

Mrs R Ghai

# Marlyn House

## Inspection report

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Date of inspection visit:  
13 November 2018  
14 November 2018

Date of publication:  
21 December 2018

### 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

This inspection took place on 13 and 14 November 2018 and was unannounced. At the last inspection completed on 20 March 2018 we rated the service Requires Improvement.

At this inspection we found improvements had been made, but more were needed and the service remains rated as Requires Improvement.

Marlyn House is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Marlyn House accommodates up to 18 people in one adapted building. At the time of the inspection there were 10 people using the service.

There was a manager in post at the time of our inspection, they had made an application to register with us however this had not yet concluded. 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.

People were not always safeguarded from abuse. The provider did not always notify us of incidents at the home. Quality audits were not always used to drive improvement.

People were not always supported by sufficient safely recruited staff. People were not always supported to live in an environment which was suitable to meet their needs.

People were not always supported to maintain their health and well-being. People were not supported by staff that were consistently caring. People's preferences were not fully understood by staff. People had access to a range of activities, but lacked engagement in the community and the ability to follow their individual interests.

We have made recommendations about person centred care and support, meaningful activities and the environment you can see more about this in the full report.

People's medicines were administered as prescribed. Risks to people were assessed and planned for to keep people safe. People were protected from the risk of cross infection. The provider learned when things went wrong.

People had their needs assessed and plan were in place to meet them. Staff were supported in their role and had access to an induction and training. People received consistent support. People could choose their meals and were supported to eat and drink.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported to make choices and staff promoted people's independence. People's communication needs were assessed and planned for. People had their privacy and dignity protected.

People understood how to make a complaint and there were systems in place to respond to these. Nobody was receiving end of life care so this was not considered. People and their relatives were engaged in the service and felt able to approach the manager. Staff felt supported in their role and were involved in the service.

The location has previously been rated as Requires Improvement. At this inspection the provider had made improvements to those areas, but other areas were found to require improvement. We may consider enforcement action if there is a continued lack of improvement at our next inspection.

## 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 consistently safe.

People were not consistently safeguarded from abuse in line with local procedures and the providers policy required review.

People were not consistently supported by sufficient staff.

People were protected from the spread of infection; however, improvements were needed to ensure a clean environment was maintained throughout the day.

People had their medicines administered safely, however some improvements were needed to ensure people were supported to effectively self-administer their medicines safely.

People's risks were assessed and plans were followed by staff.

There were systems in place to learn when things went wrong.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The environment had not been designed to meet the needs of people.

People did not always have prompt action taken to involve other health professionals in their care.

People had their needs assessed and planned for.

People were supported by staff that were trained.

People's rights were protected by staff that worked within the principles of the MCA.

People could choose their meals and were supported to have their needs for food and drinks met.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People were not always supported in a caring way.

People could make choices about their care and they were encouraged to maintain their independence.

People had their privacy protected and were treated with dignity and respect.

### **Is the service responsive?**

The service was not consistently responsive.

People's preferences were not always understood by staff and documented in their care plans.

People were not always supported to follow their interests.

People understood how to make a complaint.

People were supported to consider their preferences for when they reached the end of their life.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

The provider had not put systems in place to meet their responsibilities.

The provider had not safeguarded people from abuse.

The systems in place to check the quality of care people received were not always effective.

People could share their views about the quality of the service.

Staff were supported by the management team.

**Requires Improvement** ●

# Marlyn House

## Detailed findings

### Background to this 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.

This unannounced inspection visit took place on 13 November 2018 and a follow up visit was carried out on 14 November 2018. The inspection team consisted of two inspectors and an Expert by Experience on day one and one inspector on day two. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. The provider had not been asked to submit a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, they had sent us an update following the last inspection and this was used to support our planning.

During the inspection, we spoke with eight people who used the service. We also spoke with the provider, the manager, the cook, the handy man and three staff.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. 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 the care records of three people. We looked at three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

# Is the service safe?

## Our findings

At our last inspection on 20 March 2018 we rated Safe as Requires Improvement. This was because people were waiting for their support, risk assessments lacked detail and people's medicines were not reviewed and the provider had not followed safe recruitment procedures which had resulted in a breach of regulations. At this inspection we found the provider had made improvements and were meeting the regulations for safely recruiting staff, however there were further improvements needed to how people were safeguarded from abuse and a further breach of regulation was found which means Safe continues to be rated as Requires Improvement.

The system and processes in place were not effective in safeguarding people from potential abuse. Staff understood how to identify and report abuse as they had been trained. However, the procedures and policy were not sufficiently detailed to ensure where concerns were identified these were consistently reported to the local authority safeguarding team for investigation. We found there were incidents which should have been reported to the local authority which had only been investigated internally. For example, one person had made an allegation two days prior to the first day of the inspection, about an incident that had occurred. The manager had investigated this, but due to the nature of the incident this should have been considered by the local authority safeguarding team. In another example, the manager had investigated concerns raised about a member of staff. The manager had taken immediate action to safeguard people and investigate but this had not been reported to the local authority. We looked at the providers safeguarding policy and found there was insufficient detail on how concerns should be reported and to which body for investigation. There was limited information about how the policy linked to the local safeguarding procedures. This meant the manager had not fully understood their role and responsibilities. The provider was asked to report both incidents retrospectively to the safeguarding team, they confirmed this was completed the day after the inspection concluded. The provider further confirmed they had taken immediate action to update their policy, and provided us with a copy. They told us this was already available to everyone at the home, staff would be expected to read the new policy on their next shift, and this would also be discussed and shared during a staff meeting which was scheduled for the following week.

The issues which constitute a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the last inspection we found safe recruitment practices had not been followed. The manager told us this had been reviewed and checks had been carried out on all existing staff to ensure they were safe to work with people. Staff told us checks were carried out to ensure they were suitable to work with people and the records we looked at confirmed this. The provider checked to ensure staff were safe and suitable to work in the home. The provider sought references for new staff ahead of them starting work and a Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions. This meant following a review of the procedures people were receiving support from staff who had been safely recruited.

People were not consistently supported by sufficient staff. One person told us, "I think there are still the

same number of staff and they are always very busy. Thankfully I rarely have to bother them." Staff confirmed there were times when they were very busy, and there was sometimes not enough time to spend chatting to people. We found people had their physical needs met, but there was limited time for staff to engage with people. We spoke to the provider about this and they confirmed they were going to review the way in which they decided how many staff were needed. They explained they were looking to introduce a dependency tool which would assess the number of staff needed to support people safely and take account of spending time with people to meet their emotional needs. The provider told us they were going to make additional staff available in the interim period to improve the opportunities people had for engaging with staff. This showed further improvements were needed and we will check the effectiveness of this at our next inspection.

People told us they felt safe. One person told us, "I do like it here and I feel quite safe with everyone around me." Staff confirmed they had received training to help them understand and recognise potential abuse. This meant staff could describe how they would identify any signs of abuse and were able to explain how they would document any concerns and discuss them with the manager. We saw records which confirmed staff were raising concerns with the manager. This showed staff understood how to recognise potential abuse and report any concerns.

People were supported to manage risks to their safety. One person told us, "Before, I was not able to use the lift on my own, now I have been assessed and providing I take my buzzer I can use it – it has been like a new lease of life." People had their risks assessed and plans were put in place to manage risks to safety. For example, where people were at risk of their skin breaking down there were clear plans in place to help prevent this which included having regular checks on their skin and being repositioned frequently. We saw staff followed the guidance and kept records of the frequency of checks and escalated any concerns to a health professional. We saw risks were reviewed monthly and plans updated if there had been any changes. For example, one person's risk of falls had increased, we saw the person's care plan had been updated and staff were aware of the changes, we found the home had sought advice from health professionals to help assess and manage the risk. This shows people had risks to their safety assessed, reviewed and plans put in place to minimise the risks.

People told us staff supported them to take their medicines. People had their needs assessed and plans in place to support them with their medicines. One person could self-administer some of their medicines. We saw the person was not administering the medicine in line with the manufacturer's guidance. This meant the person may be at risk of their medicine not being effective. We spoke to the manager about this and asked they reviewed the person's assessment and plan to see if they needed additional support with the medicine. We observed medicines were given by staff who were patient and polite and waited with people whilst they took their medicine. We saw people had made a choice about where to have their medicines in the morning, however one person told us they had to wait in the lounge at night to have them before going to bed. We saw people waited in the dining area also at lunch time. We spoke to staff about this and they confirmed people could take their medicines wherever they wanted. They told us they would remind people of this.

Medicine administration record (MAR) charts were in place and were completed accurately by staff. Medicines were stored safely. Medicines trolleys were in use and these were secured in a lockable room. Checks were carried out on the temperature of the storage areas and the refrigerators in use for some medicines.

Guidance was in place which staff followed when administering people's medicines. For example, where people had medicines, which needed to be taken on an 'as required' basis for pain management or to help them calm down, there were detailed guides in place for staff on how and when these should be taken.



Stock checks were carried out and these were effective in ensuring people had an adequate supply of their medicines available. When checking stock records, we found one record had a discrepancy. This was immediately investigated by staff and we could confirm this was a counting error.

People were protected from the risk of cross infection. People and their relatives told us they found the home was much cleaner now. Staff told us they had been trained to minimise the risk of cross infection. Staff were observed wearing appropriate personal protective clothing when offering personal care and one staff member was heard explaining to one person they would need to wait for a minute whilst they washed their hands before helping them with something. However, the domestic staffing hours were limited and this meant some areas of the home had food debris left during the inspection and chairs did not appear clean when people sat on them. The provider was already aware of this and had acted to increase domestic staffing hours available. We will check for further improvement at the next inspection. The provider also confirmed they were looking to source an external contractor to carry out a deep clean of the home.

There was a system in place to learn when things went wrong. We saw the issues identified at the last inspection had been used to create a plan to improve people's experience of living at the home. Staff had been informed of the areas for improvement and were able to confirm for us they had been involved in discussions about how to make the required improvements. The manager had introduced an incident reporting system where all incidents were documented and reported to the manager for investigation, this included any accidents, incidents, complaints or safeguarding concerns. We saw these were evaluated and any learning from these was put into action. For example, where an incident had happened with medicines administration this had prompted discussion with staff to ensure this did not happen again.

## Is the service effective?

### Our findings

At the last inspection on 20 March 2018 Effective was rated as Requires Improvement. This was because staff did not have the skills and knowledge they needed to provide effective care, staff were busy and did not have time to encourage conversation between people, the environment was not effectively adapted to meet people's needs and staff were not always following the legal requirements of the Mental Capacity Act, which was a breach of regulations. At this inspection we found improvements had been made and that the provider was meeting the regulations, however more improvements were needed and Effective continues to be rated Requires Improvement.

People were not always supported in a timely way to access support with their health and wellbeing. One person told us, "I have had some new glasses this year but they are loose and keep dropping off. The staff know about this and have said I need to have them tightened but this hasn't been done yet." We spoke to the manager about this and they confirmed they would ensure the person had support to sort out their glasses. In another example, we saw one person was having difficulty with their mobility, staff told us and records confirmed this had been discussed with the person's doctor and a referral was being made to an occupational therapist for assessment. The doctor had said this would be done in August, however there had been no contact from the health professionals to arrange a visit and there had been no follow up by the home. We raised this with the manager and they spoke with the doctor's surgery to chase up the referral. A visiting health professional told us staff were good at following instructions and had made some changes to how people were supported effectively since the last inspection. However, another professional commented the home did not always recognise when other health professionals should be involved in people's care. This showed there were improvements needed to ensure people were supported to access the right support to meet their health needs in a timely manner.

Improvements were needed to ensure people were supported in an environment that had been designed to meet their needs. People told us they were not very warm and there had been problems with the heating. We saw staff provided additional heaters for people and blankets to make sure they were warm. We spoke to the provider about this and they told us this issue was currently being investigated by external companies. The provider made immediate contact with an engineer to come and look at the heating and showed us a quote which had been sought for a replacement system. They also put additional plans in place to manage the temperature until the heating could be permanently fixed.

However, people told us there had been other improvements since the last inspection. One person told us, "They have made some improvements to the lounge so it is safer for people to get about." Another person told us, "There have been lots of changes here since the new manager came. The living room, dining room and corridors have been painted." Another person said, "Some of the furniture and boxes have been removed which makes it easier for the cleaners and we can get about better with frames and wheelchairs." We saw the dining area had been recently decorated and had new table cloths and place mats. The radio was on and the room was quite inviting for people. The provider confirmed there were plans in place for continued updating to the décor and furnishing in the home.

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.

The provider had introduced a system to ensure people's rights were upheld in line with the Mental Capacity Act 2005. Staff had received training in the MCA and understood how to work within the principles. Where people could consent to their care this was recorded in their care plans, in line with the act. We found where people were unable to consent or be involved in decisions about their care an assessment of their capacity had been carried out, and where needed a decision had been made in their best interests involving the relevant professionals. For example, people had an assessment to determine their capacity to be involved in developing their personal evacuation plan (PEEP) and their ability to understand and follow the plan.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. We found appropriate applications had been made to the authorising body and there was a system in place to ensure this information was included in care plans and understood and followed by staff.

People had their needs assessed and plans put in place to meet them, these were reviewed on a regular basis. One person told us they had been involved in their assessment and care plan and they were happier with their care now that it had been reviewed. Assessments and care plans were in place which identified what people needed and how staff should offer effective support. Staff confirmed what was included in the assessments and care plans and told us they were clear about people's specific needs and how to support them. Where people had a specific health condition we saw these had been assessed and planned for and appropriate health professional advice had been sought. For example, one person was living with diabetes. There was an assessment in place and clear guidance for staff on how to observe for changes in the persons health, what action to take and how to support them to manage their condition. When speaking with staff they could tell us how the guidance helped them ensure the person received effective support.

People were supported by staff that had received training and had the skills and knowledge to support people effectively. One staff member told us, "We have had so much training since the last inspection including MCA and safeguarding for example." All staff commented on how well they thought things had improved with training. We found there were clear records in place to show when staff had completed training and when this was due for refreshing. We saw staff used the skills they had learned when providing support. For example, when administering medicines, seeking consent and following people's individual dietary needs. The manager told us, staff had improved knowledge, expertise and confidence which had led to a change in their approach to supporting people. Our observations confirmed this, staff were confident in their understanding and knowledge of how to support people effectively.

The manager confirmed new staff were given an induction into their role. This included training, understanding policies and procedures and reading peoples care plans. The manger confirmed they used the care certificate within their induction. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

People had a choice of meals and drinks and had their nutrition and hydration needs met by staff. One person told us, "The food is nice and there is a choice." Another person told us, "I am happy with the food here." We found people were given a choice of meals and drinks throughout the day, there were options offered to people and the cook spent time telling people what their choices were and finding out what they wanted. We saw people had access to a choice of drinks throughout the day. Peoples preferences for meals and drinks were recorded on their care plans and the cook had access to information about any specific dietary requirements. Staff understood when people had specific risks associated with eating and drinking and could describe the plans in place to support people safely. For example, one person was at risk of choking. They had been assessed by the speech and language therapy team (SALT) as needing to have a prescribed thickener in their drinks. Staff could describe the risk and how this was managed by using the thickener, we confirmed this was fully documented in the persons care plan, we saw staff followed the plan during the inspection. We saw where people were at risk of malnutrition, plans were in place to reduce the risk including regular checks on people's weight and their food and fluid intake was monitored, there were clear plans in place to describe for staff when this should be escalated to a health professional.

People received consistent care. The manager had introduced a weekly review of people's care. This was completed by checking people's daily care records for any significant events and evaluating if there were any actions needed such as changes to the care plan, risk assessments or referral to health professionals. Staff used these to review how people had been during the week. There were systems in place for staff to communicate about people's needs and staff had a verbal handover at the start of their shift. Staff told us a keyworker system had been introduced and this enabled them to build relationships with the person and their relatives.

## Is the service caring?

### Our findings

At our last inspection on 20 March 2018, we rated Caring as Requires Improvement. This was because people said staff were not always caring, their independence was not promoted, and they were not in control of their lives and involved in decision making about their care. At this inspection we found improvements had been made, however more were needed and Caring remains rated as Requires Improvement.

People had mixed views about whether the staff were caring and kind. One person told us, "Staff are very nice and friendly. They will help me with anything if I am struggling." Another person told us, "The staff are very good and kind. I would soon tell them if I was not happy." Whilst another commented, "The staff are all great. I don't need much help but they are there if I call them." However, some people commented that staff often seemed rushed and were not always caring in supporting them. For example, one person said, "Most of the time they are very nice. Some are better than others who can be a bit short." We found staff did not always have the time to spend chatting to people and offering them emotional support, whilst their physical needs were addressed people sometimes lacked interactions with staff. We spoke to the manager about this and they said they would be reviewing staffing levels.

However, we also saw some positive interactions between people and staff. For example, we saw a member of staff was chatting to one person about their family and how they had spent their time off work. The person was very animated and smiled throughout the conversation. We saw staff were calm, pleasant and showed patience when supporting people. For example, one person was supported to transfer from a chair to a standing position, staff offered encouragement and instruction and ensured the person did this safely and stayed calm. The manager told us they had spent time working with staff to change the culture and they recognised there was more to do to ensure people had the support they needed in a more personalised way. We will check the improvements at our next inspection.

People were supported to make choices about how and when they were supported and to maintain their independence. One person told us they had been involved in reviewing their care plan. The person commented, "Things have definitely improved recently." The person went on to tell us how they had been involved in reviewing aspects of the care plan and they were much happier now the new plan was in place and they had been able to choose how and when their care was delivered. The person went on to say, "They do seem to be moving away from regimented traditional ideas and asking people what is best for them. I expect there is a long way to go but at least it is a start." We saw staff observing this person's choices and supporting them to maintain their independence. For example, people were supported to eat and drink and walk independently and make choices about their care.

People had their privacy and dignity maintained. One person told us, "It's not home but I suppose it's the next best thing. The staff are mostly very kind and respect privacy and dignity." We saw staff were discreet when offering people care and support. Staff that spoke to us about people did so with respect, they understood how to protect people's privacy and dignity. This showed people were supported with dignity and their privacy was respected.

## Is the service responsive?

### Our findings

At our last inspection on 20 March 2018, we rated Responsive as Requires Improvement. This was because people did not receive person centred care, their preferences were not understood, activities were not on offer and complaints were not responded to. This was a breach of regulations. At this inspection the provider had made some improvements and were meeting the regulations, however more improvements were needed and Responsive remains rated as Requires Improvement.

People did not always receive support which was responsive to their needs. One person told us, "I do say if I need something, sometimes, they seem to listen but they are very busy." Another told us, "I think they do try and understand our needs but I am not sure we are regarded as individuals." Staff understood people's needs for care and support and had some knowledge of people's preferences. For example, one person was struggling to choose what to have for breakfast and a staff member reminded the person what they usually like to eat and then offered them alternatives. In another example, one person had an interest which staff used to engage the person in conversation.

The manager had introduced a series of changes to how people's needs were assessed and plans put in place to meet them. People had been involved in regular reviews of their care plans and identifying how they wanted their support to be delivered. There were regular monthly discussions held on people's experiences of the care and how they may want to see changes occur. There was information gathered about people's life histories and their interests and hobbies. There had been work to understand people's interests and provide different activities. People were happier with what was on offer and were now able to direct their own support but further work was needed to ensure this was consistent.

We saw work had begun to speak to people about their life histories and this was documented in their care plans. There was also a catering profile in people's care plans which indicated the things they liked and disliked. However, care plans sometimes lacked detail of people's individual preferences. For example, there was detailed information about the support people needed with personal care, and records of when this was done, but little was documented about what people preferred such as a bath or a shower or what time they liked to get up or go to bed.

Some aspects of people's diverse needs had been considered such as their cultural needs for food, consideration of their communication and religious needs. However, improvements were needed to how the assessment and care plan guided staff to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and sexual orientation. The manager told us further work was planned to ensure people's preferences were fully understood and followed. We recommend the provider refers to current guidance and seeks advice from a reputable source about person centred care and support.

People were not always supported to follow their individual interests. People told us there had been an improvement in how they were supported to access meaningful activities. One person told us, "They have started some new entertainment which is nice so hopefully it will continue." Another person told us, "I am

quite lucky as I go out to Church on Sunday evening, someone from the church fetches me and brings me back." Another person told us, "We did go outside once or twice in the summer but not for long as we could only sit by the door on the slabs and it got too hot as not much shade." The person went on to tell us there was a summer house in the garden with chairs, however access was across the grass which meant people could not use it. We spoke to the manager about this and they told us they would review access to the summer house for people when the weather was warmer. We will check if people have access to the garden area at our next inspection.

People told us they had someone come and do a quiz and chair exercises with them. We saw people had taken part in activities and some were supported to follow their individual interests. One person told us they had always loved to read, but were unable to now due to limited vision. The manager told us they had accessed large print books for the person from a mobile library but they had not shown any interest. The manager told us they would look at other options to support the person. This showed improvements were needed to activities for people. We found people were not aware of a recent national celebration. When we spoke to them, they told us they would have liked to watch what was going on and spend time celebrating. We spoke to staff about whether this had been considered and they said it hadn't. This meant opportunities for people to understand what was happening in the community were missed. We recommend the provider refers to current guidance and seeks advice from a reputable source about supporting people to access meaningful activities and become involved in their community.

People had their communication needs assessed and plans were in place to meet them. Plans were detailed and gave staff guidance on how to ensure people received information in the way they needed. Staff showed they understood how to communicate with people and there were systems in place which ensured people had the support they needed. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. We recommend the provider refers to current guidance and seeks advice from a reputable source about implementing the accessible information standards.

People understood they could make a complaint if they were unhappy about something and felt they would be responded to. One person told us, "They are definitely taking more notice of things since the last CQC visit." Another person told us, "I will tell my family and I think they sort it out with the staff." There was a complaints policy in place and this was on display in the home. There had not been any complaints since the last inspection so we were unable to confirm how the policy would work. However, the manager told us all complaints would be investigated and a response would be given. There was a system to ensure all complaints were reviewed to consider any learning and help drive improvements.

There was nobody receiving end of life care at the time of the inspection so we did not assess the effectiveness of how people were supported. However, the provider had systems in place to ensure people were supported with making decisions about how they would wish to be supported. For example, one person had identified that they would wish to remain living at the home and be supported there by relevant health professionals. They had also discussed with staff the arrangements they wanted in place for after their death.



# Is the service well-led?

## Our findings

At our last inspection on 20 March 2018 we rated Well-Led as Inadequate. This was because the provider was not meeting the minimum requirements and they were in breach of multiple regulations. Improvements had not been made, despite being identified in previous inspections. At this inspection we found the provider had made improvements and were no longer rated inadequate. However, more improvements were needed and we need to be sure the changes are sustained. Therefore, at this inspection, we rated Well-Led as Requires Improvement.

The provider had not ensured all notifiable incidents had been reported to CQC. Notification of incidents that occurred at the home were not consistently received as required by law. These may include incidents such as alleged abuse and serious injuries. This information enables us to check that providers are taking appropriate action when significant events occur at the service. We found some notifications had been received, for example about serious injuries and deaths. However, there were three incidents which had resulted in a safeguarding investigation which had not been reported to us. The manager had not fully understood the incidents required them to notify CQC. Action had been taken to safeguard people and the manager ensured these were submitted to us retrospectively.

This constitutes a continued breach of Regulations 18 of the Care Quality commission (Registration) Regulations 2009 (Part 4).

The provider had not ensured they had met responsibilities for safeguarding people when allegations of abuse were made. We found safeguarding incidents had not been reported to an outside body, such as the local authority and we could not be assured appropriate actions had been taken to safeguard people and whether the provider and manager understood their responsibilities.

The safeguarding procedure was not effectively understood and followed. The policy and procedure lacked detail of when incidents should be reported to external bodies. This meant the manager had been unclear of what steps to take and the order in which to take them. The provider had not ensured their internal procedures aligned to those of the local safeguarding team. This meant the provider had not met the regulations for safeguarding people from abuse.

We found at the time of the inspection improvements had been made to the way the home was managed and governed. However, there was a lack of understanding of the responsibilities. For example, notifications had not been made when safeguarding incidents had occurred.

The provider had not ensured they reviewed staffing levels and made sufficient staff available to meet people's needs. We found people's physical needs were met, however there was no time for staff to build relationships with people and spend time talking with them. The manager told us they did not have a system in place to assess staffing levels, but confirmed this would be put in place.

This constitutes a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.



People told us they were aware of the changes in the management team and were positive about the impact this had on them and the home. One person told us, "The manager has been very helpful and has discussed my care with me and they are making improvements so I can be more independent." We found people were positive about the recent changes and told us it had improved some aspects of their lives. For example, the changes to the environment had helped people to feel safe when walking around the home. We saw people were aware of who the manager was and could speak with them about things. This showed people were aware of who the management team were and were involved in making changes to their care and support.

Staff were supported in their role and felt able to discuss concerns with the manager. Staff told us there had been many improvements since the last inspection. They were positive about the support they received from the manager and said it was now a nice place to work. One staff member said, "Everything is better now, the feel of the home has changed, the decorating has been done, all the clutter has been removed and the people that live here seem happier." Another staff member said, "We are not afraid to say what we think, we are listened to and so are the people that live here." The manager told us they were undertaking a survey of views of Staff, Residents and Relatives in November and would be using the information to inform their action plan, they said this would be repeated every six months to check on how people felt they were doing with the improvements. Staff were also able to approach the manager for advice and support.

The provider had made improvements to how the home was governed and the checks in place to ensure people received a good quality service however, more were needed. For example, checks were in place to ensure the home remained clean and well maintained. There were cleaning schedules in place which had helped to ensure the home maintained a standard of cleanliness, however, due to the lack of support staff the home was not consistently clean. The manager told us this had been identified and staffing hours were being increased. They showed us letters had been sent to staff giving notice of an increase in the hours per day they would be expected to work. This showed the manager had identified where improvements were needed and taken steps to address these.

Medicine stock checks were carried out. We saw checks on stock of medicines had been completed daily however, we found an error in recording and the count of one tablet had not been identified in these checks. The staff had miscounted the medicine. We spoke to the manager and could confirm the weekly checks on medicines, conducted by the manager would have identified this error. The manager confirmed they would investigate the error and act to ensure staff did not make this mistake again. There had also been a recent pharmacy audit carried out which had offered some advice on best practice with medicines administration and recording. We saw the manager had acted to follow this advice.

Accidents and incidents were reviewed to identify if there were any actions needed to prevent reoccurrence. We saw the information from incidents was analysed and actions were taken to prevent reoccurrences.

Checks were carried out on people's care plans and daily records on a daily and weekly basis. The checks were identifying where changes were needed and these were driving improvements in care plans and daily record keeping. There were other audits done to check on people's care, such as pressure care audits and checks on people's weight.

We saw there were checks done on the safety of the home environment. For example, the fire alarm system, water temperatures and bed rails were all checked on a regular basis.

We saw that the rating of the last inspection was on display. A PIR was not submitted to CQC as we had not requested one. However, the provider had submitted an update on the actions they had taken since the last

inspection. We found the information in this update was accurate and we saw improvements had been made.

People were involved in reviewing the quality of the service and making suggestions. For example, monthly discussions were held with individuals about their care. We saw this enabled people to make suggestions for how their care could be improved. Discussions covered activities, what people would like to do during the day, what other support they may need. The information was used to inform an action plan for change. The manager told us relatives were not actively involved in the home in most cases, however they were looking at how they may encourage more involvement in the future.

The provider had sought support from external consultants following the last inspection. The consultants had worked with the provider to implement a quality audit process and identify areas for improvement. We saw the system was identifying areas where improvements were needed and this was then used to inform plans for change. The manager told us they had not accessed any networks, but would look at what was available locally to offer them support in their role. The provider confirmed they were looking at improvements for the building and equipment, for example, the provider was currently seeking a new alert system for people to use when they needed to seek support from staff.

The provider had worked in partnership with the local nursing service to support several people in the home. They had also formed a relationship with a local social work team and supported the review of people's care. The manager told us they planned to speak with the local authority to seek support with best practice advice around some aspects of the home and how it was run.

The overall rating for this service is Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. Where a location fails to achieve and sustain a minimum overall rating of 'Good', We strongly recommend that you consider what support and guidance is available to you to achieve and sustain an overall rating of 'Good'. This could include the Commissioners of your service, the Care Improvement Works platform (the joint resource of Skills for Care and Social Care Institute for Excellence) and local and national provider or Registered Manager networks.

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 18 Registration Regulations 2009 Notifications of other incidents  The provider had not notified us incidents which had happened at the home.
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 systems were in place and followed to safeguarded people from abuse
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured the governance systems were driving improvements.