Barchester Healthcare Homes Limited

Cherry Trees

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cherry Trees is a purpose-built building registered to provide nursing, accommodation and personal care for up to 81 people, including people living with dementia. At the time of our inspection visit there were 67 people living at the home. Care is provided across two floors. Nursing care was provided on the ground floor in a unit called, 'Young at Heart'. On the first floor, there was a separate unit for nine people with residential/dementia care needs called Cherry Blossom. The remainder of the first floor was called Memory Lane for people living with dementia. Communal lounge and dining areas were located on both floors. People's bedrooms were ensuite and there were further communal bathroom facilities located on each floor.

People's experience of using this service and what we found
Since the last inspection visit, we had received concerning information that indicated people did not always receive personalised care, specifically around staffing levels, falls management and risks related to people at risk of malnutrition and dehydration. The registered manager had left the service in July 2019 and the provider made sure, the service continued to be managed on a daily basis. During July 2019, the provider introduced and shared us with a management plan to drive improvements so we could be assured, people received good care.

During our visits, people and relatives told us they had concerns about staffing, in particular high agency staff usage which meant some staff did not always know people's individual routines and preferences. Permanent staff said agency staff helped support planned staffing levels, however, they felt time was spent showing those staff what to do which did impact on the timeliness people received support. Several care and nursing staff had recently left so the staff team was supported by high numbers of agency staff. Plans were in place to recruit staff to those permanent roles.

Risks associated with some people's care were not managed safely. For people with identified risks of malnutrition and or hydration, they were not consistently supported and records were not good enough to show, what levels of support people had received. Some people experienced weight loss but there was limited information to support what measures were being taken to respond to this because records of what people had consumed, were incomplete. People, relatives, staff comments and dining room record books told us some meals and choices were not always available to everyone or some food items were missing or not to the standard people expected.

Environmental risks in some cases continued to happen even though daily walkarounds gave assurances the risks were identified and managed. Safe food hygiene practice was not always followed by staff.

Mental capacity assessments, staff's knowledge and how some people's freedoms could be restricted, was applied inconsistently. There was variable information to show if the person had given consent, specifically when a relative's decision was followed with no best interest's decision recorded. Staff's knowledge of

deprivation of liberty safeguards was not always consistent and in line with best practice, so some people's freedom of movement within the home, was restricted.

Medicines were administered safely however when some medicines where given covertly (disguised in food or drink), there was no information from a prescribing GP or pharmacist to show safe ways for this to be given. We saw plans to provide some epilepsy medicines on an as and when basis, were not consistent with care plan information and in one example, out of date pain relief continued to be given. The manager assured us actions would be taken to improve this.

People were complimentary of some staff, and relatives recognised staff did the best they could to support their family member's needs. However, they shared some concerns with us that were similar to those at previous inspections. Relatives said at times it was difficult to find staff, especially at the busiest times of the days and when their concerns were raised, limited, or no action, was taken.

Relatives meetings had been held by the new manager in July 2019 to explain to people recent managerial changes and plans to provide a service people expected. Relatives told us they expected more from the provider in terms of stability of management, staffing and the levels of care provided. Some relatives said they had been in this position before, but some remained hopeful.

Staff were complimentary of the new manager and said they had started to feel supported and felt more comfortable to share any concerns they had. Although the management team was new to the home, confidence was becoming established.

The manager said care plans were being reviewed and whilst it was acknowledged this was a work in progress, there were inconsistencies in the level of detail in some care plans.

Some people were not always 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 polices and systems in the service did not always support this practice.

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

Rating at last inspection and update
The last rating for this service was Good (published 8 November 2018).
During this inspection visit, we found similar themes we identified at the last inspection, however, some people's care outcomes were not of a good standard. The service is now rated requires improvement and there was a breach of Regulation 12 of the Health and Social Care Act 2014 (Regulated activities) and Regulation 17 of the Health and Social Care Act 2014 (Regulated activities). Further improvement and embedding of the new management structure and their quality assurance oversight is required to ensure positive changes are incorporated into daily practice to improve people's experiences.

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels, high agency staff usage, people losing weight and people not always receiving their food and fluids in line with specialist advice. A decision was made for us to inspect and examine those risks.

We found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effecrtive findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Cherry Trees

Detailed findings

Background to this inspection

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

Inspection team
On 3 September 2019, three inspectors and one assistant inspector visited the home. The inspection team was supported by a specialist nurse experienced in nursing care for people living with dementia. Two inspectors and an inspection manager visited the home on 4 September 2019 to speak with more staff and to complete more observations of the delivery of care.

Service and service type
Cherry Trees is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service must have a manager registered with the Care Quality Commission. 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 visits, the newly appointed manager was not registered with us. Following our visits, the manager was registered with us on 11 September 2019. In the report we refer to them as the manager.

Notice of inspection
This first day of our inspection was unannounced. The second day was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included information from the local authority, safeguarding, the public and relatives. Because this was a comprehensive and responsive inspection based on recent concerns, the provider did not complete the required Provider Information Return. This is information providers are required to send us with key

information about the service, what it does well and improvements they plan to make.

During the inspection
We spoke with eight people to understand their experiences of what it was like living at Cherry Trees and four visiting relatives. We spoke with nine care staff, three nurses, two team leaders, a housekeeping assistant, an activities co-ordinator, a hostess and a maintenance person. We spoke with the manager, a deputy manager, a regional director, a divisional director and a training manager. 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 examples of seven people's care records and multiple medication records. A variety of records relating to the management of the service, audits, people's care need calculations, incident records, compliments and evidence of activities people participated in. We also reviewed examples of recently held people and relative meeting minutes.

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 good. At this inspection we found the rating had deteriorated 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.

Assessing risk, safety monitoring and management

● At the last inspection we found improvements were needed to improve the quality of people's records around individual risk management. At this visit we found similar issues remained. Risks to monitor people's food and fluid intake were not always effective to identify if people needed further support. Food and fluid charts failed to provide enough information to be of use to staff and other health professionals to determine what foods and fluids people preferred for those at risk of ill health. Portion sizes and the actual foods offered and refused were not recorded. In some examples, there was no records that snacks were offered and or refused to maintain people's overall health and wellbeing.

● Risks such as nutritional, skin damage and people at risk of losing weight had been identified, but people's care records, staff's knowledge and actions taken, were not consistent. For example, one person assessed at risk of skin breakdown, needed to be encouraged to eat and drink to maintain their skin integrity. Their nutritional care plan dated 13 March 2019 stated they ate a normal diet. Speech and language therapist advice, was they needed stage 1 thickened fluids, offered fluids around 1200mls of fluid per day and weighed weekly. Dietician advice in July 2019 and August 2019 reviewed the weight loss and increased to stage 2 thickener and for staff to promote snacks and fortified foods. This was not written into care plans. The person's care records did not indicate they were offered fortified foods and snacks. The person had lost 9kg in weight between April 2019 and September 2019.

● For some people, their records supported by staff's knowledge, showed some people continued to lose weight because they were not being encouraged with their nutrition and hydration. Information about thickeners was not always shared effectively with staff. One person's care plan stated they were on stage 2 thickeners but information in the kitchen and dining room that staff referred to indicated they were on stage 1 thickener. Staff we spoke with were inconsistent in their responses as to how much thickener should be added to this person's drinks. This placed the person at risk of choking.

● For people identified at risk, there was no evidence when those people refused a meal, they were offered alternatives or fortified snacks and drinks in between meals. We showed food and fluid records to a nurse to explain this. They said, "If I need to know about (person), I wouldn't understand what this means. In some cases, people's fluid charts indicated they were not offered drinks after 17.40pm to encourage hydration. We showed the same nurse who said, "I'm lost for words. They are not meeting their target…. there were no drinks between these times and no actions."

● We saw thickeners were not securely stored in accordance with safety guidelines to reduce the risk of these being accessed and used by people which could place them at risk of harm. This had been identified in the provider's July 2019 management plan as a risk. We reviewed one person's care needs who had thickened fluids. Their fluid charts recorded stage 1, a dining chart record showed stage 1, SALT guidance recorded stage 2 and a prescribed thickener was recorded as stage 3. This person received support from

family members who gave drinks without thickener. This lack of consistent support, clinical supervision and clear guidance had potential to place this person at risk. The manager and regional director told us record accuracy was a priority for improvement. In the example described here, the manager sought immediate advice to remove any potential unnecessary risk.

● An agency nurse was not aware that one person was a type II diabetic. This person had several Urinary Tract Infections (UTIs). This is particularly relevant as uncontrolled, higher than desirable blood sugars can make people more susceptible to urinary tract infections. There were no fluid charts in place to monitor the person's fluid intake. A health professional had requested a blood test to measure blood sugar control. This had not been completed. Blood sugar levels that had been taken showed readings above normal safe limits. There was no information to show how this information had been responded to, to keep the person safe.

Using medicines safely

● People received their medicines safely however there was room for improvement. People told us they received their medicines but records were not sufficiently clear to show medicines were always managed safely. For example, where medicines were to be given covertly (usually disguised in food or fluids) there was no information from a prescribing GP or pharmacist to show safe ways for this to be given. In some cases, family members were consulted and their advice was followed.

● Plans to provide some epilepsy medicines on an 'as and when' basis, where not consistent with care plan information to ensure this was administered safely.

● One person had been administered a liquid pain relief medicine that had passed its expiry date by two months. This had not been identified by staff. The manager destroyed this medicine and assured us actions would be taken to improve the concerns we identified to them.

These shortfalls represent a breach of regulation 12 of the HSCA (Regulated Activities) Regulations 2014. Safe care and treatment.

Staffing and recruitment

● On the day of our inspection visits, there were enough staff on duty to meet people's needs. However, people's feedback about the staffing levels were that staffing levels were not consistently maintained. On both inspection days, the manager, regional director and the operational training manager helped staff at mealtimes, checked people were okay and that call bells were answered. It was encouraging to see management supporting staff, however at times we were unable to get a true picture of how the planned staffing met people's needs.

● The provider's implemented management plan included management to be more visible so they could provide staff with guidance and to make the positive changes they had already identified.

● People and relatives said staffing levels consisted of high agency use and those staff did not always know their needs and routines. People told us this affected how their care was provided. One person said, "They haven't got enough staff to be able to respond…I rang the bell but it didn't work. I was left lying there for 2 hours." This person also said, "Agency staff do not know about the place." Another person told us, "I have been waiting to get up but no one has come." This person told us they were still waiting to get up at 11.30am on the first day of our visit.

● People, relatives and staff said when six care staff were on each floor, it was better although when absence occurred, some tasks were not always carried out. For example, hostesses provided people's drinks. People and staff told us when hostesses were not on shift, drinks were significantly delayed.

● People, relatives and staff told us staffing levels had reduced to five care staff on one floor late August 2019 which impacted on the timeliness of staff to respond. The manager confirmed this saying this was due to reduced occupancy. Staff shared their concerns with the manager and staffing levels were increased. The manager and regional director told us they assessed people's dependencies regularly and staffed

accordingly, balancing shifts with experience, permanent and agency staff. The manager said they had met with the agency providers to 'block book' staff for consistency and they told us, agency staff received a Barchester induction.

● Recruitment continued to be an ongoing issue. The manager said the provider was helping them with this but they wanted to get the right staff with the right care values. We did not look at recruitment checks, however the manager said references and enhanced record checks were always completed.

Systems and processes to safeguard people from the risk of abuse

● The previous registered manager reported safeguarding concerns to us and the safeguarding team. At the time of our visit, there was an ongoing police investigation into a safeguarding allegation. We did not specifically look into this incident but we did ensure, people were protected from abusive practice.

● Staff felt confident to report poor practice to the manager and where allegations of poor practice had occurred, this had been reported and investigated by the provider and relevant agencies.

● The manager knew the actions to take to report unsafe practice.

Preventing and controlling infection

● Overall the service was clean and tidy. Where we had identified unpleasant odours in bedrooms, we were told the flooring was to be replaced.

● Food hygiene practice was not always followed. On one unit we found uncovered and undated salad, sandwiches and trifles in the fridge. We also found some foods had passed their 'use by' date once opened. A relative told us, "The fridge is really grotty a lot of the time. They just stuff things in there uncovered, cake and sandwiches and little tubs of trifles." The manager discarded the uncovered items.

● Staff wore personal protective equipment (PPE) such as gloves and aprons when providing personal care. PPE was available throughout the home to encourage staff to follow good infection control and hygiene practice.

Learning lessons when things go wrong

● Within the report, we have provided some examples where known issues were not always addressed, or that it was clear, improvements actions were taken, reviewed and monitored for their effectiveness. Plans for lessons learnt were discussed with us by the deputy manager. They said they had begun to undertake a plan to evaluate people's weight loss and for those at risk of falling.

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 Good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Relatives, staff and people told us they were not always offered snacks and fortified foods. When hostesses were not on shift, people said they occasionally went without. One person said, "Usual jobs for people don't get done if the person is off on holiday like filling up water jug or offering mid-morning drinks."
- The mealtime experience on the first day, on both floors, was mixed. Some people enjoyed the social occasion and the food. During the planning of this inspection, we received information about the quality, consistency and quantity of food. The provider had introduced comments books in both dining rooms to seek feedback. On the ground floor, people's negative comments in August 2019 showed a lack of ingredients in some prepared meals, and one comment – puree meals have run out.
- Relative's and staff said on occasions certain foods ran out so people's first choice was not always provided to them. On the first inspection day, staff showed us the fish dish had run out. Staff arranged for extra portions from upstairs to be brought downstairs. Staff said this was common practice. However, people said when 'pot dishes and 'pies' were on the menu, portion sizes were reduced to cater for additional choices and on occasions, people's choice could not be accommodated. The manager said improvements were needed with the food and plans were in place, to include and seek people's feedback about what they wanted.
- Relatives shared concerns with us around people's food and fluid intake. One relative told us, "These people are coming in and the weight is dropping off them suddenly. That is something you need to look at, the weight charts." When we asked a member of staff about fortified (added calorie) snacks they responded, "Lately, it is starting slowly (to provide snacks) but there was a long time when they didn't have anything."
- The deputy manager said they had begun to review people's weights. They were in the process of completing an overview of people's needs so they could ensure, appropriate actions were being taken to give people the support they needed. Following our visit, the regional director sent us evidence from 1 September 2019 that people were being weighed weekly and fluctuations were being monitored.

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

- The provider assessed people's needs before they started using the service. However, the manager and regional director felt historical admissions were not always correctly assessed and managed in line with the provider's processes. This impacted on the quality of service that was provided. A nurse staff member told us in their clinical view, some people should not have moved to the home.
- The manager told us their new process meant that either they or a qualified staff member would complete any pre-admissions so they were confident, people's needs could be met.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Dols applications had been applied for and where applications where approved, these were followed.

● Staff were trained in MCA and knew to seek consent but the principles of MCA were not consistently followed by staff. For example, we saw examples where family members were involved in best interest decisions. However, in one example, we were not provided with evidence to show they had legal authority to make certain health decisions. In this example, this was for staff to administer a medicine covertly (disguised in food). This was not recorded in the person's medication care plan, nor was the pharmacist advice.
● Cherry Blossom was a unit with a key coded door so people's free access of movement was restricted. Members of the management team showed inconsistencies in how this unit was managed. We were told people could leave, however they needed staff to open the door. One staff member explained, "It's more to keep them safe by stopping other people coming in more than them not being able to get out." We spoke with one person living on this unit who had capacity. This person didn't have the key code, and told us, 'I'm a prisoner here unless I can get a carer to help me get out." The manager assured us all of the people in this unit, would be reassessed to ensure their freedom was not unnecessarily restricted.

Staff support, Induction, training, skills and experience
● People told us permanent staff knew how to meet their needs more than agency staff.
● The manager had spoken with the staff team and this was a priority area to focus on. Staff training remained an ongoing commitment to improve. Training courses had been planned and oversight from the provider checked training was completed. Training in key areas such as moving and handling, safeguarding and dementia care were being prioritised.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access healthcare professionals such as district nurses, GP's, dieticians and speech and language therapists for healthcare support when needed.
● The manager said recent conversations with a local GP practice had improved communications and GP support was in place when needed. People had the choice to stay with their own GP if preferred.

Adapting service, design, decoration to meet people's needs
● Each person had a bedroom where they could spend time in private or with friends and family.
● Communal areas provided space for group activities and conversations, but quieter areas were available if people preferred. Themed corridors on the first floor to encourage staff to engage people in conversation and evoke memories, continued to be unknown by staff which was shown in their responses to us. Improvements in dementia training and awareness would take place. The manager said they wanted to be in a position when they were ready, before this training programme begun.

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 Good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People did not feel well treated and supported. People said staff had limited time to spend with them. One person said, "I am not happy. Who would be happy sitting here all day. I can't do anything. When staff do come they are agency. No one comes. It is wicked." Another person said, "They don't have much time to talk to you. They talk when they come and get me up or serve food but not other than that. I have waited up to an hour to get them here, having to wait even 20 minutes is hard."
- One person told us they had difficulty calling for help because they rang their call bell but it didn't work. They told us, "I was left lying there for 2 hours. Call bell didn't work as the plug had been pulled out of the wall. That's the sort of thing that can happen. Frustrating."
- On the first day of our visit, we saw some inconsistency in staff approach. Sometimes staff approach was insensitive and lacking respect and at other times, staff showed a caring approach. For example, a staff member walked into the lounge and turned off the music and turned on the television without asking people. Another member of staff (agency) walked into the room, said (person's name) and then proceeded to take off wheelchair brakes and walk the person out of the room without telling them where they were going. In other examples, people's call bells rung for around five minutes while staff carried on with other non-care related tasks, instead of responding.
- Yet, other times, staff were caring and respectful. Staff adapted their communication with people appropriately, for example getting down to their level, holding people's hands or referring to the person by their preferred name. Staff were seen to stroke a person's arm and brushing their hair and gently rubbed the arm of a person for reassurance.

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

- People and relatives felt involved in making care decisions. However, their overriding concern was that they felt limited action was taken when issues were raised. Relatives told us staffing issues was the main concern and they still felt the quality of service was restricted by staff who were not 'Barchester staff'. People and relatives all said, individually, care staff did their best and, in some cases, worked hard, but a lack of familiar faces affected the care provided.
- Almost without exception, people and relatives' negative views about staffing levels focussed on what they went without.
- Staff all wanted to do their best and staff were committed to improving the quality of care. Staff wanted people to be fully involved but felt on occasions, it was difficult as they became more task led. One staff member described their experience as, "The pressure for me is that I am not providing the best that you can do as there isn't enough of us. It's hard to find time to sit with people…. I feel like we are ice-skating uphill."

Respecting and promoting people's privacy, dignity and independence

● We received mixed feedback from people and relative about how their privacy, dignity and independence was respected.

● Staff comments were not always dignified or respectful. For example, two staff passed commented in response to a person making a noise, "That will be (person), she always starts sun downing this time of the day." Staff had not considered it could be the person needed assistance for example to change position, to go to the lavatory, or reassurance. These staff did not check, so the home manager went to the person's aid.

● People said agency staff did not always know enough about them which affected their privacy and dignity. One person said, "I might ask for the bed pan and they look at me blankly. Why can't there be a better system, replacing it with a clean one automatically. They should be available when needed…two for every room. I shouldn't have to wait."

● One person who spoke positively of their support told us, "They treat me with dignity. I have gone past feeling uncomfortable, especially when I get to know people."

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People had care plans and risks assessments to provide staff with the right information to provide individualised care. The manager and regional director told us these were a 'work in progress'. Some care plans provided an accurate and clear account of what was required. Other records seen, showed these were not always clear, or accurate to provide staff with consistent information to manage certain health conditions, for example how to support people with seizures. Nurses said they were confident in how to support people at risk of seizures,
- The quality of recording and the accuracy of what staff had written, especially those who needed monitoring, did not always demonstrate people received the right level of support.
- People's care records were completed with their involvement but people's experiences told us their choices and preferences were not always followed. For example, some people remained in bed, or went to bed outside of their preferred times. People told us this was because of staff's availability of support rather than their wishes being respected.
- Health professionals support and advice was not always sought in a timely way. One person was seen by a visiting health professional who wrote, 'to be reviewed by GP or Mental Health Team asap'. No follow up or further visit was recorded. There was no evidence to show what actions staff had taken to support this person, such as reviewing their behaviours, signs of confusion or signs of an infection.

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

- We received mixed feedback about people having opportunities to pursue their hobbies and interests.
- The manager had plans to improve people's social interaction.
- The planned activities board was not always updated, nor did it match planned activities for that specific day. This meant it was difficult for people to plan what they wanted to do. For example, on the day of our first visit there was a planned bus trip. We were told the 'bus' was broken so this did not go ahead. Knowing this in advance, the planner was not amended.
- During our visit, a singer visited the home which people enjoyed. Some people received a hand or foot massage and some people spent time in the garden area enjoying the warm weather.
- Weekly activity plans showed people what opportunities were available on a day to day basis.

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.

● Each person had a communication profile in their care plan which gave staff an indication of how people communicated and what certain gestures meant for that person.

● Staff told us they used a variety of methods to communicate with people, which included menu cards and picture cards to describe different activity and hobby interests. During the inspection staff showed and described things to people to enable them to make choices through gestures or pointing.

Improving care quality in response to complaints or concerns

● We did not specifically look at complaints made directly to the provider. Before this inspection we reviewed the concerns and complaints we had received and we looked at the key themes of those issues at this inspection. This was to see if actions resulted in an improved service. Some people and relatives told us about their concerns during our visits, some of these may not have been received as a complaint by the provider. Similar themes were shared with us that we knew before our visit.

End of life care and support

● No one received end of life care at the time of our visit.

● In the care plans we looked at, there was no advanced end of life care plan and expected wishes for staff to follow. There was no evidence of a conversation taking place between the person, their family, Lasting Power of Attorney's, friends and the home about their wishes for the final weeks of their lives. Staff said this was an area for improvement and this would be completed within the planned care reviews going forward.

Requires Improvement

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems and processes to audit and check on the safety and quality of the service. This included regular manager audits, visits from regional managers and internal quality assurance teams.
- Before this inspection visit, on 24 July 2019, the provider sent us a detailed management plan that prioritised a number of issues and plans, with timescales to make those improvements. For example, daily walkarounds were introduced for the manager to identify any issues that needed immediate attention. 'Risk trackers were created in July 2019 and used to better manage risks in specific areas. These processes were completed but more time to improve staff practice and for systems to become embedded in day to day practice was needed. For example, weight loss, nutrition, thickeners left out, keys were left in hot water urns and cupboards containing prescribed thickeners, adding potential and unnecessary risks to vulnerable people.
- Systems and processes had not always been effective in identifying inaccuracies in care plan records. For example, A person assessed as being at a high risk of falling had an action in their care records that stated, 'falls care plan and diary to be implemented' but there was no diary completed. In another person's care plan it recorded their falls risk assessment score was moderate. This was inaccurate. The person's risk was high and had been since July 2019.
- We looked at recorded falls from May 2019 – 03 September 2019. Using the provider's accident and incident forms, we did our own analysis. There had been 60 recorded falls, 59 were unwitnessed. We discussed this with the deputy manager who was tasked by the manager to analyse falls for trends. They said falls analysis was one area they wanted to improve.
- People told us they continually raised concerns for a long period of time with limited or no actions. One relative told us, "Barchester – they should have known, I blame them."
- People and relatives said they wanted to believe the commitment from the provider the improvements this time will be for the better. One relative said, "We have heard all this before and there is a wide gap between the promise and the delivery."
- The providers July 2019 management plan identified key areas for improvement. These included effective leadership, clinical risks, staffing concerns not acted upon, increase in falls and people who were losing weight. Measures and actions to address these issues, still required improvement. Some issues around risk management identified at the previous inspection visit remained but systems were not robust enough to

prevent similar themes from reoccurring.
● A deputy manager responsible for clinical oversight, explained to us the steps they were taking to improve clinical care. They had identified issues needing improvement and were creating better analysis systems so trends and patterns could be identified, and actions taken more swiftly would achieve good outcomes for people.

These shortfalls represent a breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014. Good governance.

● Since the home managers appointment, people, relative and staff's comments were more positive. Comments included, "Things are so much better, the manager is like a breath of fresh air" and, "Now, they (manager) come back to you."
● The manager told us they were committed to driving improvements. They currently resided at the home 24 hours a day, 4 days a week. They told us they did because they needed to build relationships with people and staff and to get a better understanding of where improvements were a priority.
● Staff felt positive with the new manager saying they were approachable, listened and were on both floors.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Arrangements were in place for improvements at the home but these were still to be embedded so they became day to day practice.
● The manager told us of their plans to include people and relatives as 'champions' in improving key aspects of the service, for example, with menu planning.
● There were daily meetings with clinical, senior staff and unit leads to discuss the care and support people needed including attendance to appointments and arranging visits from professionals. This was in addition to shift handovers.
● Staff told us their development was to become a focus as the service developed, recognising and rewarding staff's ability. Formal supervisions were to be planned as these had not always been undertaken at the providers timescales.
● Staff tailored their approach to people so they considered people's individual equality, diversity and dignity choices and preferences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and relatives we spoke with had met the manager. Comments were positive. All agreed the manager was approachable, visible and they remained hopeful their actions would improve the quality of service.
● Since the manager's appointment in July 2019, staff felt morale was better. Staff said there was a manager presence on both floors of the home which had not always happened. Staff felt once they were less reliant on agency staff, a more consistent service would be provided.

Working in partnership with others
● The manager had begun to improve the relationship and support with local GP practices. The manager was confident this would achieve better outcomes for people.
● The manager was working with the local authority so where improvements were needed, plans were shared between each other to make those improvements.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not robust and operated effectively to ensure risks to people were reduced and to provide people with a good quality service.