Stoke House Care Home Ltd

Stoke House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
We conducted an unannounced inspection at Stoke House on 1 and 2 May 2019. Stoke House is a nursing home and accommodates up to 46 people in one building over two floors, accessed by a passenger lift. On the day of our inspection, 31 people were present at the service. People had either nursing or residential care needs and some people were living with dementia.

People's experience of using this service:
Action taken to assess and mitigate risks associated with people's needs, were not consistently completed or responded to in a timely manner. People could not be assured they received their prescribed medicines as required. Guidance provided to staff to meet people's individual needs was inconsistent or insufficiently detailed. The provider had not consistently submitted statutory notifications of reportable incidents.

Improvements were being taken in the process that reviewed, monitored and analysed accidents and incidents to protect people from harm. Staff had recently received training in understanding and managing behaviour and further training was planned. Staffing levels had increased and improvements around deployment of staff was ongoing.

Infection control practice was understood by staff and best practice guidance followed. Health and safety checks were completed of the premise and environment. Plans were in place to make some improvements to decoration, refurbishment and the use of communal spaces.

Staff needed to complete refresher training and the provider had plans to address this. Staff received opportunities to discuss their work, training and development needs.

The provider had up to date policies and procedures that reflected current legislation and used recognised assessment tools to support assessments of people's needs. Improvements were required to ensure people were protected under the Mental Capacity Act. Inconsistencies were found in the use of assessments and best interest decision making. People were involved as fully as possible in day to day decisions, but communication and opportunities to be involved in review meetings about care and treatment were not happening.

Staff worked with external healthcare professionals in meeting people's health care needs. People's nutritional needs were known and understood, and people were happy with the choice of meals and drinks.

People received limited opportunities of activities, social inclusion and stimulation. The provider was in the process of recruiting dedicated activity staff.

People had access to the provider's complaint procedure. People's communication needs had been assessed and accessible information for people had been considered.

End of life care plans needed to be further discussed and planned with people, to ensure they received personalised care at the end of their life.

People received opportunities to share their experience about the service. The provider had an action plan that was detailed and confirmed the shortfalls in fundamental care standards we found during this inspection. The management team had started to make improvements at the service and further time was required for these to be fully developed, embedded and sustained.

The service met the characteristics of requires improvement in all areas we inspected. We identified four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. These included how risks were assessed and managed, how medicines were managed, how people received care based on their individual needs, how people were treated with dignity and respect and records maintained. Also, one breach of the Care Quality Commission (Registration) Regulations 2009 due to the provider not submitting statutory notifications as required. Details of action we have asked the provider to take can be found at the end of this report. More information is in the detailed findings below.

Rating at last inspection:
At the last inspection the service was rated Good (Published 12 April 2017).

Why we inspected:
This was a planned inspection based on the rating at the last inspection. The service has changed to a rating of Requires Improvement.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our 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?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Stoke House Care Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was undertaken by one inspector, an assistant inspector, a specialist advisor who was a nurse and an expert 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:
Stoke House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, the registered manager had left the service and a new manager was present. They had started working at the service eight days prior to our inspection. They were in the process of submitting their registered manager application.

Notice of inspection:
This comprehensive inspection was unannounced.

What we did:
Before our inspection, we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. Before this inspection the provider had not been requested to submit a

Provider Information Return. 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, we gave the management team the opportunity to share information with us during the inspection.

During our inspection visit, we spoke with seven people who used the service and four visiting relatives of people who lived at Stoke House. We also spoke with the manager, regional manager, two nurses, a nursing assistant, a housekeeper, the cook, four care staff and the maintenance person. We spoke with four visiting external professionals, a GP, practice nurse and two dementia outreach nurses. To help us assess how people's care needs were being met, we reviewed all, or part of eleven people's care records and other information, for example their risk assessments. We also looked at accidents and incident records, medicines records, four staff recruitment files and a range of records relating to the running of the service. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

After our inspection visit, we asked the management team to send us a copy of various records, this included staff training, audits and a current action plan. These were received within the timescales requested and were reviewed as part of the inspection.

Requires Improvement

Is the service safe?

Our findings

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

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

Using medicines safely

● We could not be assured that people who required their medicines to be given at a specific time to ensure maximum symptom control, received them consistently. For example, a person, was prescribed medicines for a health condition that meant their medicines had to be administered at specific times. Their medicine administration records (MAR) showed morning and lunchtime medicines administration times varied by up to an hour. This meant they had not received their medicines as prescribed.

● We were also concerned that staff administering medicines did not consistently remain with the person to ensure they had safely taken their medicines. For example, on the day of the inspection, a relative showed us their relation had left their tablets under a banana skin on their plate. Staff did not notice this until it was brought to their attention.

● Medicines administered through a patch placed on the skin did not have records of the site application. This is important to ensure the site of application was rotated and the previous patch removed to reduce the risk of skin irritation.

● We completed a sample stock check on medicines and found approximately half of the liquid medicines were not labelled with the date of opening. This is the date after which they are not expected to be as effective as they should.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Protocols were in place for medicines prescribed to be given only as required (PRN). These provided additional information to ensure they were administered safely and consistently. However, they were stored in the main office, therefore were not immediately accessible to staff administering medicines.

● MARs provided staff with the required information and confirmed people had received their prescribed medicines. Staff had information of people's preferences of how they received their medicines. Staff had received medicines training and competency assessments. The provider was following safe protocols for the receipt, storage and disposal of medicines.

Assessing risk, safety monitoring and management

● Concerns were identified in the risk management of falls. For example, one person had experienced two falls during 2018 and one in February and one in April 2019 when they sustained a fracture. Whilst this shows there was a history of falls, a referral to the community falls prevention team was not made until after their last fall when they sustained a fracture. Records showed that on discharge from hospital the person's mobility care plan and risk assessment had not been updated. This placed the person at risk of receiving unsafe care.

● Staff told us they were aware of the person's needs due to staff sharing this information. The person's named nurse told us the care plan and risk assessment had not been updated because they had not been on duty. Whilst we concluded this was a recording issue this demonstrated a lack of effective risk management.
● A second person had experienced one fall in February 2019 where they sustained a fracture, and three falls in April 2019. During the evening on the first day of the inspection, they experienced another fall and were taken to hospital. The person's mobility care plan had been updated on 1 April 2019 to state the person was independently mobile following the fracture in February. Whilst there was reference to the previous falls, there was no guidance of action required to mitigate against this known risk. Neither was there any evidence the person had been referred to the community falls prevention team. This meant the person was at continued risk due to ineffective risk management.
● Personal emergency evacuation plans (PEEP) were used to guide staff of people's support needs in the event they needed to evacuate the building. However, two people's plans had not been updated to reflect a change in their support needs. A further five people did not have a PEEP. We discussed this with the management team who assured us they would take immediate action to address this issue.

This is a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Guidance for staff regarding the action required in the prevention of pressure ulcers was inconsistent and contradictory. Repositioning charts were also not consistently completed. For example, one person's daily care chart stated they should be re-positioned four- six hourly on one day and the previous day it stated two hourly, although the person's condition had not changed. We found re-positioning instructions varied from day to day for a further three people whose care we reviewed. Even when taking account of the varying instructions, there were extended gaps between re-positioning for people at high risk of developing pressure ulcers. This put people at increased risk of developing pressure ulcers.
● We discussed people's needs with staff and found they were aware of people's care needs. At the time of our inspection no person had a pressure ulcer. People were found to be correctly using pressure relieving equipment and hydration needs were being met, we therefore concluded this was a recording issue. The management team had recently implemented new daily care charts that they told us were working better. However, acknowledged further work was required to improve the recording of repositioning needs.
● Health and safety checks were completed on the environment and included risks associated with fire safety and legionella. This is a bacteria that can cause serious illness.
● The environment was found to be untidy in places. For example, mashed cereal in a bowl from breakfast, used yoghurt pots, cups and other food were scattered around the service late morning in places where they had been left by staff. This was a hazard for people who might wander and pick them up and possibly try to eat them. We raised this with the manager who agreed to follow it up with staff.

Systems and processes to safeguard people from the risk of abuse
Learning lessons when things go wrong
● There was an inconsistency in how safeguarding incidents were managed. From viewing incident records, we identified one person had come to avoidable harm. We were concerned that the regional manager and manager were not aware of this and no action had been taken to consider what could be done differently to reduce further harm. Neither had this been reported to the local authority safeguarding team. We discussed this with the management team who agreed to investigate, take action and report the incident to safeguarding.
● January and February 2019 incident records showed a high number of falls and incidents between people living with dementia. Action had been taken to reassess some people's needs and where required, people

had moved to alternative placements.
● In April 2019 staff received training in dementia care and managing behaviours and staffing levels increased. Staff reported the additional training and increase in staffing levels was an improvement in keeping people safe.
● The regional manager told us there had been a reduction in incidents, but incidents for March and April 2019 had not been analysed in detail at the time of the inspection to confirm this. The process used by the provider to analyse incidents and consider patterns and themes were not routinely discussed with staff. The regional manager showed us a new incident analysis record they planned to introduce that was more detailed. The manager also told us of the plans they had to improve the process of assessing, managing, reviewing and learning from incidents.
● Where people experienced increased anxiety that affected their mood and behaviour, positive behavioural care plans provided staff with guidance of strategies to use to support people. However, information was found to be inconsistent in detail. For example, one person found their morning routine a challenge, the manager had recently introduced a new approach, whilst this had not been recorded staff were able to tell us what changes had been introduced. However, without recorded details there was a risk the person may have received inconsistent care resulting to an increase in anxiety.
●The provider's action plan showed that guidance for staff in supporting people with their mood and behaviour needed to be improved upon. A plan was in place to review care plans and the manager told us how they had plans to work with external professionals to provide additional bespoke training in meeting individual behavioural needs.
● Staff were aware of their responsibility to respond to safeguarding concerns and this included who and how to report concerns internally, including external agencies. A staff member said, "I know what to look for, signs of abuse, and also resident on resident incidents."
● People who used the service told us they felt safe living at Stoke house. Comments included, "I like it here. I am well looked after, and they (staff) do everything to keep me safe." Relatives were confident their relation was cared for safely. A relative said, "My relative is very safe here and the staff are all very good. I have no concerns about safety."

Staffing and recruitment
● All but one person told us staff responded to requests for assistance in a timely manner. One person said, "I think there's enough staff around to help." Another person said, "Sometimes I have to wait, I don't mind waiting. But ten minutes seems likes a lifetime if you're waiting." Relatives raised no concerns about staffing levels. A relative said, "I don't think they are short staffed. There are always plenty of staff around when I come."
● We were aware following a visit in April 2019 by the local authority and local clinical commissioning group, staffing levels had been increased due to people's dependency needs. Staff told us, and the staff rota showed however, the afternoon staffing levels had not increased as agreed. Following our inspection, the manager forwarded us a new staff rota to confirm correct staffing levels were in place.
● Staff told us the staffing levels had increased and whilst this was better, they felt more staff were needed. The management team told us staffing levels were based on people's dependency needs and that the issue was ensuring the deployment of staff was effective. They also told us of their plans to further upskill staff's competency in managing behaviours and improvements to the environment. A new call bell system had been introduced within the last month and the management team told us how they planned to run reports to enable them to review staff response times.
● Staff recruitment procedures involved a criminal record check. We were aware of some concerns that had been identified by the local authority and local clinical commission group about how criminal checks were completed and managed. The regional manager told us of the action that had been taken to improve this and we were satisfied correct action had been taken.

Preventing and controlling infection

● Housekeeping staff were present during the inspection and most areas were visibly clean. A housekeeper we spoke with was aware of the steps required to prevent the spread of infection to others. The regional manager told us they were in the process of recruiting additional housekeeping and head housekeeper.

● Personal protective equipment (PPE) such as aprons and gloves were readily available and were situated within the main corridors. We observed staff using PPE appropriately and staff told us there were enough supplies. We observed staff providing clinical procedures and saw they took the necessary steps to prevent infection.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Inconsistencies were identified in how assessments and best interest decisions were completed for people who lacked mental capacity to consent to specific decisions. For example, documentation confirmed an MCA assessment and best interest decision had been completed if a person lacked capacity to consent to their placement. These were completed correctly and with the involvement of other people such as relatives and external professionals. Additional MCA assessments were completed for decisions relating to personal care and medicines, but best interest decisions were not routinely completed. Also, the use of bed rails and equipment used to alert staff for people at high risk of falls had no MCA and best interest documentation completed where this was required.
- Conditions attached to DoLS authorisations were not consistently met. One person had a condition but we could not ascertain these condition had been met. The management team agreed to review this as a priority and take action as required.
- Staff showed a good understanding of the principles of MCA and DoLS and their role and responsibility in supporting people with decisions and choices. A staff member said, "I always assume people have capacity, if it's the case that they don't we support them in their best interest."
- People told us how staff involved them as fully as possible in their care and sought consent before care was provided. A person said, "They always ask me if it's okay what they want to do."

Staff support: induction, training, skills and experience

- The provider's training plan showed there were gaps in staff completing refresher training. This had already been identified by the management team and was on the provider's action plan to improve. Work had started to address this.
- Staff received an induction and opportunities to shadow experienced staff. The manager told us they were aware staff had not completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff. Following our inspection, the manager confirmed all staff had been required to register to complete the Care Certificate.
- Staff told us they received opportunities to discuss their work, training and development needs. A staff

member said, we have supervision about every 12 weeks." The management team had a supervision and appraisal plan that confirmed staff received formal support.

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

● People's meal time experience could have been improved upon. Whilst people received the support they required and were unrushed, staff were not well organised. For example, when people came into the dining room for breakfast they were not always served promptly, and this caused some people living with dementia to become anxious and vocal as to their needs. Both the lounge and dining area downstairs were very busy thoroughfares, at lunch time the environment continued to be noisy and filled with distractions.

● Staff told us they too felt meal times could be improved upon, they identified better organisation and team work were required. We discussed this with the management team, the manager told us they would review people's meal time experience and discuss with staff what improvements could be made. Recent changes had been made to the environment to create additional dining space and this was being developed.

● We saw people were offered a choice of drinks and snacks. People received a choice from two plated meals and the menu on display matched the food choices available.

● People received sufficient to eat and their hydration needs were met. People were positive about the choice and quality of meals and drinks. A person said, "The food is nice. I look forward to my meals."

● People's nutritional needs and dietary requirements associated with any religious or cultural needs were considered and planned for. Some people required their food presented in a specific way or had health conditions that affected their diet. Staff had up to date information about people's eating and drinking needs, including preferences and were knowledgeable about these.

● People's weight was monitored and discussed with the GP when fluctuations had been identified that was a cause for concern.

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

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

● Some external professionals told us they had good communication with staff, whilst another told us communication could be improved upon. Internal communication about people's health care needs were also identified as needing to be improved upon. Clinical competency of some of the nursing staff were also raised as a concern. We shared this with the management team who confirmed they were aware and this and action was being taken.

● People who used the service and relatives were confident staff understood any health conditions and referrals to external healthcare professionals were completed when required.

● The management team told us of recent changes to staff handover documentation to improve the sharing of information. They were also in the process of introducing additional staff meetings and clinical governance meetings.

● People's care records confirmed their health needs were monitored and supported by external health care professionals for example, specialist community nurses such as Macmillan, respiratory, dietitian and dementia nurses. People also had access to weekly visits from the GP and were visited by the optician and chiropodist.

● Information was shared with external health professionals in the event a person required admission to hospital.

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

● Improvements were required to the adaptation and design to the service. For example, a bath had been out of use for a number of months, meaning people did not have a choice of a bath or shower.

● Signage around the service to support people living with dementia to orientate was not clear such as

where toilets and bathrooms were located.
● The management team told us they were aware improvements were required and were in the process of creating additional lounge and dining areas. Plans were also being developed to reconfigure some of the downstairs space.
● There was a nice external area with a protected fish pond, flower beds and seating areas for people to enjoy.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider had up to date policies and procedures that reflected current legislation. Recognised assessment tools were used in the assessment and monitoring of health care needs such as weights and skin care.
● Assessment of people's needs included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity
Respecting and promoting people's privacy, dignity and independence

- People did not think that staff had sufficient time for them. One person said, "I like the staff, but they don't really have time to sit and chat with me. I can get very low and they don't pick up on it."
- Staff interactions with people were not consistently caring and were in the main task centred.
- One person told us they felt staff could be more caring. Comments included, "The staff are terrible They are very disappointing. They don't care and they don't talk. I get what I need because I'm vocal and I ask for things, but if you're like some of them and you can't ask, then they don't bother about you."
- We saw a person arrived in the lounge with support from a staff member, as the person walked their skirt dropped to the floor. The staff member commented that the skirt was too big and told the person they would go and get a smaller skirt. However, this did not happen and the person spent the reminder of the morning and afternoon sitting.
- A nurse was asked by a person if they had anything for indigestion, but the nurse ignored the person and walked by.
- Another person was seen for an hour, looking for their phone charger, but staff did not pick up on this and assist them. The person eventually found it themselves.
- A person who had been heard to be distressed during their morning personal care, a known behaviour, was brought into the lounge supported by two staff. We saw there was no interaction from staff, who wheeled the person in silence, positioned their wheelchair and they applied breaks in complete silence then left the room.
- A person in the lounge asked for the toilet and the staff member, was heard to be abrupt with them saying, "Well get up then. Get up. If you want the toilet you must get up." Their tone of voice was sharp and irritable.
- The environment was generally untidy and people's possessions were not always cared for by staff. For example, a person had three plants in their room all of which had died due to a lack of watering.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Positive comments made by people about the approach of staff included, "They're (staff) all very nice with us." "They are absolutely smashing." One relative was positive and said, "The staff seem nice. I haven't seen anything in their attitude that worries me." However, another relative told us they felt staff were not sufficiently skilled in dementia care.
- Positive staff interactions we observed included; a staff member arranged an activity planning tomato seeds and a few people took part. Staff interaction was kind and appropriate to people with varying degrees of understanding. One person who was visually impaired was assisted by a staff to feel the soil and the seeds

and they were seen to be relaxed and enjoying the activity.
● We saw a staff member was sensitive and discreet when a person required assistance with personal care.
● From speaking with staff, we found them to be knowledgeable about people's needs, preferences and routines. They also told us how they encouraged people to maintain their independence as far as possible. Examples included the use of equipment such as plate guards to enable people to eat independently. Choices of clothes, meals and drinks and where people sat were encouraged.
● Through our observations of staff interaction, we concluded the promotion of independence was basic. Offering people choices were not consistent. For example, the choice of television programme and activities for people were not discussed but decided for them by staff.

Supporting people to express their views and be involved in making decisions about their care
● People were involved in some day to day decisions about their care. However, there was no formal process of arranging for people and or their relative, to meet with staff to review the care and treatment provided.
● People and relatives, we spoke with were not aware of care plans and had not been invited to participate in any review meetings.
● The management team told us they were in the early process of developing a formal review process.
● Independent lay advocacy information was available should people have required support to express their views and wishes.
● People were supported to maintain contact with family and friends and there were no restrictions on visitors to the service.
● People's personal information was stored securely, and staff were aware of the importance of confidentiality. The registered provider had a policy and procedure that complied with the Data Protection Act.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A pre-admission assessment was completed for each person, to ensure the service could meet the person's needs. Life history information was collected by staff and recorded in people's care plan. However, concerns were identified in the guidance provided for staff.
- The quality and detail of information in care plans was inconsistent. There was good detail in some care plans, but others key information was missing. This is important information used by staff, to provide care and treatment and should be up to date and reflect people's individual needs.
- Percutaneous endoscopic gastrostomy (PEG) is where a person receives food via a tube directly into their stomach. Whilst a nurse told us the care requirements, a person's care plan did not match this information. The care records showed the frequency of care intervention in the management of the tube, had not been completed at the intervals required. This may have impacted on the person's health.
- The care plan for use of oxygen did not state when oxygen saturation levels should be done and at what saturation they should be given oxygen, or when to seek medical advice. This meant without clear guidance, there may have been a delay in staff taking responsive action.
- Some information in care plans was inconsistent for example a person with kidney disease and restricted fluid intake. Their nutrition care plan stated a maximum of 1000mls in 24 hours. However, their health care plan stated a maximum of 1500mls a day. This information was confusing for care staff and could have impacted on the person's health.
- There was inaccurate information in some care plans. For example, a person's dementia assessment stated they did not recognise their family, but a family member told us the person always recognised them when they visited.
- These inconsistencies in the guidance provided for staff had a potential negative impact on people. An additional risk factor was that agency staff were used at the service and relied on care plans to be clear and detailed to provide responsive care and treatment.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Concerns were raised by relatives about people's laundry being misplaced and personal items, including spectacles and hearing aids being lost. These concerns were discussed with the manager who took some immediate action and some items were found. They also agreed to take further action in response to these concerns.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

● People's needs and preferences regarding their religion and spiritual needs were discussed and planned with them. An example of this was a person's care plan provided staff with guidance of the person's faith and the support required of staff if they wished to practice their faith.
● At the time of our inspection, the provider was advertising for two activity coordinators to work over seven days. In the interim there were no structured activities provided, staff provided what activities they could. However, this was very limited. During our inspection we saw a staff member playing cards with one person and another doing a word puzzle with another person. A few people participated in setting garden seeds. However, there was very limited mental or physical stimulation for people.
● There was a room which has been made to look like a pub with a bar, tables and a juke box. However, this room was not seen to be used during the inspection. There was also a 'quiet room' and we were told there were plans to further develop this.

Improving care quality in response to complaints or concerns
● The provider's complaint procedure was available for people, relatives and visitors. We noted this was presented in a format to support people living with dementia. At the time of our inspection, there were no ongoing complaints. The complaint log showed where complaints had been received, these had been responded in accordance with the policy and procedure.

End of life care and support
● Staff had received end of life care training. We saw examples of where end of life wishes, and care required had been discussed with the person and planned for. However, this information was basic and needed to be further developed to ensure peoples needs, wishes and preferences were fully known and understood. The management team had already identified this was an area that required improvement and was on the service action plan.

Requires Improvement

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The provider is required by law to notify CQC of certain reportable incidents. This enables CQC to monitor services. Whilst we had received notifications of events as required, during the inspection we identified during March and April 2019, a high number of reportable incidents that had not been reported to CQC. This meant the provider had not met their legal requirements.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

● Records relating to the care and treatment people received was found to be inconsistent and not accurately kept up to date. For example, care plans and risk assessments were not reviewed in a timely manner. Guidance for staff about people's repositioning needs was contradictory and confusing for staff. Information and instruction about how people's care needs should be met lacked specific detail.

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

● We were aware the local authority and local clinical commissioning group had completed audits in April 2019 and shortfalls were identified in care and treatment. The provider was required to take action to make improvements. At this inspection, we found some improvements had been made such as staffing levels had increased. The required improvements had been added to the provider's service action plan. This included a timescale for actions to be completed, this was working progress.

● Internal audits monitored the safety and quality of the service. These consisted of daily, weekly and monthly audits completed by the management team in areas such as health and safety, the environment, medicines management and care needs and documentation.

● In addition, the regional manager completed audits and from reviewing the audit completed in March 2019, this identified improvements were required in all areas of the service. An action plan was in place and whilst some improvements had been made and new systems introduced, progress had been limited due to no registered manager being in place.

● At the time of our inspection, a new manager had started eight days prior and they were in the process of submitting their registered manager application to CQC. The manager was an experienced manager, who had a particular interest in dementia care and was pursuing additional training to further support their knowledge and skills. The manager told us they were aware of the areas of improvement the service required and was clear about their priorities.

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

● The regional manager told us of the action they had taken to date, to improve the leadership within the service. Action to improve staff competency and performance was ongoing.

● Staff morale was found to be low and we received mix feedback about the management team. Some staff recognised the need for improvements in team work, communication and organisation. A newer staff member said, "There's been changes but I would feel comfortable going to see them (management team) if I needed to." Another staff member said, "The deputy is good, they will do their best, the new manger seems good she is getting stuck in she helped yesterday."

● We were concerned with the number of incidents that had occurred, involving witnessed and unwitnessed falls, behavioural incidents and an incident where a person came to harm. We discussed this with the management team who told us action had been taken, and further new ways of working were being introduced to make improvements. This included an increase in staffing levels and deployment of staff. Upskilling staff awareness and understanding in managing behaviours that could be challenging. Reviewing guidance for staff of how to meet people's needs. The regional manager also told us they were in the process of introducing reflective practice following an incident. This was to support the staff to consider what lessons could be learnt to reduce further incidents occurring.

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

● People who used the service and their relatives were invited to complete an annual survey to share their experience about the service. The last annual survey was in December 2018. The results of feedback received was analysed. The survey report showed on the whole respondents were satisfied with the service received. Areas identified that needed to be improved upon was communication.

● The manager told us they were in the process of meeting with relatives and others to formally introduce themselves and how they wanted to improve communication. This included introducing formal review meetings with people and their relatives to discuss their care. Resident and relative meetings were arranged, but no meetings had taken place during 2019. The manager told us they would be introducing three monthly meetings going forward.

Continuous learning and improving care

● New systems and procceses were being implemented to increase learning and improve care. Further time was required for these to be fully embedded and sustained.

● The management team were working with the local authority and local clinical commission group in improving care. There was a detailed action plan with clear timescales of improvements to be made by.

Working in partnership with others

● The staff team worked closely with external healthcare professionals in meeting people's care. Communication was identified as an area to improve.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications of other incidents had not been reported as required. 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment did not fully meet people's assessed needs. 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not consistently treated with dignity and respect. 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not receive their prescribed medicines as required. Risks associated with people's needs had not been fully assessed or sufficient action taken to

mitigate risks.

12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to the care and treatment of people were not sufficiently accurate, detailed or kept up to date. 17 (2)