

Tower Bridge Homes Care Limited

# Tower Bridge Homes Care Limited - Sycamore

## Inspection report

Magpie Lane  
Little Warley  
Brentwood  
Essex  
CM13 3DT

Tel: 01277261680

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Tower Bridge Homes Care Limited - Sycamore is a residential care home, providing care and support for up to 39 older people, including people living with dementia. At the time of our inspection, 25 older people were using the service.

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

There is a history of the provider not meeting regulatory requirements and people being at risk of avoidable harm. At this inspection, we identified a continued lack of governance and oversight by the provider. People remained at risk of unnecessary harm. The systems and processes in place to effectively monitor and improve the quality of the service were not robust. The provider had not taken appropriate steps to ensure they had clear scrutiny and oversight of the service, ensuring people received safe care and treatment. The lack of managerial oversight had impacted on the quality of care provided. The provider had failed to learn lessons from previous inspections and to identify and address breaches of regulatory requirements.

A registered manager had started work at the service in September 2019. 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.

The service had not always taken appropriate action about safeguarding concerns. Although staff had received safeguarding training and knew how to report abuse, not all staff were aware of external whistle blowing procedures. Care records were not always accurately maintained to ensure staff were provided with clear up to date information which reflected people's care and support needs. Risks to people had not always been identified. Where risks had been identified people's care records had not always been reviewed and, where appropriate, updated. People received their medicines from staff who had received training however, further improvements were required to ensure people received their medicines safely in line with best practice guidance.

Staff completed the provider's mandatory training but had not received specialist training, which the provider informed us they would be delivering to staff following our last inspection. This meant staff were not equipped with the skills, support and knowledge they needed to provide effective good quality care to people. Although staff felt supported by the registered manager, staff supervision had not been undertaken in line with the provider's policy following our last inspection up to the date the registered manager commenced employment at the service.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

We made three recommendations to the provider; to review end of life care planning processes in line with best practice guidance when reviewing people's care; to consider national guidance on the environment for people living with dementia and to review the support they provide for people in relation to people's capacity.

People, and relatives, were positive about the meals provided, however further improvements were required to improve the mealtime experience for people living with dementia. Documentation used to monitor people's daily food and fluid intake was not always monitored effectively, placing them at risk of dehydration and/or poor nutritional intake. A range of activities were provided but improvements were required to provide people living with dementia to participate in meaningful activities. One relative told us, "There's not enough stimulation [on first floor] at all. The activities coordinator stays downstairs and you cannot take [people] downstairs due to risk of absconding. I feel they get forgotten about."

Staff were kind and caring towards the people they supported, treated them with dignity and respect and empowered them to remain as independent as they were able to. We observed positive, caring interactions between staff and people. People were supported to maintain relationships with people who were important to them and visitors were welcome at the service at any time.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve. The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified nine breaches in relation to safeguarding people from the risk of harm and abuse, person centred care, recording of consent and the provider's continued lack of governance and oversight to ensure people received safe care and treatment.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Tower Bridge Homes Care Limited - Sycamore

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of two inspectors and one 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

Tower Bridge Homes Care Limited – Sycamore 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with five people who used the service, 11 relatives and two visiting health care professionals about

their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers, care workers and the activities coordinator.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, safeguarding concerns were not always reported or investigated properly and CQC had not been notified of safeguarding incidents. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after our last inspection to show what they would do to improve. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- Systems to safeguard people from abuse were poor and ineffective.
- Processes for reporting incidents to the registered manager and/or provider were ineffective. For example, unexplained bruising was not always reported to the registered manager to investigate and take appropriate action, including raising a safeguard alert with the local authority and notifying CQC.

Failure to ensure people were protected from the risk of harm or abuse placed them at risk. This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed safeguarding training. Staff we spoke with knew how to report concerns. One member of staff said, "I would go straight to the senior or manager. I would go to head office if not listened to or to the Police. We are here to look after people." Although staff told us they felt confident to whistle blow, they were unable to inform us of the action they needed to take to whistle blow.
- People told us they felt safe living at the service. One person said, "I like it here. I feel safe. I'm well looked after." A relative said, "[Person] is safe here that puts me at ease."

Assessing risk, safety monitoring and management;

At our last inspection, risks to people had been assessed but lacked detailed guidance for staff on how to manage individual risks. We recommended the provider to consider reviewing its systems and processes for monitoring food and fluid intake. The provider had not made enough improvements.

- Improvements were still required to ensure robust monitoring of people's fluid intake. Fluid intake charts did not record a daily target for individuals. Running totals of people's fluid intake were recorded, however

these were not totalled daily. It was unclear what, if any, actions had been taken where people had a low fluid intake. For example, one person had a fluid intake of 550mls on 1 February 2020, 620mls on 2 February 2020, 670mls on 4 February, 375mls on 5 February 2020 and 500mls on 6 February 2020. Although there had not been any significant impact on the person, records showed no action had been taken to try and increase their fluid intake or checks carried out to ascertain whether staff were recording information accurately.

- We continued to find a lack of detailed guidance in place to mitigate risks, including guidance for staff on how to manage individual risks. For example, one person was at risk of absconding. There was no care plan to mitigate this identified risk or a missing person protocol in place. It had also been identified prior their admission into the service that they were at high risk of falls and required a sensor mat to be put in place in their bedroom. No risk assessment had been completed to mitigate the risk of falls. The sensor mat was not in place and information regarding the use of a sensor mat had not been included in the person's care plan. We discussed this with the registered manager. They informed us they had instructed staff to put this in place and had directed staff to the location of the sensor mat. They confirmed they would action this immediately.
- Where required, people were repositioned to mitigate the risk of pressure ulcers. However, some of the care plans we reviewed contained contradictory information regarding the frequency of repositioning turns. This meant people were at risk of developing pressure ulcers.
- Procedures were in place for reporting accidents and incidents; this included a monthly overview which was analysed by the registered manager. However, we noted one person had a fall in their bathroom on 3 February 2020 sustaining bruising above their eye. An incident form had not been completed.
- Body maps were completed by staff; however, these did not always record the reason for the wounds or track their progress.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental and equipment checks were completed. This included fire safety checks.
- People had a personal emergency evacuation plan (PEEP) to assist staff and emergency services with evacuating people safely.

#### Staffing and recruitment

- The provider had a recruitment and selection policy in place to ensure suitable staff were employed. However, we found this had not always been adhered to. For example, gaps in staff's employment histories had not been fully explored and a minimum of two professional references had not been sought, in line with the provider's policy. This presented an increased risk of people receiving unsafe care from unsuitable staff. The registered manager informed us they had highlighted recruitment concerns to the provider.

Failure to ensure staff were recruited were of good character was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had introduced a new dependency tool to ensure suitable numbers of staff were effectively deployed within the service; based on people's needs as opposed to the number of people living at the home.
- However, one person who had been admitted to the service during our inspection, required one to one support between the hours of 8am and 8pm. Although the registered manager informed us, they had reviewed staffing levels to account for this, the person's relatives confirmed they had found their family



member unsupervised when they had arrived that day and when they had visited on two occasions that same week. We could not be assured, despite an increase in staffing levels, that staff had been effectively deployed to meet the needs of people.

We found no evidence that people had been harmed however, failure to ensure staff were effectively deployed placed people at risk of harm. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt there were enough members of staff. The registered manager was actively recruiting to vacant posts and had reduced the use of agency staff. A relative said, "Staff are very attentive. They are always around and [all staff] will all join in if needed. There always seems to be plenty of staff around but they can all be busy but always seem to manage to cope." Another said, "I come and see [person] about three times a week. Staffing is better on weekends now. We don't see so many agency staff and this helps [person]. They like to know [staff] and we like it they know [person] and their needs."

### Using medicines safely

At our last inspection we found medicines were not always managed safely and staff training, knowledge and competence needed to be improved. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after our last inspection to show what they would do to improve. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Whilst some improvements had been made since our last inspection, we continued to find concerns relating to the safe management of medicines.
- In the provider's action plan following our last inspection, they advised us 'where medication is covertly administered the care plan must detail how it is prepared and administered'. One person received their medicines covertly. There was no care plan in place describing how their covert medicine should be given. In addition, although advice had been sought from the pharmacist on 29 January 2020, no response had been received and records remained without preparation and administration guidance for covert medications.
- Where medicine administration charts had been handwritten, these had not been countersigned by two members of staff in line with best practice.

This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection, the service had changed from medicines being received in Dossett boxes to original packaging, in line with best practice. The registered manager told us this had improved the management of medicines and staff were more accountable and knowledgeable about the medicines they were administering to people.
- Medicines were administered by senior staff who had received medicines training. We noted the provider had not undertaken competency assessments every six months as stated in their action plan to meet regulatory requirements following our last inspection. The registered manager was in the process of reviewing staff's competence to administer medicines.
- We observed staff supporting people to take medicines in a kind and compassionate manner.

## Preventing and controlling infection

- People were not always protected from the risk of the spread of infection and/or injury. We observed bathrooms, except for one shower bathroom, to be in a state of disrepair; for example, chipped and missing tiling, bath panels broken and rusty toilet frames. Although audits had been undertaken, records showed the issues regarding the bathrooms had been known for some time but actions to rectify these had not been completed.

We did not find people had been injured by the poor maintenance or affected by the spread of infection, however this demonstrated a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in infection control and food hygiene. Although staff used appropriate personal protective equipment such as gloves and aprons, we observed on one occasion staff handing biscuits to people without gloves on, or the use of tongs. We fed this back to the registered manager who advised it was a one-off incident and they would speak with staff.
- Areas within the service were clean and there were no malodours.
- The registered manager told us they were looking to replace the flooring within the whole service to support cleanliness and mitigate the risk of the spread of infection. At the time of inspection, they had replaced the flooring in one person's bedroom. The person's relative told us, "They got rid of [person's] carpet because [person] kept spilling things on it and it smelt really bad. They did it quickly and put new laminated flooring in. The workmen nearly gagged when they were doing it but now it's wipe clean."

## Learning lessons when things go wrong

- People continued to be at risk of avoidable harm. The provider had not learned or made enough improvements to meet regulatory requirements following our previous three inspections.
- The registered manager provided examples of how they shared lessons learned with staff. They said, "To be honest it has been something constantly new every day. I just think for the staff it's about being open to changes and rather than thinking it's a negative that it's a positive."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found mental capacity assessments and DoLS applications were not always made or had expired which meant people were being deprived of their liberty unlawfully. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after our last inspection to show what they would do to improve. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- We continued to find consent to care had not always been recorded and care plan documentation did not clearly document whether people had capacity to understand decisions and provide informed consent.
- We found MCA assessments had not always been carried out, or documented evidence to confirm decisions were being made in people's best interests.
- Although there was a DoLS log which highlighted where DoLS applications had been submitted, the registered manager was not fully aware of progress of these applications or confident all necessary DoLS applications had been submitted. They had contacted the supervisory body to gain clarification, who responded to advise they were unable to do this. The registered manager informed us they would be undertaking assessments for everyone living at the service and, where applicable, submit new applications to the supervisory body.

This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received MCA training and demonstrated a basic understanding of the principles of the MCA.
- Throughout our inspection, we observed staff seeking people's consent with regards to their day to day support.

Staff support: induction, training, skills and experience

At our last inspection we found a lack of support mechanisms for staff such as training, supervision, appraisals and observations of competence to ensure staff had the necessary skills and knowledge to be competent in their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after our last inspection to show what they would do to improve. Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 18.

- Following our last inspection, the provider informed us all supervision and competency assessments would be entered onto an electronic calendar and reviewed by an operations manager. We noted staff had not always received regular supervision since our last inspection in line with the provider's policy of every three months. For example, one member of staff had received no supervision between 25 March 2019 to 10 January 2020. We also found, except for staff induction records and competency to administer medicines, no observational checks had been undertaken of staffs' practice.
- At our last inspection, the provider informed us they would be strengthening their training programme to ensure staff training was up to date and provide additional training aimed at meeting the individual needs of people, for example training in Parkinson's disease. Records showed whilst the majority of staff training was up to date, additional training had not taken place.

The above examples demonstrated a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager provided us with a supervision/observational check matrix they had developed and informed us they had started carrying out appraisals with staff. Staff told us the registered manager was approachable, and they could always seek guidance and support from them. One staff member said, "Supervisions are a two-way process. If I had any concerns or need help I can ask."
- The registered manager recognised the importance of training. They advised staff are required to complete the Care Certificate. This is a nationally recognised training programme for staff who are new to working in the care sector.
- The registered manager was committed to supporting staff to develop their skills and knowledge. Since being in post they had sourced face to face training for eight members of staff in nutrition and hydration. They encouraged staff to further their qualifications in care. One member of staff told us, "[Registered manager] is helping me to do NVQ Level 3."
- New staff, including agency staff, received an induction to the service.

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

- Where required, people had their food and fluid intake monitored however the systems in place to effectively monitor these were not robust; as highlighted in the safe section of this report.

- We could not be assured people's food intake was safely monitored and managed. One person had eaten minimal amounts of food since 31 January 2020, refusing food on several days. There was no record to indicate professional advice had been sought. We discussed this with the registered manager. They told us senior staff would take appropriate action such as reporting to the GP. There was no evidence to support this other than an entry in the service's communication book that the local GP surgery had been contacted to register the person at the practice. On the second day of our inspection, the registered manager told us the GP had been due to visit the previous day but had not attended. They chased this up following our discussion. They advised us they had also asked family members to keep a log of the food they brought in. There was no clear oversight of this person's food intake until we raised concerns with the registered manager, ten days following the person's admission to the service.

The above demonstrated a breach of regulation 14 (Meeting nutrition and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives generally spoke positively about meals. One relative told us, "If [person] is late getting up [staff] are very flexible and will give them their breakfast at any time. They are very accommodating with the food." However, another said, "I do worry about [person] eating here sometimes. I don't think [person] eats enough. We bring in sandwiches. Sometimes we see [person] hasn't eaten what was given to them. We have asked them about this and they do try but if they just gave [person] the right sandwiches it might be better than just what's on the menu each day. [Person] really needs more help with their eating."
- The lunchtime experience was a pleasant, social occasion, particularly for people eating in the ground floor dining room. Staff were kind and helpful to people, meals were plated up according to people's choices made the previous day. Alternative meals were available if people changed their mind. This contrasted with the lunchtime experience on the first floor. There was not a homely environment, people sat on different tables and there was little staff interaction during the mealtime.
- At the time of our inspection, pictorial menus were in the process of being made up to support people to make meal choices.
- Additional snacks and drinks, including fruit, were offered to people throughout the day.

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

- People's needs were assessed prior to them using the service to ensure these could be met safely and effectively. These continued to be reviewed on a monthly basis however we noted care plans were not always updated following any changes, with 'no changes' recorded at the monthly review.
- People were not fully involved in the review of their care; people and relatives were not aware of their care plan. The registered manager acknowledged this was an area requiring improvement and informed us they would be involving and encouraging people and, where applicable, their families/representatives to be involved in the review of their care, ensuring care plans reflected people's individual needs and choices.
- We saw information relating to people's protected characteristics such as their gender, age, marital status, ethnicity and religion. However, people's sexual orientation was not asked. The registered manager told us they had recently attended LGBT+ (Lesbian, Gay, Bisexual, Transgender/Transsexual plus (The 'plus' is inclusive of other groups such as asexual, intersex, queer, questioning etc.) training delivered by the local authority which provided them with insightful information on how to ask questions to people in a safe, sensitive and open way. They informed us documentation would be updated to record this information.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were not supported to access regular oral health checks and did not have specific oral care plans

in place. It could not be determined from daily care records what oral care people had received. We also found dry toothbrushes during our inspection which indicated they had not been used. Poor oral health, particularly when it causes discomfort is a barrier to good nutrition and may contribute to malnutrition and weight loss. Health conditions such as diabetes are associated with gum disease. There may also be links with cardiovascular disease.

- We discussed our findings with the registered manager who said staff should be recording oral health care. They said people would be supported to access dentists if needed and they had made recent contact with a mobile dentistry service to see whether they could attend the service to enable people to have check-ups. They would also be delivering in-house training to staff around the importance of oral health care. On the second day of our visit, a member of staff told us the registered manager had discussed the importance of oral health care and the implications of poor oral health care which they hadn't been aware of previously.
- People were helped to access healthcare services such as GPs, opticians and the district nursing team. One person told us, "My legs really hurt at times but they got the district nurse to look after them for me." A relative said, "They really sorted [person's] bed sore out since they've been back out of hospital. They've got rid of them on their body and feet. That's good. The district nurse is seeing to [person] too." Another said, "What I can say about the home is they really keep us informed. They phone up. There's a chain so they always eventually get one of us. When [person] wasn't well couple of weeks ago they kept us informed all the time."

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

- At our previous inspections we found the home environment was not dementia friendly, with a lack of picture and objects to occupy and stimulate. At our last inspection, the previous registered manager had identified this failing and informed us they had recruited a new maintenance person who had previously won awards for their work in adapting environments in line with best practice for people living with dementia. At this inspection, we continued to find no improvements had been undertaken on the first floor of the building to make it dementia friendly.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind, caring and friendly.
- Throughout our inspection we observed positive interactions as staff conversed with people. Staff were caring and kind in their approach to people and being sensitive to people's individual needs. People looked relaxed and at ease and the atmosphere was calm and pleasant.
- People's independence was promoted. Staff encouraged people to do as much as they could for themselves. The registered manager informed us some people were supported to make drinks in the kitchen however no risk assessments had been put in place for this activity. They assured us risk assessments would be completed immediately.
- People were supported to follow their faith. One person told us, "I don't go to church any more but the church come to me and I get communion each week as I'm a roman catholic. I also get visitors from the church coming to see me and I know what's going on there."
- The service encouraged people to maintain relationships with families and friends. There were no restrictions on visiting times. There was wi-fi available within the service for people to access if needed.
- No one living at the service was accessing advocacy. The registered manager told us they would share information of local advocacy services should people require it. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so themselves.

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

- People and relatives, we spoke with were unaware of their care plan. As highlighted in the effective section of this report, the registered manager was in the process of reviewing care plans with people and families' input.
- People and those acting on their behalf had been given the opportunity to provide feedback about the service through resident and relative meetings. One relative told us, "The meetings are useful." Another said, "There's going to be a talk about dementia that [registered manager] has arranged so I've let the family know that the talk is happening so we can understand more."
- The registered manager explained to us they wanted people to become more involved in the staff recruitment process. They said, and records showed, a person had been involved in recent staff interviews.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People were not always receiving the required care, responsive to their needs. Concerns we identified were similar to those found at our previous inspections.
- At our last inspection the provider assured us work was underway to ensure people were included in future reviews of their care. We found no evidence to support this has been implemented by the provider.
- Care plans were reviewed by staff on a monthly basis; however, we noted a gap in the monthly reviews from the period October 2019 to January 2020. Some monthly reviews had recorded 'no change' where changes had been identified.
- We continued to find contradictory information in care plans as highlighted earlier in this report.

This demonstrated a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was in the process of implementing new style 'person centred' care plans. They had delivered training to staff to support the transition across to the new care plans and would be involving people and their relatives in the care planning process.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had one activities coordinator who worked five days a week. The registered manager advised us they were in the process of recruiting a second activities coordinator.
- We received mixed feedback regarding the activities provided. One person said, "Lots to do here. The [activities coordinator] is full of energy and gets us going." Relatives' feedback included, "[Activities coordinator] is lovely. She sings with them and gets mum engaged as much as she possibly can." And, "[Person] seems fed up and needs to find something to do."
- Whilst we received positive feedback regarding activities on the ground floor, we noted this was not extended to the first floor to ensure meaningful activities are provided to people living with dementia. Feedback included, "I or my family haven't seen [staff] doing any activities up here. Today is the first time I have seen something happen up here for people."
- The registered manager was aware improvements were required and told us they would be sourcing additional training for the activities coordinator to develop their confidence and skills to support people living with dementia.
- The registered manager saw social media as a tool to supporting activities within the service. For example, reaching out to the local community to make fiddle cushions. However, although we saw fiddle cushions in



one of the lounges, we saw no one using them, or being encouraged to use them, during both days of our inspection. Fiddle cushions are designed to provide sensory activities that people with dementia can focus on and enjoy.

The above examples demonstrated a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A weekly timetable of activities was displayed in the ground floor. The activities coordinator and registered manager explained due to the home being in a rural location, it can be difficult to bring local groups into the service; however, they demonstrated their commitment to engaging with local organisations and getting people to participate in activities. During our inspection people were getting ready to celebrate Valentine's Day and we saw posters displayed encouraging grandchildren to come in to the service to decorate cakes with people.
- The registered manager had introduced a new book to record what activities had been done with people choosing to remain in their bedrooms/are bedbound and the impact the activities had been for the individual.

#### End of life care and support

- At the time of our inspection, one person was receiving end of life care. Their end of life care plan contained limited information. We discussed this with the registered manager who took immediate steps to update the end of life care plan with relatives' involvement.
- Not all the care plans we looked at had appropriate end of life care or preferred priorities of care in place. Preferred priorities of care is a document for people to record what their wishes and preferences are during the last year or months of their life. The registered manager assured us, as part of the review of care plans, people's end of life wishes would be recorded to ensure their final wishes were upheld.
- Staff had not received end of life training to enable them to be skilled in the care and support needed to people and their families. The registered manager told us they were in the process of sourcing this training for staff.
- Do Not Attempt Resuscitation forms (DNARs) were in place for people where appropriate

We recommend the provider reviews end of life care planning processes in line with best practice guidance when reviewing people's care.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's communication needs by assessing and recording them.
- The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

#### Improving care quality in response to complaints or concerns

- The provider displayed their complaints policy and people had the information they needed if they needed to raise a concern or complaint.
- People told us they felt any concerns would be listened and acted upon. One person said, "If I had a problem I would speak with the girls. They would listen."
- There had been three complaints since our last inspection, and these had been dealt with in a timely

manner.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection, there were inadequate arrangements in place to monitor the safety and quality of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider's oversight and systems to check the safety and quality of the service were poor and had not identified the risks/continued risks we identified during our visit.
- Actions the provider told us they would be implementing following our previous inspections to ensure regulatory requirements were met had not been embedded and sustained.
- As highlighted at our previous inspection, the significantly high turnover of managers over an extended period, had impacted on the quality and safety of the service due to inconsistent managerial instability and lack of consistent oversight and leadership at both provider and manager level.
- Systems were in place to monitor the quality of the service including reviewing care records, medicines, health and safety and incidents and accidents. However, the checks in place were not always sufficiently robust and had not identified the concerns we identified such as shortfalls in risk management. Where actions had been made, these were not always followed up, or completed in a timely way.
- The repeated issues and concerns identified at this, and our previous inspections, did not evidence that the provider promoted a culture of continued learning so improvements could be made to ensure people received safe care and treatment.
- The provider's statement of purpose stated dementia and end of life care were specialisms of the service. It also stated the provider is committed to, 'Providing a range of meaningful, stimulating and recreational activities that address individual needs, choices and evidence best practice in relation to Dementia Care'. As highlighted in this report we saw no evidence to support these statements.
- Although we found no evidence that people had been receiving poor care or had been harmed, accurate records were not always kept evidencing people had received the care they needed to maintain their health and well-being. Furthermore, the systems in place to check the quality of the service did not always demonstrate safety and quality monitoring of the service was effectively managed.
- The provider failed to update CQC with changes to the nominated individual's contact details. The

provider had also not responded in a timely way to information requests by the CQC during our inspection.

The above examples demonstrated people were at risk of unsafe care and treatment. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had been in post since September 2019. They were open and transparent throughout our inspection and was receptive to our suggestions and showed commitment to improving the service to enable greater oversight and governance of the service. They contacted us shortly after our inspection informing us, they had attended a governance meeting to discuss how they, and the provider, will be moving the service forward. They said, "There is only one we can go and I'm not going anywhere so there will be the consistency this home needs. I want to make it better."

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

- We asked the registered manager for information regarding questionnaires undertaken following our last inspection up to the date they started work at the service (September 2019). They informed us they were not aware of satisfaction surveys undertaken prior to their appointment. A representative from the provider told the registered manager they thought these had been completed but this was prior to their employment and would not know where information regarding this was stored. At the time of writing our report, no further information regarding questionnaires in 2019 was shared with us.
- The registered manager informed us questionnaires had been sent out prior to our inspection. Responses would be analysed, and action plans developed. A 'You Said, We Did' board had been installed ready for use.
- The registered manager held regular staff meetings. Staff told us they felt they could raise ideas and felt these would be listened to; however, they highlighted the negative impact of the constant changes and turnover of managers. A relative told us, "We think staff morale is a little low because of the constant changes of management here. They've had about four already since [person] has been here."
- The registered manager held regular resident and relatives' meetings. A wide range of topics were discussed about the day to day running of the service. Minutes showed the registered manager also sought external professionals to attend these meetings. For example, in November 2019 a solicitor attended to explain about power of attorneys.

Working in partnership with others

- The registered manager recognised the importance of working in partnership with others and was working on strengthening these relationships. This included the speech and language team (SALT) to deliver 'in house' training for staff. □

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

- Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Responsive care was not provided consistently. People were not always consulted about their on-going care and preferences. Improvements were required to ensure appropriate care and support is provided to people living with dementia.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service was not always seeking consent from people in line with legislation and guidance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely. Improvements are required to ensure service user's care records, including identified or potential risks, are up to date and reflective of people's care and support needs</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding incidents were not always reported or investigated properly so as to</p>

ensure people were protected from the risk of harm and abuse. CQC were not always notified of safeguardings.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

The systems and processes in place to effectively ensure people received adequate nutrition and hydration were ineffective.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA RA Regulations 2014 Premises and equipment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate monitoring and maintenance.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Staff were not always safely recruited.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Improvements were required to ensure staff had the necessary skills and knowledge to fulfil their role and received regular supervision.