

# Diagrama Healthcare Services Limited Edensor Care Centre (Diagrama Healthcare)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

At the last inspection on 27 and 29 March 2017, the service was rated as requires improvement. This comprehensive unannounced inspection was carried out on 26 November 2018. At this inspection, whilst we found that the service had made improvements in activities for people living at the service, improvements continued to be needed in a number of key areas as described below. This is the second time the service has been rated as requires improvement.

The service is a 'care home'. People in care homes receive accommodation and nursing and/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.

Edensor is registered to support 48 older people, some of whom may be living with dementia. On the date of our inspection, 41 people were being supported by the service.

At the time of inspection there had not been a registered manager at the service for three months. The deputy manager, who had worked at the service for some years had been employed into the manager role and was in the process of submitting an application for registration.

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

People who were able to speak to us, told us that they were happy living at the service and that they felt supported and cared for by staff. Relatives told us they felt their loved ones were cared for safely.

Staff had received training on safeguarding adults from abuse and understood their responsibilities to prevent people from experiencing harm.

Risks were not always explored in a robust way. Where risk information was gathered, it was not used in a way to inform staff how to best manage and mitigate the risks to people.

The clinical nurse lead and qualified nursing staff managed medicines and medicine audits. However, these audits did not identify concerns we found on the day of inspection. This was mirrored in some safety audits. Whilst safety audits had taken place within correct timescales, checks carried out during this inspection demonstrated that they were not always accurate.

Staff were recruited robustly and safely and extra care had been taken to ensure that those people interviewed could demonstrate the values of the organisation.

The new training coordinator worked with a clear and concise training plan to ensure that staff were up to date with mandatory training. They also had been trained to carry out face to face training in a variety of key areas.

People had access to a variety of choices of food and fluid which were available throughout the day, and were also able to request meals that were not on the menu. Improvements had been made with the meal times and choice. However, this was an area that could continue to be improved, including the meal time experience and the recording of people's specific nutritional and fluid needs.

We made a recommendation about the meal time experience for people living with dementia.

The provider had made significant improvements in the quality and layout of the service and was in the process of continuing to improve this area. There continued to be issues with cleanliness.

The staff were caring. They knew people well and were sensitive to their needs. People were encouraged to be as independent as possible and staff treated them with dignity and courtesy.

The manager and activity coordinator had worked tirelessly to improve the quality of activities provided to people and demonstrated continuous drive to ensure that all people living at the service had access to various opportunities and experiences. This included some innovative and creative thinking about how to engage external organisations and the local community. However, the activity coordinator only worked during the week during office hours, and staff working at the service did not always involve people in activities in their absence. The service was in the process of recruiting an additional part time activity person, however, there was a need for shift co-ordinators to motivate staff to engage with people in a meaningful way.

People and staff completed yearly satisfaction surveys. The manager was not able to tell us how the information had been used to develop the service further.

Information on how to raise concerns or complaints were available and people and their relatives were confident that any concerns would be listened to and acted upon.

People's care plans were cumbersome and difficult to navigate through. Care plans audits were completed but did not always demonstrate that appropriate review had taken place. There was little evidence that people had been involved in planning their care.

We have made a recommendation about planning of people's care.

The provider had been very responsive to concerns raised at the previous inspection and had taken action to improve the service. This included staff engagement, conditions of employment and opportunities to develop. The manager was approachable and staff felt able to share views and concerns. However, the leadership at the service was in the process of development following the registered manager leaving in June 2018 and deregistering with the commission in August 2018. This area needed improvement, particularly at clinical lead and registered nurse level and the home manager oversight of care provided.

We have made a recommendation about leadership.

Following the inspection, the manager told us about changes that they intended to make to improve the

service. However, we continue to have concerns that the governance systems had not identified the concerns found at inspection.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Medicines were stored safely but records of administration for topical creams were poor.

Some peoples identified risks were being monitored but this information was not used to mitigate and manage risk effectivity.

Infection control and cleanliness at the service needed to improve.

Staff at a good understanding of safeguarding procedures and how to report concerns.

There was sufficient staff available to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Staff had sufficient induction and training to support people safely. The provider had provided additional learning opportunities for staff.

People had access to external health professionals when additional needs were identified.

Improvements had been made to the dining experience, although we have made recommendations to improve this area further.

Staff had a good understanding of the mental capacity act and capacity was considered through care provided.

**Good** ●

### Is the service caring?

The service was caring

People told us that staff were caring and kind.

**Good** ●

Staff involved people and their loved ones in various experiences and opportunities at the service.

People, relatives and staff were encouraged and supported to voice their views about the service

Some staff went above expectations to support additional activities outside of their working hours.

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

**Good** ●

The service was responsive

The manager had identified that care plans needed to be more streamlined and collaborative and were working towards computerised records. However, people were receiving care in line with their personal needs.

Activity staff and had worked hard to ensure that people had access to a range of activities, both within the service and local community.

There was a robust complaints system in place and where complaints had been made, the manager had dealt with these appropriately.

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

**Requires Improvement** ●

The service was not always well led.

The service had been without a registered manager for six months and we have not received an application by a person intending to be registered as the manager.

Shift co-ordinators did not always lead in a manner that encouraged care staff to engage with people in a variety of positive engagements.

The manager did not have a clear oversight of the governance processes in place, and consequently had not identified the concerns that we found on inspection.

# Edensor Care Centre (Diagrama Healthcare)

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 26 November 2018 and was unannounced. The inspection team consisted of one inspector and a specialist professional advisor with nursing qualification.

Prior to our inspection, we reviewed the information we held about the service. This included safeguarding information, information from members of the public and notifications. Notifications are the events happening in the service that the provider is required in law to tell us about. We used this information to plan what areas we were going to focus on.

During the inspection, we observed the interaction between staff and people who used the service especially those who could not tell us their experiences verbally. We spoke with five people who used the service and two relatives. We spoke with three nursing, four care staff, the manager, the training coordinator, and activity coordinator.

We looked at a range of records relating to people's care and support. This included five people's care plans, four staff personnel files including training and support offered to staff and information on how the safety and quality of the service was being monitored and managed.

# Is the service safe?

## Our findings

At the last inspection in March 2017 we rated the safe domain as good. On this inspection we found that the rating in this domain had deteriorated and the safe domain is now rated requires improvement.

Whilst staff had the knowledge to protect people from abuse, risk assessments and ongoing risk monitoring needed to improve, and where risk information had been gathered it had not informed how staff should support people.

When people presented with complex distressed behaviours that could place themselves or others at risk of harm, that staff were instructed to complete ABC records. An ABC record is an observational tool that allows staff to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating. The 'A' refers to the antecedent or the event that occurred before the behaviour was exhibited. These were not a robust record. They had not been used by nursing staff to identify "triggers" and adjust plans of care to mitigate and manage presenting risks.

For one person with distressed behaviours, we found that in 10 out of 13 ABC charts completed between August 2018 and November 2018, all incidents of distressed behaviour that had resulted in staff being assaulted, was around staff providing the person with personal care. No additional measures had been taken to review this information and use it to improve planning of personal care provision, including the potential to seek external support and advice. It had also not included reviewing the antecedent, for example whether the same staff were involved on each occasion.

Care plans did identify when people required more than one member of staff to support with personal care tasks due to distressed behaviours, although interventions to directly manage these risks were standard statements, such as "staff to distract [person]." No instructions were given about how best to distract and engage people presenting in a distressed way. For example, identifying the persons interests or what actions taken by staff had worked well in the past.

Although the service had won an award for pressure care in November 2017 after working with PROSPER, pressure care monitoring needed to improve. PROSPER is short for Promoting safer provision of care for elderly residents, a local joint council and health foundation project. The manager told us that they did not have anyone at the service with pressure ulcers. However, our review of people identified one person with and ulcer on their thigh. Turn charts for those at risk of pressure ulcers did not always identify how often people should be repositioned to prevent ulcers developing. They did not include additional information that charts requested, for example the mattress setting level and the level of risk. Part of good pressure area care includes good fluid and nutrition monitoring. Fluid charts for people cared for in bed did not detail how much fluids people should take. Staff did not total the fluid taken daily, and there were no records indicating that on days were fluid intake had been poor, what staff had done to report and act upon this.

One person was observed to be poorly seated in a chair and that their neck was positioned laying back over the chair. This presented a risk of the person choking and they were certainly not in a comfortable position.

Qualified nursing staff were present whilst this was observed but did nothing to identify the risk and take action. An occupational health advisor had been contacted to undertake an assessment of the person to identify and purchase an appropriate chair for them, and this had taken place on the day of inspection. Despite this no actions had been taken to assess the risk and devise plans to mitigate the risks in the interim. We requested the manager take immediate action to ensure the person was safe.

One member of care staff told us, "Some qualified staff don't always listen to care staff when we say we are concerned for someone. There have been times when I have been worried about someone being unwell and then been dismissed. I have had to, in the past go to the manager to get support to get it sorted."

Medicines were stored safely in line with national guidance for residential and nursing homes. However, topical medications such as creams for dry skin that prevent skin breakdown, and pain relief creams were poorly documented. Not every person requiring topical creams had a body chart in place to demonstrate where the cream should be applied. For one person who had been prescribed creams for dry skin, the cream had not been available for over five days. Staff were unable to tell us why the cream had not been available and what actions had been taken to address this. Another person's chart and care records demonstrated that they had not had pain relief gel for painful shoulders for over 10 days. This could mean that they were left in unnecessary pain that could affect their ability to be as mobile as possible.

Whilst procedures for staff to follow when administering as required additional medications [PRN] were in place, records did not always demonstrate how staff had assessed whether the additional medicine had been affective. This assessment is required so that staff can continue to assess people's needs and identify when additional medication is affective or is being used too frequently. Medication audits were carried out weekly to check for any errors and medication issues. These did not demonstrate that they were identifying the concerns that we found on inspection.

Whilst staff had access to appropriate PPE (personal protection equipment) such as gloves and aprons, and access to appropriate waste disposal, infection control needed to be improved. Although there were daily cleaning staff working at the service, we saw that various parts of the service were dirty, particularly high touch areas such as doors, door handles, handrails, and some moving and handling equipment. People did not always have access to their own pressure cushions and whilst people did use them when needed, the communal cushions we saw were dirty, some had areas that were badly worn and needed to be disposed of. Cleaning rotas identified that domestic staff needed to clean the areas where we had concern. However, audits to monitor this did not identify these areas as being poorly maintained.

The manager told us that they had identified this as an issue and we were able to see that a new deep cleaning chart had been designed. The manager told us they were going to address the issues with staff at a meeting the following week. However, we were concerned that no action had been taken in the interim to ensure that areas identified as needing a daily clean had been cleaned. Soap dispensers throughout the service did not always have soap. This meant that it was not always possible for staff to use.

A number of wheelchairs had been stored in a hallway. These were dirty and thick with grime. However, the registered manager told us that they were not used by staff. We could not accurately confirm that these chairs would not be used.

People requiring the use of the hoist did not all have their own sling. It is best practice for people to have their own sling, for example to prevent cross infection when personal care is provided.

Catheter care for people to prevent infection needed improvement. We observed that in one case a person's

catheter did not have an appropriate cap to prevent risk of infection entering the catheter and it was also touching the floor. This is poor infection control practice and despite a number of staff, including nursing staff entering the room throughout the day, this had not been identified. People who have catheters in place are at increased risk of urinary tract infection.

Fire safety checks were completed quarterly. Whilst these did check the environment we noted that the audit had checked that all storage heaters had appropriate covers that were secure. However, we found that this was not accurate as we found an old metal storage cover in the communal area which was not secure. This cover also could pose a risk of people's fingers getting trapped. As it was metal there was also a risk of the metal heating up.

We also found that in some bedrooms where people required continence aids, that large bags of incontinence pads were stored. In one person's bedroom these were blocking access to the en-suite toilet. Not only is this a dignity concern, but this also presented as a potential fire hazard.

This is a breach of Regulation 12 of the Health and Social Care Act, 2008, Safe Care and Treatment.

Following the inspection, the manager was able to provide us with evidence that a deep clean had taken place.

The service had robust recruitment checks in place to ensure that staff who had applied to work at the service were appropriate. External checks were also undertaken by the organisations external human resources team to ensure that potential staff had appropriate references in place. Staff were also required to complete a motivational letter as part of the recruitment process to say why they wanted to work in the service. Interview forms demonstrated questions asked and how the candidate had been assessed to be appropriate for the role. We saw that there was a system in place to ensure enough staff were present to meet people's individual needs.

Staff had a good understanding of safeguarding processes and procedures to protect people from abuse and received yearly safeguarding vulnerable adults training. They could tell us how they would identify concerns and how they would report these. They told us that the manager was approachable and always took their concerns seriously and acted quickly to address potential safeguarding issues.

People told us that they felt safe at the service. One person told us, "It's nice and safe here. The staff look after you well." Despite the complicated layout of the service, staff were always present to ensure that people were not left alone in communal areas. We saw that there was always a member of staff in these areas with people.

A health and safety manager was employed by the organisation to oversee all health and safety audits completed at the service and to provide staff with health and safety training, for example fire safety. The service had two maintenance staff employed to undergo any works at the service. This involved review of the equipment such as mattresses. A clear process was in place for key themes to be reviewed each month throughout the year. For example, this detailed specific dates for environmental checks that needed to be completed such as fire safety checks, LOLER checks (Lifting Operations and Lifting Equipment), call bells and Legionella checks.

## Is the service effective?

### Our findings

At the last inspection in March 2017 we rated the effective domain as requiring improvement. On this inspection we found that improvements had been made and that the service was now effective.

Care plans documented how staff could best support people to be independent. They identified what people could do for themselves to remain independent, even if they could not solely perform all their needs independently. Such as being able to dry themselves after a wash, or simply if people liked to put on their own shoes and where risk of this being done poorly. It included information of how staff should support the independent activity but check that people had done so safely.

The training coordinator checked staff mandatory training needs weekly, identifying when staff were due to be trained and organising this so that they did not go out of date. They were able to show us that when training had not been completed there were appropriate actions in place to support training. They had also completed a train the trainer course in dementia training and had been able to share best practice with care staff through general day to day walk rounds and face to face training.

On the first day of inspection five members of care staff had been paid to come in for face to face training on supporting people with distressed behaviours. Whilst care plans did not always identify and inform staff how to manage these behaviours staff were able to tell us what they would do to support people who were distressed which demonstrated that they had understood what they had learnt and had been able to apply this to everyday practice.

Staff were observed using moving and handling equipment safely to ensure that people were not put at risk. This had also been supported by yearly training updates.

People at risk of choking had undergone assessments from speech and language therapists. Instructions were in place for staff about the amount of thickening agent needed to be added to people's fluids, and texture of peoples' food to prevent risk of choking. Whilst documented in care plans, this information was hard to find and not always documented on the care overview which asked the specific question related to special instructions for consistency of food and fluid. We highlighted the difficulty in locating this information to the manager and have made a recommendation about care plans in the responsive domain.

The manager had introduced a show and tell process to offering people choice of food. This was because they recognised that people might forget what they had ordered to eat the day before, particularly where people had poor memory. They also recognised people's right to change their mind. Staff presented two choices of food to people. Both covered in clear plastic trays to keep food hot. Where a person did not like something on the menu they were supported to pick something else. One person told us, "Sometimes I just want a takeaway and so I get one, but I can always choose something from the kitchen."

Care plans documented people's food preference, favourite foods and drinks. Some people had additional advice about how to make healthy choices. People had their weight taken on a monthly basis so that staff

could monitor their risk of malnutrition using a MUST tool. MUST is a Malnutrition Universal Screening Tool used to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obesity. Where people were at identified risk, staff documented their fluid and nutritional intake. Although it was not clear how this information was used to monitor people. This is discussed in more detail in the safe domain.

Care staff knew what people liked to eat and drink. Fresh jugs of fluid were made each morning with four choices of cold fluids in addition to hot drinks when people would like them. The dining areas had been brightened up to make them more pleasant. Menus and pictorial menus were available for people to look at and condiments and flowers dressed the tables, and this was inviting.

Nevertheless, the dining experience could be enhanced further to make the meal time experience more enjoyable. We observed that people sat mainly in twos at tables and did not often communicate with each other. A large number of people needed support with eating, so meals were not all given at the same time, yet people were all sat at tables at the same time. This meant that some people had to sit, watch and wait for long periods for staff to come and support them to eat.

Staff communicated with people they were supporting eat, but this communication could be more meaningful. For example, staff did not always address people by name, they did not always explain what they were feeding them. In addition, medicines were administered at the same time that food was being provided. No consideration had been given that this intervention might affect the quality of the meal experience. Also, everyone was wearing a plastic blue apron. We asked staff whether it was people's choice to wear the aprons and they told us that they used the aprons to protect people's clothing from getting dirty.

We recommend that the service review the quality of the engagement and interaction between people and staff during meal times, against best practice for supporting people with dementia.

The manager held morning operation meetings with the key leadership staff during the week to discuss actions that needed to be taken with any presenting needs. For example, if someone needed their hearing aid replaced, or support to attend an appointment. These were followed up in the following days to ensure that actions had been taken. Meetings ensured that staff in charge were held accountable for actions needing to be taken.

We saw from people's care records that they had access various external health professionals such as dentists, eye appointments and assessments, and hearing assessments.

Where people had been taken to hospital there were records demonstrating the events leading to the admission and the information that was provided to hospital staff. Care records identified risks such as food and medicine allergies. When people had deteriorated, measures were taken to engage with external agencies for assessment of people's needs, such as accessing additional equipment like a specialist chair.

At the last inspection we reported on one area of the building that had previously been used as a small living and dining area for people living with dementia, and how the quality of life for people in this area needed to improve. Staff had transformed this area into an activity and pampering space, with a variety of activities available. The entrance to this area was cleverly designed to stimulate people's senses. There was a waterfall and realistic artificial trees and flowers adorning the hall way and entrance. Artificial birds were attached to the wall. One person said, "Have you seen the pamper area, I love it, it's so beautiful."

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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

For people that lacked capacity the staff had gathered information about who would make important decisions on their behalf, for example those who had power of attorney for health and welfare. Mental capacity assessments reviewed demonstrated that staff knew how to assess people's capacity as they documented the question being asked, such as, "does the [person] need support to change their incontinence pad," and how the decision had been made. Staff told us, "I always offer people choice," and this observed in staff interactions with people.

However, we saw that DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) documents had on occasions been completed as having indefinite decisions not to resuscitate. In one instance it was documented that the person completing the form had not been able to reach relatives. Yet the persons spouse had been identified as LPA for health and welfare. A lasting power of attorney is a person identified by a court of law to make decisions on someone's behalf if they lack the capacity to do so themselves. The manager told us that they had started to review all DNACPR documentation that had not been completed in line with best practice, many of which had come with the person from hospital. They recognised that should a person return from hospital they would need a new assessment. We were assured from additional examples, that these were under review.

There were robust processes in place where people lacked capacity and needed medicines administered covertly. For example, if the person was unwilling to take medicines, we saw that appropriate best interest assessments had taken place including all appropriate persons such as the lasting power of attorney for health and welfare, GP and pharmacy advice and assessment had taken place to identify the need for covert administration. This is in line with best practice guidance.

# Is the service caring?

## Our findings

We previously rated this domain as Good. At this inspection, the caring domain remains Good.

We observed staff treating people in a kind a respectful way and demonstrated a good knowledge of people's needs. One member of staff told us about how they supported a person who became distressed at times and could lash out at staff. They told us, "[person] needs two people to help them, but they don't really like this so we try and ensure that the second person stands away so it's not too threatening for them." One member of staff told us, "[person] doesn't like to get involved with activities so doesn't do much, so I try and sit with them and talk to them so I can get to know what they like. We talked about Christmas this morning and they said they really liked Christmas music, so we put some on."

The activity coordinator made efforts to engage with those who did not always come to communal areas. They told us, "I am always looking of new ways to support people who have sensory problems. We made one person nursed in bed a special sensory blanket and they are always playing with it." Staff were observed checking people were comfortable and if they needed anything. When people wanted support, they would receive it.

People told us that staff were kind and caring. People were particularly positive about the manager. One said, "The manager is lovely and talks to me. He even took me to an appointment – if I'm not happy with anything I can talk to him;" another said, "[manager] is very good, he is always coming and talking to us and making sure we are okay. He always listens to me." People told us, "Care staff are very caring;" and "Most of the carers are very good."

Relatives were encouraged to get involved in the daily activities at the service. A relative wrote feedback for the service stating, "The activity coordinator spends a great deal of time and puts in a great deal of thought into the activities for the resident's. I have taken part with my [loved one] in painting, crafting, tea parties, special celebrations and competitions and all are enjoyed very much."

The manager held regular meetings with people and their loved ones and took action when people expressed concerns. Some concerns had been raised about the quality of the decoration and environment in people's bedrooms, and whilst the service was undergoing an extensive recordation, we saw that people were involved in this process. Bedroom doors had started to be redesigned to look like front doors, complete with door knockers and numbers. People could choose the colour of their doors and room. Living areas which had previously been dark in décor and tired, had begun to be revamped. Those that had been redecorated were bright and inviting. People told us that they had been shown wall paper swatches to help choose colours.

Staff were observed on many occasions checking that people where comfortable and that they had enough to drink. Some staff would take their breaks and sit with people and chat, rather than leave the living areas.

## Is the service responsive?

### Our findings

We previously rated this domain as requiring improvement. On this inspection we found that some improvements had been made and the rating for this domain is now good, although we have made a recommendation.

The service had made significant improvements to improve the quality of engagement opportunities in the service. The activity coordinator worked alongside a number of external organisations to develop and provide new experiences for people. Some of these examples of this included working closely with FANS, Friends and Neighbour Essex, a local charity. Activities had included people being part of a walk and talk days in conjunction with other care homes where people were encouraged to engage with the local community and form friendships.

The service had also hosted a bake-off challenge for people living at the service and residents of local care homes. FANS wrote, "As an organisation we are unable to practice without the help of the very care homes we endeavour to support, and on this occasion, Edensor not only delivered a wonderful occasion to be proud of, but also effected the lives of residents living in other care homes by giving them a moment to treasure forever."

A local school had also been invited to engage with the people living at the service, and children would share their project work with people. People also took part in Halloween activities, dressing up and trickle treating with local school children. A winter Christmas concert had been planned with the local Lions club of Clacton for people to enjoy.

In addition to this, the service had been able to participate with the GALA project, a European project which aimed to empower vulnerable people through the power of art. The Activity coordinator had been supported to attend courses in France and had brought their skills back to share with staff and encourage art as a meaningful activity. We saw this through a series of pictures how people had been supported to build a mosaic table, and other various art activities.

The service were involved with an activity networking group across various care homes, who were encouraged to feedback to how these different activities were supporting people. One person said, "we have implemented some arts and crafts ideas into our schedule." Another said, "It has helped me to encourage residents as I am more confident as I know other homes are doing similar activities."

When people had sensory needs the activity coordinator had developed a number of sensory activities that could be taken to people's bedrooms if they were nursed in bed. These included therapy dough with essential oils, sensory baskets, flower arranging, lavender bags, sensory bags, cotton pots with essence smells and dementia cats which are toy cats curled into a ball which make breathing sounds.

People had been supported to go to the local theatre and if they were unable to fund their own ticket the service paid for this so that they did not miss out. The activity coordinator spoke about one person who

experiences a side weakness following a stroke, but who dreamed of going swimming again. They were in the process of identifying a specialist hydrotherapy pool with the potential of supporting this person's dream. They were also looking at various opportunities to obtain a multiple person vehicle at the service, with a view this being funded externally and shared amongst local care homes. They were also trained in aromatherapy and offered this as an activity for people at the service in the new pamper room. They told us, "For people cared for in bed, I will sometimes go to their rooms, and if they like it provide an aromatherapy hand massage." They were constantly considering how to best engage people and encouraging care staff to do the same.

Whilst we found this to have elements of outstanding, work was still needed to embed these practices across all levels of care and nursing staff. People and some staff told us that activities taking place were often dependant on when the activity coordinator was on duty. Whilst the coordinator planned activities for the days they were not working, it was not always evident that staff had completed these or encouraged people to have engagement. This is further discussed in the well led domain.

People had care plans in place. Nursing staff completed all care plan reviews in line with who was identified as the resident of the day and we saw that they were identifying some areas that needed to be addressed, such as updates that were needed to be made. However, care plans held a large amount of information that was not easily accessible or documented in a variety of places, and not always consistent. We discuss some of these issues in the safe domain.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. People's care plans recorded sensory and communication needs, but it was not always easy to find and in one case needed to be reviewed.

We recommend a review of the care plans to ensure that they are assessable to staff reading them and for people living at the service.

The service had recently started their yearly resident and relatives survey and this was still in the process of being completed and evaluated. Despite the survey not yet being completed the service had acted quickly on information received from people. For example, one family had stated that they felt that their loved one's room needed updating. On the day of inspection, we saw that the person had been moved so that their bedroom could undergo refurbishment. The person had been able to say what colours they would like in their room.

The provider had a complaints process in place and we saw that that manager reviewed complaints in line with this process. At the time of inspection there were no complaints open and people using the service and relatives spoken too told us that staff were approachable and that the manager immediately addressed any concerns.

At the time of inspection no one at the service was being cared for in the last weeks of their life. The manager was able to tell us what actions they would take in line with the gold standard framework should people need end of life care and care staff had received end of life training. The National Gold Standards Framework Centre (GSF) help doctors, nurses and care assistants provide the highest possible standard of care for all patients who may be in the last years of life. Each person had a priorities of care document that included funeral choice and contact priorities. This also included preferences for end of life care where these had been discussed.

## Is the service well-led?

### Our findings

At the last inspection we rated this domain as good. At this inspection we found that the service was not always well led.

Governance systems in place to monitor the quality of safety of the environment needed to improve.

Audits were completed monthly; however, we found evidence that these were not always correct. Some had been used as tick boxes rather than to identify where improvements were needed and that managerial oversight of the audits needed improvement. The monthly hoist audit asked the manager to check two staff files and gave room for this to be commented on. On no occasion was any information recorded about whose files had been checked. Monthly site health and safety tours took place to check that the equipment was being stored safely and that the environment was clean. These did not identify the shortfalls in cleanliness and fire safety as described in the safe domain.

Some governance tasks had been delegated to clinical staff and maintenance staff. We spoke to the manager about some of our findings throughout the day where shortfalls were identified. It was clear that they did not have systems in place to do spot checks to ensure that audits were being completed correctly. They had themselves often signed off audits without checking the information provided. They told us, "I know documentation is an area that we need to improve on."

In addition, through discussion with the manager and review of information, we saw that audit information was not used to identify and make improvements to the service. An example of this was staff undertook yearly surveys to demonstrate their views on the quality of the service provided at the service. Staff were asked whether they had enough information about the social backgrounds of people living at the service and a large number who responded ticked they did not. We spoke to the registered manager and they assumed this was about people who may be living with dementia who had no family. They had not tested this information and had not considered how it could be used to develop better ways of working to support staff and people at the service.

This was a breach of Regulation 17 of the Health and Social Care Act, 2008; 2015, Good Governance.

There had been a registered manager at the service, however they had left in June 2018, and deregistered in August 2018. In their place the long-standing deputy manager had been promoted into the manager role. At the time of inspection, they told us that they were submitting their application in January 2019. A senior care worker had been promoted to the role of coordinator and led on training and development for staff. In addition, a clinical lead had been appointed to oversee nursing staff and nursing competencies.

We asked the manager whether there had been any RIDDOR concerns in the past six months. They told us there had not. RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These Regulations require employers, the self-employed and those in control of premises to report specified workplace incidents. Services registered with the commission are required under the registering regulations

act to notify the commission of any injuries occurring at the service that have the potential to impact a person for more than 28 days. We found that one person had fallen and broken their hip. This should have been reported to the commission. We have requested that the manager complete an urgent retrospective notification that includes all investigations and actions taken as a result.

Whilst this was an oversight, we did observe that the service was making appropriate notification's in line with the regulatory requirements.

The service was not compliant with data protection. Personal data should be processed in accordance with the General Data Protection Regulation (GDPR) and relevant data protection law. We found that peoples personal charts, such as bowel charts, behaviour monitoring, body maps and fluid and nutrition charts were kept on tables in communal areas. We were able to enter these areas and pick up this information without staff knowledge. We showed the manager who understood the concerns, but explained that staff needed to have the charts somewhere accessible. They had not considered how to make this happen without exposing people's personal information for general review, particularly as the service was so inclusive of local community and other care homes visiting.

Following the inspection, the manager took immediate action to ensure that they became compliant with date protection.

Staff and people told us that the manager was approachable, warm and friendly but it was not always apparent that they had sufficient oversight and authority. Some staff told us that clinical nurses did not always listen to their concerns and for those requiring nursing care we found that care was task orientated and shift coordinators did not always encourage and motivate staff to use the array of activities available to engage with people in positive way.

The service had won a bid with the local authority to be provided with a projector table machine that offers playful, interactive light games that entice children, adults, and older people to get moving and have fun together. This had recently been installed. Some people had already had the benefit of trying the new tool with their families, including grandchildren. This type of intergenerational engagement can be very beneficial for developing positive family relationships with someone living with dementia. Whilst the activity person had trained staff and was using the machine, staff needed strong encouragement to take people to use the table.

Despite these shortfalls, it was clear that the provider had a clear vision and direction for the service as part of their charity portfolio. There was a strong focus on continuously trying and expand opportunities for staff and for people living at the service. This included expanding opportunities to engage with the local community and other care services for the benefit of all. Work in this area, encouraged by the provider was supported by an innovative and visible activity co-ordinator, who in turn was supported by the home manager. The activity co-ordinator told us, "[manager] and [director] are so supportive. We are always thinking about what we can do next for our residents. If I need something I only have to ask."

The provider had also committed to improving the environment in the service. This was not an easy task as the layout of the service was complex. However, the works that had been done and continued to be planned, demonstrated a good understanding of how best an environment can be changed to support people with the needs they had at the service.

We recommend that the provider review the leadership at the service to assure themselves that people in positions of leadership have the skills and support needed to develop and embed the outstanding work

started across the whole culture of the service.

The service was working hard to retain staff and the provider had recently reviewed staff benefits to ensure that they were competitive and rewarded staffs hard work.

The provider had learnt from the last inspection and worked hard to ensure that necessary changes were made to the physical environment. As previously discussed, people living at the service, and their loved ones were supported in being involved in decisions about these changes.

Involving the local community meant the service remained relevant. And the additional work carried out to engage with other local care agencies meant that there was cross over learning and support and positive relationship development where ideas of best practice could be shared.

The manager showed us applications made for various funds and bids to other organisation's that would help the service continue to develop for the people living at the service, but also provide vulnerable older adults outside the service a variety of opportunities.

The organisation was a registered charity and as such was keen to involve the local community and other agencies to enhance the experience of people using the service and others in the community. An example of this was the engagement with a local community care agency, where people using this service were invited to attend the service on various days to take part in activities, including pampering days. This meant that people living at the service were exposed to new people and relationships that enhanced their engagement with the local community.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Where risks to people had been identified, appropriate action to mitigate these risks were not always identified or acted upon. This included individual risks to people due to physical and mental health conditions, including infection control risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance processes in place to monitor the quality and safety of the service did not always identify concerns found. Information obtained was not always used to make improvements to the service. And managerial oversight of audits and governance processes was not robust so did not identify when audits had been completed poorly.