

MMCG (2) Limited

St Johns Wood Care Centre

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

St Johns Wood Care Centre is a care home providing personal and nursing care to 80 people aged 65 and over at the time of the inspection. The home can support up to 100 people.

The service provides nursing and personal care on five floors. People have their own ensuite bedrooms and share bathrooms and shower rooms, as well as lounges and dining rooms on the floor where they live.

One floor specialises in caring for people with dementia, however, people living with dementia also live on other floors of the home. Another floor specialises in caring for people with acquired brain injury.

People's experience of using this service and what we found

People were not always protected from potential harm as risks were not managed effectively and staff were not always provided with up to date guidance about how to prevent harm. Medicines management was not given the necessary oversight by management of the home. The use of insulin was not monitored appropriately and had not identified emerging issues about incorrect insulin doses. Although no one was identified as having suffered direct avoidable harm the potential that some may do so was not mitigated as thoroughly as it should be.

Care planning was complex and confusing, and the way information was gathered and updated was not readily accessible. The nursing and care staff we spoke with, in almost all conversations, knew people they cared for well. Updating the current assessment of need for each person using the service had begun prior to this inspection, however, this remained an unresolved issue that was identified at the previous inspection that had not been fully addressed.

People were not always supported to have maximum choice and control of their lives. Although staff usually supported people in the least restrictive way possible and in their best interests; the policies and systems in the home did not effectively support this practice. Consent, if not obtainable from some people using the service, was not obtained from those with the authority to consent on people's behalf in some cases.

Most people and relatives we spoke with felt able to raise things they wanted to with management or other staff at the home. People usually felt that staff were caring. We observed some caring interactions, although we also observed some occasions where the way staff interacted and spoke with people was not as caring and respectful as it should be especially during mealtimes.

The provider's oversight and management processes, although in recent months highlighting some issues to be addressed, had not resulted in timely action to achieve the improvement necessary.

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 Requires Improvement (report published 16 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had not been made and the provider was still in breach of regulations. The home is now rated as inadequate.

Why we inspected

The inspection was prompted in part due to concerns received about fire safety and infection control. A decision was made by CQC to inspect earlier than had originally been scheduled to examine these concerns. We also checked progress regarding the previous breaches of regulations 9 (Person centred care) and 12 (Safe care and treatment).

We have found evidence that the provider has deteriorated in the day to day management of the service and needs to make improvement. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified ongoing breaches in relation to Regulation 9 (Person Centred Care) and Regulation 12 (Safe care and treatment). Risk assessment processes and care planning were each identified as ongoing breaches. Safe management of medicines was additionally identified as requiring action to ensure the safety of people using the service at this inspection. We issued a warning notice in respect of Regulation 12 to be complied with by no later than 12 July 2019 and Regulation 9 to be complied with by no later than 9 August 2019.

We also identified breaches to other regulations as follows. Regulation 10 (Dignity and respect) as some engagement with people was not respectful. Regulation 11 (Consent) as consent to care and treatment was not obtained for some people. Regulation 17 (Good governance) as there were widespread and significant shortfalls in service leadership and the culture created did not assure the delivery of high-quality care. Regulation 18 (Staffing) as staff were not being supported through supervision.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective 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?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

St Johns Wood Care Centre

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

The inspection team comprised of three inspectors, a pharmacist, a specialist advisor and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Johns Wood Care Centre is a '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.

The previous registered manager of the service left their employment in February 2019. We were informed by the acting manager on the second day of this inspection that a new manager had been appointed and was expecting to commence in post in June 2019.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority where the service is located and other authorities that also place larger numbers of people at the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our

inspection.

During the inspection

We spoke with 22 people using the service and four relatives about their experience of the care provided. We spoke with 21 members of staff, including nurses, care workers, activity coordinators and the chef. We also spoke with the acting manager, deputy manager, clinical lead nurse, peripatetic manager, regional director, personnel manager and two quality compliance inspectors from the provider.

We reviewed a range of records. This included 10 people's care records and 27 medicines records. We looked at the providers database for verifying disclosure and barring checks in relation to recruitment. We also looked at a variety of records relating to the management of the service, including a range of policies and procedures.

After the inspection

We sought further information after the inspection about immediate medicines concerns and other evidence documents, for example, staff training and supervision, quality assurance audits and policy and procedure documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At the previous inspection the provider had failed to robustly assess the risks relating to the health safety and welfare for some people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12.

- Risk assessments did not always contain sufficient detail. They did not describe the risk for some people, or how risks were identified or what action was taken to minimise risks. Risk assessment evaluations were often repetitive, with only a staff signature and date, and did not reflect changes in some people's needs.
- A person's moving and handling risk assessment was undated and not fully completed. There were no specific instructions for staff about how to move and handle this person. There were no risk assessments for using a hoist or wheelchair which we observed this person using.
- One person's risk assessment referred to displays of aggressive verbal and physical behaviours to staff and other people using the service. Apart from staff being instructed to leave the person for five minutes to calm down there was no other description of intervention to be made if the behaviour was displayed. This meant that risks to the person, other people and staff, had not been fully considered.
- A person's care plan did not include the fact that they were living with epilepsy and there was no associated risk assessment about this. A nurse told us that the person had not had a seizure since living at the home. However, there were no guidelines for nursing and care staff about what should be done in the event of the person having a seizure.

Using medicines safely

- We found a number of medicines failings. For example, we found four instances where there were hand written notes or changes of instructions on Medication administration charts [MAR] by nurses but there was no information identifying which nurse had made the change. Covert medicines agreements were not completed for seven people and a person's allergy information was incorrect, which was addressed when we raised this with the acting manager.
- There were three people receiving sliding scale doses of insulin. Sliding scale doses of insulin mean people receive different amounts of insulin depending on their blood sugar level. There were no discharge letters or diabetic care plans with the MAR charts for nurses to refer to. This posed a risk that people needing insulin might be receiving incorrect doses. We were informed by the acting manager the day after our inspection visits concluded that the GP for the home had reviewed insulin administration, no one had come to harm and additional updated guidance for each person had been established.

- One person's medicine patch recording charts were not used consistently. This meant that it could not be verified on some days that patches were applied to different areas of the body in rotation as required.
- National Institute for Clinical Excellence guidance "Managing medicines in care homes" (published March 2014) states that PRN (as required) medicines should only be recorded on the MAR when given and not when offered or not needed. This was not always the practice in the home as nurses were recording that PRN medicines were offered but declined. There were occasions when people received PRN medicines but there was no detail about whether the medicine had been effective.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with had a mixture of views about how safe they felt at the home. The concern that two people raised about not feeling safe was discussed with the acting manager. We were able to confirm that the issues raised were known about and were about people not wanting to be at the home rather than being unsafe.
- Staff had access to the providers policy and procedure for protection of people from abuse. They also had the contact details for the safeguarding team at the local authority. The members of staff we spoke with said they had training about protecting people from abuse, which we verified on training records.
- Care and nursing staff we spoke with were able to describe their understanding of abuse. For example, they told us "If I see anything, I would go to the nurse in charge. I can also report to manager, social worker, CQC." Others told us "It can be physical, verbal, with physical you can see bruises. There is no behaviour going on in the home [regarding staff] which concerns me" and "I would report to the manager, I can call CQC, social services or the police [if nothing was done]."
- Responses to safeguarding concerns had been of concern in the latter part of 2018 but had improved over recent months. A good example of this is that we saw staff raise concern about a person who had recently returned from a stay in hospital. The person had returned home with a lot of bruising and this was raised as an immediate safeguarding concern by the home.
- We looked at staff training records and found that almost all staff, regardless of their role at the service, were up to date with safeguarding of adults training. The provider had a system to plan for this training and highlight when the next refresher training was due. Care workers told us, "I have had safeguarding training we have this every year. We do the training online and in-house" and "Yes, when I first started we had training and I had to update the training."

Staffing and recruitment

- The service operated safe staff recruitment practices. We saw evidence that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. If staff required home office permission to work in the UK then this was obtained. For nursing staff, there was confirmation of their registration with the nursing and midwifery council.
- We spoke with the newly appointed provider human resources manager who was visiting the service during our inspection. This person described the recruitment process and method for checking suitability of staff. The administration officer told us that they contact all people providing references to check the authenticity. They were also able to tell us what, they would do if there were any questions raised about references.

Preventing and controlling infection

- On the first day of our inspection a member of our inspection team observed a member of care staff leaving a person's bedroom still wearing gloves and an apron and then entered another person's bedroom. We raised this observation with the acting manager who stated that all staff would be instructed to remember to follow good hygiene practice and change gloves and aprons between visiting different people. The provider's infection control policy was last reviewed in January 2019. This referred to National Institute

for Clinical Excellence and Department of Health guidance about infection control in care homes.

- The previous issues raised by the local authority regarding cleanliness of the home had largely been addressed, and people were living in a cleaner environment. There was a detailed policy about decontamination of equipment that was updated in January 2019. This referred to colour coding mops/buckets for cleaning different parts of the home. The overall policy described what staff should do from day to day cleaning to specific decontamination of equipment.

Learning lessons when things go wrong

- The registered provider had not taken the necessary action in response to our findings at the last inspection. This showed more work was required to learn from previous concerns and ensure improvements were sustained and embedded.
- Staff had reported concerns about people's welfare whenever these arose. In the last five weeks prior to this inspection, a daily meeting had been established where a representative from each floor met with a member of the management team, chef, head of housekeeping and maintenance worker. We attended two of these meetings during our inspection and observed that specific issues were raised. These included client care, staffing levels, events for the day as well as other day to day matters as they arose.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate.

This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

At the previous inspection the provider had failed to robustly plan for the care and welfare of some people using the service. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of Regulation 9, as care plans were still unclear about the nature and response to some people's care and support needs.

- We noted that one person's communications care plan, reviewed in August 2018 stated that they were unable to communicate verbally and that staff were to observe their facial expressions. However, we identified that there was no explanation of what the facial expressions may mean. This meant that staff were not being given clear guidance about how this person was able to communicate their needs.
- One person's care plan stated that the pain experienced by the person was managed by the use of paracetamol. However, there was no description about how pain would be recognised by care or nursing staff or how the person might communicate that they were in pain. This meant that the person's experience of pain may not be effectively recognised or managed by nursing and care staff.
- Another person's care records stated that the person could feed themselves and was following a "normal diet and fluids". This was also reflected in the nutrition hydration care plan. However, the person's most recent universal malnutrition screening record stated that the person was at high risk of malnutrition which contradicted the nutrition and hydration care plan. This lack of clarity presented the risk that staff may be confused about how to provide appropriate hydration and nutrition for the person.
- One person's care plan made no reference to how regularly they required the use of a suctioning machine to clear a build-up of fluid in the mouth. A nurse on duty told us that the suctioning machine was used whenever there was a build-up of fluid in the person's mouth but the care plan did not adequately state this and was too vague.

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.

- Most of the care plans we viewed showed instances of consent not having been obtained from either the person, their family or other health and social care professionals when relevant. These involved consent to care, receiving a flu vaccine and covert medicines agreements. We were informed after this inspection that these areas had been investigated and action was being taken to address the consent issue.
- The service was not always following up on DoLS applications to check if these had been authorised by the authorities responsible for making those decisions. We viewed two emails sent by the home in March 2019 to two local authorities, in which nine DoLS applications had been followed up. However, there were 22 applications awaiting response and nine others that had applications submitted in February and March 2019 that had not yet had a decision made. Although the home was not responsible for making DoLS decisions they had not followed these up appropriately to seek speedier responses from local authorities.
- Best interest's decisions were not always recorded and information was not always clear about the decision made or who had been involved. Where people lacked capacity, there was a lack of documentary evidence for some people to guide staff about offering people as choice in a meaningful way whenever possible to ensure their rights were protected.
- The service was not recording the action taken to obtain evidence of families having the legal authority to make decisions on their relative's behalf in two cases. It was noted in two people's care plan files that family members had been granted lasting power of attorney. However, the service was not recording how this was followed up with families that had not provided proof of this.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- We asked the acting manager during this inspection to provide us with evidence of staff supervision and appraisal and agreed that these would be sent to CQC. After this inspection, which it wasn't. We asked again for this information and it was still not provided. When we asked staff about supervision we were told "No, I haven't had a supervision, Yes, I had an appraisal last year", "My last supervisions were last year. My last appraisal was last year" and "No [supervision], I had an appraisal."

The provider was unable to demonstrate that staff received suitable consistent support. This is in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A member of staff we spoke with told us. "[The management of the service] are very supportive, if there is something I can't resolve, she [acting manager] would listen and helps me to resolve the situation." Others said "[Acting manager] sends me to be training, encourages me when I do something well" and "They listen to us, for example if they want to work on different floor."
- One member of staff we spoke with told us that they had undergone an induction. The induction process was explained to us by another member of senior staff who took a role with induction of new care workers. They said, "There is four days induction, and I have to report to my manager, during induction staff are supernumerary."
- The peripatetic manager provided us with a copy of the current compliance report about staff training and

achieving the required training within the providers expected timescales. This showed an overall good level of compliance by the nursing and care staff in most training areas required, for example, moving and handling, dementia awareness and deprivation of liberty. Nursing staff had ongoing clinical training to ensure they were able to maintain their nursing and midwifery council registration. Staff we spoke with said "[Training] is very useful, I can use while I look after people, tissue viability for example it is very helpful as I have a better understanding of wounds and manual handling." Other staff told us, "Yes, it has helped me to work better here", "Face to face training is useful, but online I find boring" and "The training is useful."

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

- There was a lack of clarity in care plans about nutritional needs for one person. This meant that the person's nutritional needs may not be accurately or suitably addressed. The person's assessment stated that the person could feed themselves and was on a "normal diet and fluids." The person's most recent malnutrition universal screening tool [MUST] score completed in April 2019 stated the person was at high risk which contradicted the care plan.
- On the first floor on the first day of this inspection we saw that when the lunch arrived staff began serving lunches and only two people out of 10 were offered a choice between rice and potatoes. There was no choice offered for dessert. One person was wheeled away before their dessert without any apparent reason and did not return to the lounge. There was no choice offered for dessert.
- Not all meals were served to people in an appropriate or appealing way on the first floor. We observed that food was combined into one mash instead of pureed food being presented in its different parts, for example potatoes, other vegetables and meat or other vegetarian option.
- Although mealtimes on most floors were well managed and unhurried this was not the case when we observed lunchtime on the first day of our inspection on the first floor. One staff member was observed saying to a person "Want a drink? Red or yellow?" The staff member did not wait for a response and proceeded to pour a drink in a cup. The same staff member and other staff were encouraging people to eat by saying, "I want you to open your mouth, open your mouth now, well done." One person finished their meal and said they were still hungry, they were given a nutritional supplement drink but were not offered more food. We informed the acting manager about these observations and were told this would be examined further.

The provider was unable to demonstrate that all staff acted consistently in ways that showed dignity and respect for people using the service. This is in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed that there were enough staff available to assist people who required help to eat their meals.
- We spoke with the chef and looked at the kitchen. Food safety and storage was well managed, people's diets, including special diets and preferences, were known about. The home was awarded a five staff rating by the local authority because of a food hygiene inspection that was carried out in August 2018.

Staff working with other agencies to provide consistent, effective, timely care

- The service had regular contact and liaison with other health and social care professionals, however the views of the professionals we were in contact with varied. The feedback we received was of a service that responded well on some occasions but not so well in all situations.
- The provider had systems in place to support the need to work with other partner agencies to provide consistent, effective and timely care. These were not being fully or properly utilised and a lack of consistency in following through on care and support needs was evident across the home.

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

- In February 2019 CQC were alerted by a visiting local authority that there may be an issue that the fire alarm system may not be working. It was quickly identified with the assistance of the London Fire Brigade that the fire alarm system was working. The provider had already planned for the complete renewal of the fire alarm system and this work had been fully completed by the time of this inspection.
- There was suitable furniture on each floor except for the first floor lounge which was also the dining room. On the first floor there were mostly coffee tables from which people ate their food rather than dining tables. We observed that this made it more difficult for some people to eat their meal when they were able to do this for themselves without help.
- The décor of the home had improved since our previous inspection, although further decoration was needed in some areas around the home.

Supporting people to live healthier lives, access healthcare services and support

- People were usually supported to maintain good health. Nurses were on duty at the service 24 hours and a local GP visited the home twice each week but would also attend if needed outside of these times. Staff told us they felt that healthcare needs were met effectively and there was good liaison with healthcare services. However, there were some occasions where the lack of clear information in care plans meant that people's needs may not have been effectively met.
- When we asked people about their healthcare needs two people told us "I don't know, but I suppose they would [respond] as they are very well trained, and I have a very good Key Worker as well", and "If I was unwell I expect they would."
- People who were at risk of developing pressure ulcers had these risks assessed although we found one instance where the risk to a person was unclear. Pressure relieving equipment such as cushions and mattresses were used. We observed the clinical lead carrying out checks of the pressure mattresses. Eight new pressure relieving mattresses had recently been ordered by the provider. Nurses told us that they would contact the tissue viability nurse and GP about potential pressure sore areas and we saw evidence of this on some care records.
- There was a system in place for regular review with other healthcare professionals regarding people's physical health. Multi-disciplinary team [MDT] visits and meetings to review people's conditions and needs took place. People also had access to a range of visiting health care professionals such as dentists, physiotherapists, opticians and podiatrists. We saw records on the multi-disciplinary meetings in January, February and March 2019 which described the needs of people that were discussed and action to be taken.

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 now deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider did not consistently ensure that people's right to privacy and to be treated with dignity were respected. One person told us in response to whether staff respected their privacy and dignity, "No, the opposite." However, two other people said "Yeah [staff do]" and "They have done so far so I think they would." On the first day of our inspection we observed in the lounge on the first floor that care staff spoke about people's care needs in the presence of other people.
- Care plans reminded staff to respect people's privacy and dignity when supporting them. However, on the first morning of our inspection during the staff handover we observed staff walk into a person's room while the person was receiving personal care. We saw staff knocked on the door, however, they did not wait for an answer. We observed this on two mornings across four floors at the home. One person asked staff for a drink and then had to wait for an hour to receive this. The acting manager agreed this was not good practice and said they would be reviewing the handover process as a result.
- We also saw examples of handover practice that was caring. On the first day we observed the morning handover on the second floor which was appropriately handled. If people's bedroom doors were closed, a member of staff checked on the person first to see if they were awake, if not, they were left and staff did not enter their bedroom.
- Staff were respectful when talking with us about the people they cared for. For example, they told us "I am passionate about what I do, I do the best I can", "[I] explain the care [being carried out] and ask for their consent" and "[I] talk to people and listen to people."
- People using the service told us "They look after us here. You can't get everything perfect. I am satisfied" and "They are very good here." A relative told us "All care staff try to look after [relative] very good. Yes, staff show respect, they know that and are doing that."

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

- People and relatives, we spoke with did not make many comments about how their diversity was respected, however we were told by two people using the service "I enjoy reading books. I celebrate my Jewish faith" and "I get a lot of activities online and Tuesdays [my faith's religious] broadcast on the laptop." A relative told us "They [staff] respect his religion, the Pentecostal church come in pray and sing with [relative]."
- Where people had made their preferences known about whether they would wish care to be provided by male or female staff this was respected. We asked a male member of care staff on one floor to go to a person's room to obtain care recording charts. This person then asked a female colleague to obtain the

information for us as they evidently knew the person did not want male staff entering their bedroom.

- We were told by a member of staff we spoke with "We have a person who is gay, and we respect this, the same goes for people's religious needs and we have different ministers coming in. For staff there is a room where people can pray." Others told us "One [female using the service] likes to be called [male name] and that is respected, and [person] dresses like a man" and "We have to respect [people's] beliefs."

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

- It was unclear how people and their relatives, where relevant had been involved in their care plan and assessment of needs reviews. We were told by the acting manager that updating assessments of need was currently underway and were shown 31 draft care needs assessment that had recently been written and were awaiting management team approval. There was insufficient evidence about who decided the content of care plans when a person did not have capacity to be involved. Where people did have capacity there was no evidence that they participated at any stage of the care assessment or planning.
- We observed that although the one to one staff attempted to initiate some conversation with people they also did not give people time to express themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remains Requires Improvement.

This meant services were not planned or delivered in ways that met people's needs.

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

- People we spoke with told us that either they hadn't been involved in planning their care or they could not recall if they had been.
- The care plans we looked at, apart from one, were entirely handwritten. Information was unclear and often unreadable in terms of care needs or action to be taken. Monthly evaluations were taking place, although these were recorded by way of signature and date with no indication of how thoroughly the care plan elements had been evaluated. The care plan files contained a lot of information much of it no longer relevant. The care plan files were disorganised, and this posed a risk that nursing, and care staff may not be able to locate the current and most relevant information they needed to ensure that people's needs were met.
- Staff we spoke with told us people were involved in their care planning. One staff member said, "Yes, they [people] are. Every care plan is written relevant to the person, they are person centred" and another told us "Yes, they make sense to people all their needs and wants are recorded."

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.

- Apart from one person we met we were told there were no linguistic barriers for other people using the service that were able to communicate verbally. The person we met spoke to staff in their own language although when we observed this person's interactions with staff the person did appear to understand staff speaking with them in English. Care staff did not, however, have any guidance about how they should seek this person's views if the person did not speak with staff in English.
- Pictures and words were used on information boards throughout the home, informing people about activities and events that were planned. This was also the case on complaint information folders that were kept on each floor.

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 met some relatives and other visitors to the home during our inspection. Many people did not have relatives visiting but a local advocacy service was used. Visiting times were flexible within normal limits, as

an example not too late at night or too early in the morning. It was evident that contact was maintained with relatives from what relatives told us and care plan records.

- The service provided a range of opportunities for people to engage in both group and individual activities.
- We spoke with the activities team leader and two activities co-ordinators. We were shown, and could see on display around the service, a calendar of activities taking place. We saw examples of group fitness and art activities taking place. We also saw people being visited in their own bedrooms for individual activity sessions.

Improving care quality in response to complaints or concerns

- The provider's complaints policy clearly set out what would be done in response to complaints.
- We were unable to locate any complaint records prior to March 2019. We asked the acting manager for these, but it could not be located. There had been 12 complaints since March 2019.
- Staff we spoke with were clear about what they would do in response to complaints. A member of staff told us, "I would calm down the situation, and write it down, ask other staff what has happened, obtain all the information. I would pass on the information to the nurse in charge." Another said, "I would record and report to the nurse in charge."
- We also asked staff about whether complaints were encouraged and supported. We were told "Complaints are encouraged. It helps us to make improvements and change the things we do" and "It's not bad if people make complaints. We want to know we can improve the care."

End of life care and support

- We saw there were advance care plans on some people's care records where this had been discussed. Not all of these contained sufficient detail. For example, the care plans didn't contain specific instructions such as explaining or identifying if a person's wish to have a minister of religion had been identified, or other ways in which end of life wishes would be supported.
- It was reported to us by the acting manager that no-one was actively receiving end of life care at the time of our inspection, although it was not uncommon for people to be receiving palliative care.
- The provider's end of life policy had detailed reference to respecting people's diversity and religion, giving examples of what is expected in different cultural and religious traditions.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now deteriorated to Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. The provider's own governance systems were not robust enough to ensure regulatory requirements were met.

Continuous learning and improving care

- There had been a recent increase in audits and these had prompted some minor improvements, such as the environment. However, audits had not addressed concerns in areas such as medicines, risk assessments, care planning, treating people with dignity and respect or consent that we identified during this inspection.
- The provider could not demonstrate that when improvements were identified the necessary action was taken in a timely way. We requested copies of the most recent quality audits of the service for the last six months but were only provided with the last three months prior to our inspection. The February 2019 audit had identified that the service was non-compliant in all areas related to person centred care and safe care and treatment, among other areas. The action plan resulting from that visit highlighted the areas requiring improvement, largely by the end of February, March or April 2019. Further audits in March and April showed that improvements had not been achieved in areas such as care planning, risk assessments and consent. The compliance dates had then been revised to later in April or the end of May 2019 in most areas.
- The provider had not identified or understood some of the wider ranging issues of poor practice, for example the safe use of insulin and improvements needed in the way some staff engaged with people.

The lack of an effective governance system was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The previous registered manager left the service in February 2019. We were informed on the second day of this inspection that a new manager had been appointed and that this person was expected to start in post in June 2019.
- The provider had identified that there had been serious shortcomings at the service from an initial evaluation after concerns were raised in January and February 2019. Poor practice in some areas had been identified, but not all.
- Nursing and care staff we spoke with were clear about their roles and who they needed to report to in during their work.

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

- Although we did not observe overall poor outcomes for people during this inspection, there was a significant risk that the possibility of achieving best outcomes was affected. This was due to the lack of consistency in care that we referred to in other areas of this report.
- In all the conversations that we had with nursing and care staff they demonstrated a good knowledge about the people they cared for, people's needs and changes to people's care.
- We asked staff about how well they felt supported by the provider and by internal management of the service. They told us "We have meetings with the nurse in charge every day, Care workers have meetings twice a year. There is no hierarchical gap between staff and nursing, we do work well together" and "No [meetings], sometimes every two to three months." There was a clear difference of view on this although staff were adamant that the quality of care provided was good, some acknowledging that things had needed to improve, and they thought this was happening. Invariably staff felt there was a culture or team work at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was unable to confirm that the duty of candour had been fully met at all times. Since February 2019 communication with commissioning authorities and CQC had shown improvement, but we could not be assured that this had previously been the case. During this inspection the provider's management representatives that we met were transparent about the range and complexity of the issues that had, and still were, being identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A resident and relatives meeting had been held in March 2019 where it was explained that the previous registered manager had left. The meeting minutes stated that changes to the management of the service had been made.
- The service had good links with other groups in the community. Both Church of England and Catholic services were held at the home. We were informed by the acting manager that representatives of other faiths were contacted to attend to people's spiritual needs if requested by people or relatives, No other faiths currently held religious services at the home.
- Entertainers visited the home regularly as well as the service having strong links with a local secondary school from where pupils volunteered to spend time each week talking with people. On the fourth day of our visits we saw two pupils making their first visit to be introduced to the home and the people living there.

Working in partnership with others

- Prior to this inspection three commissioning authorities, and two visiting professionals we spoke with during this inspection, told CQC that the quality of responses to people's care and support varied widely. On occasion it was said that the response was good but at other times could be quite slow.
- Feedback we received from authorities that placed people with the service followed a theme of some recent improvement. However, the provider was viewed as being slow to respond to the necessary improvements that had already been identified.

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 10 HSCA RA Regulations 2014 Dignity and respect The provider was unable to demonstrate that all staff engaged with people in ways that upheld people's right to be treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care and treatment was not obtained or recorded effectively or consistently.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was unable to demonstrate that staff received suitable consistent support.