring attitude and behaviours.
● Since our last inspection the service had changed to an electronic care management system which had various features, including systems of alert and oversight. Staff accessed the system through hand held devices and it supported staff to deliver the right care at the right time. However, the service was still in the first stages of transition and staff were still learning how to use it effectively.

Working in partnership with others
● The service was positively engaging with the local authority quality improvement team who has given support to them over the last three months.
● The management team had established and maintained good links with healthcare professionals and external organisations which people benefitted from.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 service worked in partnership with people using the service and/or their relative/representative. Relatives told us that they were fully involved in the care and support of their family member and regularly consulted on any issues or concerns that may arise, to do with their family member or the service provided.
● We attended the relatives meeting; ten relatives attended. The registered manager was open and honest about the recent failings, introduced the new management team and offered to share the improvement plan they were working to.
● A family App had recently been piloted with a few families which enables family to be involved and informed about every aspect of their relative's care. It provided family members the opportunity to see care records and monitoring data on a daily basis. One relative said, "It's a God send and gives you real peace of mind. It even tells you about what and how much your [family member] has eaten and drunk that day, whether they had a good night's sleep, had a shave etc, it's great." Another relative said, "I was working and unable to answer the phone but [another relative] saw my [family member] had been taken to hospital – I am more reassured than ever."
● The registered manager told relatives, "We are looking to continue to embrace and implement technology to help people be informed and keep connected with family and we are going to install a tv in all rooms with SKYPE facilities."
● The new home manager informed relatives they would be written to with an invite to attend their family members care plan review. A relative said, "I have no problem with my [family members] plan of care".

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance **Quality monitoring systems were not being effectively operated to ensure the quality and safety of the service delivered.**