

Four Seasons (No 7) Limited

# Norwood Green Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Norwood Green Care Home is a nursing care home providing personal and nursing care to 73 people aged 65 and over at the time of the inspection.

The home is part of Four Seasons Limited a national organisation that provides care to people in the UK. Norwood Green Care Home is registered to provide nursing care to 92 people with dementia, mental health needs and general nursing care. The home accommodates people across three separate units, two that provide nursing care and one residential care unit. Each unit has separate adapted facilities including bathrooms, lounges and dining areas. There is a central kitchen on the ground floor and a large communal garden.

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

People and relatives told us that there were no organised activities at the home. For some people this meant they were bored and even lonely as they felt they had not had the opportunity to make new friends. The provider did not have person centred care plans. This was because plans lacked background information about people and their lives prior to living in the home.

End of life care plans contained medical information but some plans lacked people's diversity support information. This meant religious or cultural observances that might be important to them might not take place as they would want to happen.

Medicines were administered and stored appropriately by nursing staff who were well informed. However, guidelines for 'per required needs' (PRN) medication was limited and not person-centred.

Some health records were not completed in line with good practice and would not provide sound evidence to support health professionals' decision making.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider mostly worked in line with the Mental Capacity Act 2005 (MCA). The provider had applied for Deprivation of Liberty Safeguards appropriately with one oversight. There were mental capacity assessments in place and some best interest decisions, but a couple of mental capacity decisions were not decision specific and required some more detail. We made a recommendation the provider look at good practice in implementing the MCA

The provider had audits and checks in place and had identified where for example some weekly safety checks had not taken place. However, they had not addressed the shortfalls we found during our inspection.

People spoke positively about staff. Staff were observed to be caring and interactions with people were unrushed and sensitive. People were supported to eat in an encouraging and appropriate manner. We observed staff gave people choice and promoted their independence.

The provider trained staff and valued their input and views. They had taken steps to recruit more permanent staff and nurses to offer a more consistent service to people.

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

The last rating for this service was requires improvement (published 18 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvement had been made. Whilst the provider was no longer in breach of regulation 12 Safe care and treatment and regulation 18 Staffing, they were still in breach of Regulation 17 Good governance and Regulation 9 Person centred care.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norwood Green Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to Regulation 9 Person centred care and Regulation 17 Good Governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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

## 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 responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Norwood Green Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 was conducted by two inspectors, an advisor who specialised in nursing care for the elderly and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

At the time of our inspection there was no registered manager in post. This was because the registered manager had left just prior to our inspection. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. This included, communications we held about the provider which included notifications of significant events, and material on the provider's own website and other public information.

### During the inspection

We spoke with nine people and five relatives about their experience of the care provided. We spoke with two visiting health professionals. We spoke with members of staff including the regional manager, the interim manager, the deputy manager who was the clinical lead, three nurses, one team leader, three care workers, the house keeper and the chef. We used the Short Observational Framework for Inspection (SOFI) on two occasions. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed staff interaction with people throughout the day. We undertook a partial inspection of the premises.

We reviewed a range of records. This included five people's care records and their associated documents including daily notes, health recordings and risk assessments. We reviewed 19 medicine records. We looked at three care workers files in relation to recruitment and staff supervision and checked three nursing staff registration. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

Following the inspection, we reviewed a local authority report from a quality assurance visit that took place just after our inspection and we spoke with a representative of the local authority quality assurance team.

# 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 remained requires improvement.

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.

### Using medicines safely

- We found 'per required needs' medicines (PRN) were administered and recorded appropriately but we found some PRN guidance was not detailed. Therefore, there was a concern that people might not receive the appropriate medicines at the right time.
- There were many PRN medicines where there were no protocols in place. These included laxatives and pain relief. Where there was a protocol for laxatives it stated that a Bristol stool chart should be in place and to record signs of constipation but did not specify what these were. For example, how long without the bowel opening and non-verbal signs such as agitation or increased confusion, as appropriate to the person concerned.
- For PRN paracetamol it stated, 'Team to complete a pain assessment chart'. These were kept in people's care records. Many PRN prescriptions stated to give one or two tablets but there was no indication of how the dosage should be decided on the PRN charts. PRN protocols which were in place were not person centred. For example, for paracetamol PRN the same words were copied on several protocols and this had a typo, 'Felling pain', which was repeated.
- There were some anticipatory medicines in place. Anticipatory medicines are a small supply of medicines kept at the home just in case the person needed them. One person's PRN chart for palliative care listed the medicines but with no mention of the symptoms each medicine would be used to treat. For example, if they were for agitation or for nausea or vomiting.

We recommend the provider seek and implement national guidance on safe medicines practice.

- Notwithstanding the above, we found the nursing staff to be very well informed about people and their medicines and all medicines records reviewed were completed appropriately and without error. Medicines including controlled drugs were stored appropriately in a safe and secure manner. Nursing staff checked stocks of medicines twice a day to ensure no errors had been made and that there were enough medicines for people's needs.
- We spoke with a visiting pharmacist who praised the clinical lead and said there had been a huge improvement since they were in post. They described the process of working with the home as, "Seamless." People told us they received their medicines on time and where given pain relief when they needed it. One person said, "When you are in pain you get paracetamol."

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training during their induction and had yearly refresher training. One care worker told us, "I know where the policies are, and I understand the [Safeguarding] policy and I can report issues to our team leader." Staff had a good understanding of how to keep people safe and told us that whilst team leaders dealt with safeguarding concerns within the home it was important to escalate any concerns and record information.
- The provider had reinforced with staff the need to report all body marks and any concerns immediately to the nursing staff and the management team. When this had not occurred, the provider demonstrated they had taken appropriate action. The provider had reported safeguarding concerns to the local authority and had notified the CQC. Safeguarding incidents were investigated by the management team and they had shared information in a transparent manner.
- There were systems in place to ensure all incidents were identified and reported appropriately by staff. Any incident or accident was recorded on an electronic system that was accessible by the provider for scrutiny. The manager demonstrated for example, that all falls were analysed to capture what had taken place, where and when during a 24-hour period. This was to recognise trends in the service and to take appropriate action to manage the identified high-risk times or places. There was also an analysis of wounds, medicine errors and other incidents.

### Assessing risk, safety monitoring and management

At the last inspection in May 2018 we found a breach of the regulation safe care and treatment. This was because some hazards had not been assessed and therefore did not have measures in place to reduce the risk of harm. At this inspection an inspection of the service showed that previous tripping hazards in the garden had been removed, unsecured areas such as a shipping container were now secured and areas of high risk such as access lift machinery were kept locked.

- The provider had assessed risks to people. This included for example, use of bed rails and call bells, skin integrity and prevention of pressure ulcers, falls and mobility risk assessments. Records reviewed contained clear guidance about measures to be taken to keep people safe and described the equipment to be used. Risk assessments were reviewed monthly.
- Personal emergency evacuation plans for each person stated what support would be required should the need to evacuate the building arise. There had been fire safety training for staff prior to our inspection and staff knew what action they should take. There was firefighting equipment throughout the building and there had been a recent visit from the London Fire Service to check fire safety.

### Staffing and recruitment

When we inspected in May 2018 there was a breach of the regulations with regard to staffing, as there were not enough staff to meet people's care needs in a timely manner. This had resulted in people being left in bed for long periods and not receiving showers when they wanted. At this inspection we found staffing levels had improved. Most people and relatives we spoke with felt there were enough staff. We observed call bells being answered without a long wait. Staff checked people and on a few occasions took time to sit with them chatting.

- Two people felt there were not enough staff to sit with people. Their comments included, "There are not enough staff especially in the afternoon. Can call and call and wait ages. No one to sit in the sitting room when residents are there, and no one chats to people. Staff have not got time." However, most people and relatives told us staff checked people on a regular basis and they did not wait long when they pulled the call bell. They said for example, "[Person] is always at ease, carers always popping to see them. They check

regularly always putting their head round the door" and "There are enough staff and they treat [Person] with respect. All is lovely," and "They are really attentive."

- Most people said they were supported to get up when they wanted to. The provider assessed staffing levels and demonstrated they had increased staff when people had higher support needs. The regional manager showed us that they had reduced the use of agency staff by recruiting more permanent staff.
- The provider had recruited nursing staff from abroad and supported them to work for Four Seasons Health Care. This was to provide a consistent service by nursing staff who were familiar with people living at the home. All registered nurses had completed revalidation as appropriate.
- Staff files and showed the provider followed safe recruitment procedures, including checks of identity, right to work in the UK, criminal records, references and employment gaps. When there was a gap in employment or a recent work reference was not available the provider had risk assessed and put measures in place to monitor staff performance.

#### Preventing and controlling infection

- The provider employed a house-keeper and cleaning staff to maintain a good standard of cleanliness in the home. A relative told us, "It's so clean. I am impressed with the cleanliness. When [Person] first moved in it smelt and now it's fine. I have seen a massive change."
- Care and domestic staff received infection control training and followed appropriate infection control procedures. They demonstrated they knew the measures to take to prevent cross contamination.

#### Learning lessons when things go wrong

- The interim manager and the regional manager told us that when they identified there had been a shortfall in the service provided, they took immediate action to address the concern. If necessary, they would amend procedures and ensure changes of procedure were shared with the staff team.
- They gave an example that following a "near miss" individual supervisions were held with the care workers involved and a team meeting held. They stressed to staff the importance of following procedures and reporting any concerns to senior staff.

# 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 good. At this inspection this key question has now deteriorated to requires improvement.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had applied for 31 DoLS and seven had been authorised by the statutory bodies. The home was waiting for DoLS assessments to be undertaken. They had an oversight of the progress of their applications. We did find one person had previously been under a DoLS that had expired, and this had not been reapplied for with the others. However, this was an oversight rather than common practice.
- People's care plans stated if they had the capacity to consent to their care and treatment. We saw some mental capacity assessments had been completed and best interest decisions recorded, for example for bed rails and wheelchair lap belts. These had been reviewed in line with good practice.
- Most people's mental capacity assessments were decision specific, but some were not decision specific and stated people could make simple or noncomplex decisions but not more complex decisions. Although, the intention was to ensure people were involved in decision making and given choice it was not always clear what was a simple or non-complex decision. In addition, where people were stated to have fluctuating capacity it was not stated how or when might be best to maximise their decision making.

We recommend the provider seek and implement national guidance on implementing the Mental Capacity Act 2005.

- We saw staff giving people choice and encouraging people to accept support when they had refused but they did not force or insist. One staff member told us when a person refused care, "We advise them why they

need it and I speak to colleagues and try and get them to lead the task. Personal care is difficult as we can't force them but if we leave them it's neglectful." They continued to explain how they reported to senior staff if people continued to refuse care offered.

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

- Some eating and drinking information in care plans was missing or not easy for staff to find. This meant staff might not be aware of how to manage a person's eating and drinking support.
- One person required support to eat using a Radiologically Inserted Gastrostomy (RIG). This is a way of introducing food, fluids and medicines directly into the stomach by inserting a thin tube through the skin and into the stomach. It did not specify in the care plan the position that the person should be in while the feed was running. The RIG tube was not mentioned in the person's medication or nutrition care plan. In those plans it was not clear that they were nil by mouth. There was however, a large notice on the door of the bedroom saying nil by mouth that minimised risk of error.
- Staff recorded what people ate or drank but this was not always consistent. For example, fluid charts were not always totalled to check the person had enough to drink. A health professional told us that they found the nurses very well informed. but records were not always detailed enough so it was difficult at times to see if fortified food had been given
- Another person was supported to use a catheter to manage their fluid output. There was no information on catheter care in the care plans either for continence or hygiene. No impact was identified but there was a risk health professionals might not have the information they required. Staff might need further guidance if nursing staff were unavailable to give information.

The above concerns were a breach of Regulation 9 Person centred care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above we found that drinks were offered on a frequent basis. Staff could tell us who required a fortified diet and nurses were well informed about people.
- People told us there was a choice of meals on the menu. Most people found the food satisfactory, however, several people said they found the menu repetitive. Their comments included, "There is a choice on a list and I try to eat it, it looks alright. I like breakfast. Sometimes it's alright, I like fish and chips on a Friday," and "It's repetitive but fine".
- There was a rolling menu that covered four weeks and both traditional UK and Asian meals were provided. When we arrived unannounced, staff were in the process of serving an impressive range of breakfast choices to people in the dining areas and in their bedrooms.
- Staff supported people's dietary requirements. This included religious observances, personal and cultural preferences. People who required a soft or pureed diet were catered for and these meals were served in an appetising way to encourage eating.
- Staff supported people who required support to eat. This was undertaken in a sensitive and appropriate manner. For example, staff sat beside people, encouraged them to eat and did not rush. One person told us, they give me something to eat. I like everything...food is very nice."

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

- The interim manager said prior to assessing people for a service they review information provided by social services taking note of people's circumstances and medical history.
- A member of the management team undertook a visit to meet the person and completed an assessment using a hand-held tablet device to record straight onto the initial care plan template. During the visit the management team member checked the information they have received was accurate and they recorded people's personal preferences.

- The management team encouraged the person and/or their family members to visit the home to view and to see what facilities were offered. They have a show room and encouraged staff to show people around the home, so they could talk with people and staff about their experience of the service provided.

Staff support: induction, training, skills and experience

- Staff received supervision, both individually and as a group. Staff told us they felt well supported. Supervision notes were detailed and there were clear actions with tasks to be completed and training needs identified.
- New staff received an induction prior to commencing their role. The clinical lead explained that staff background and previous history in working in a care setting was important in determining how long the induction period would take. If the staff were new to care work, then the induction took longer with increased monitoring and shadowing.
- Staff completed a range of appropriate training to support them in their roles.
- Medicines training was provided for nurses and the care home assistant practitioner (CHAP) who administered medicines.

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

- People's records demonstrated that they were supported to access appropriate healthcare including, the GP, community psychiatric nurse, podiatrist, tissue viability nurse, mental health team, end of life team, dietitian, and speech and language therapist.
- The third-floor unit was for residential care only. Therefore, if there was a nursing concern district or community nurses would attend. However, the clinical lead and home's nurses would advise staff in an emergency. A district nurse told us they found the wound care was good and said regarding dementia care, "Staff know these people well and they understand them."
- There were visiting services to monitor people's well-being that included an optician and a dentist. Staff told us how they supported people to maintain a good level of oral hygiene. One staff member told us, "Oral hygiene needs are being met because we brush teeth and we clean dentures and we make sure they are in good condition and not too loose and if they are, we refer them to the dentist."
- People's care plans contained guidelines for staff about a range of health care support. This included, their continence, skin integrity, cognitive support needs, end of life, nutrition, psychological, emotional and sleep. Information displayed in people's rooms prompted staff that people were for example, 'Nil by mouth' or to remind staff a person's glasses should be used for distance and near activities.

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

- Norwood Green Care Home was purpose built and accommodated wheelchairs and other moving and handling equipment well. There were two lifts between floors. There were spacious and adequate bath and shower rooms. At our last inspection some garden paths were obstructed but during this inspection we found the paths were clear and the grass was cut to allow access for people whose mobility was impaired.
- The home was a clean bright environment. There were some contrasting coloured handrails and toilet seats to assist those with dementia and perception problems. There were some objects of interest in small lounges and people's bedrooms but limited things of interest on walls in the corridors and no memory boxes or sensory objects for the benefit of people with dementia.

# 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

- People's and relatives' feedback about the staff was positive. Their comments included, "This is the most friendly place I've known. Staff come and say good morning. Anything I want done they do," and "They are all good people. They help you... very good people. They work very hard."
- The provider used games and videos in induction training to support staff to understand what people might be feeling when they moved into a care home. The regional manager explained they tell staff it is not an, "admission," to the home but a "move in". The training also looked at possible conflicts of differing family member's views about the move. They supported staff to understand that conflict they might see in families about parents moving into the home might mirror family changes in their own lives. The aim was to support staff to develop a greater sensitivity when working with people and their family.
- We observed some kind interactions between staff and people. Staff were unrushed when supporting people and spoke with people in a gentle tone, at times making jokes and checking out people were happy. They treated people with respect and spoke to us about people in positive terms. One person said, "They treat me with respect and are kind and sensitive." Another said, "We are all treated the same. Very nice. All of us like it. They keep an eye on us all the time and they do it well."

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

- Some care plans seen contained detailed information about how people communicated. For example, one person's care plan had guidance about how the person looked at people and used body language to convey interest and meaning. Care plans stated what languages people spoke and understood. Some staff were multilingual, and we observed care staff speaking to people in their preferred language.
- People were given choice with their meals and could ask for alternatives. We observed for one person had requested and received two meal choices as they wanted both being offered.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to be as independent as possible. One person listed to us the things they did for themselves and said, "I like to be independent, so I make my bed. The place is being done up. Carers pop in to say hello. You ask for a cup of tea and you get one...they let me get on with being independent."
- Care workers told us how they support people to be independent. Their comments included, "We let them make a cup of tea and we don't stand behind them, we get them to put on their own clothes, brush their

teeth. We look and see what they can do for themselves," To maintain people's dignity, they said, "We try and encourage them to do as much for themselves, the door is closed and if we are doing a wash in bed we cover them with a towel. We abide by people's personal wishes."

## 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 remained requires improvement.

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

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

At our previous inspection in May 2018 we found that there were some activities, but some planned activities did not take place and people were not supported to go out of the home. During this visit we found even fewer activities were taking place and people told us there were no activities and they were not occupied. This meant that people were not being mentally stimulated, lacked access to physical exercise and were not supported to develop and maintain friendships.

- During our two day visit there were very few activities observed. We saw one occasion a staff member provided some drawing material to a few people but in the main no organised activities were taking place. People and relatives told us that this was common practice. Their comments included, "No activities at all. A young man was going to play chess or scrabble with me, but he did not come back," and "They take them into the garden when it's nice. No one does activities. They sometimes take [person] into the lounge."
- People told us there was a lack of activities to keep them occupied and they felt bored. One person told us, "During the day I just sit, mostly just sit. They offer to take me to the garden sometimes, I suppose they are busy. Once or twice I have asked to go into the garden and I'm told they are too busy. I would like some entertainment, music, dancing. There are no exercises. I have not made friends since I have been here." They described feeling lonely at times.
- Although we observed on occasion staff encouraging activities with individuals or a few people, the staff had not identified when people might have interests in common and might benefit from being introduced to develop a friendship. For example, we spoke with two people living in different units who both liked the same board game. Both expressed they were hoping a staff member might play a game with them, but this did not happen. They could, with staff support have been introduced and played a game together.
- There were a few activities taking place that met some people's cultural and religious needs. For example, one person told us, "We have Bible study and a service, I introduced them as not here until we came in. A local vicar does communion monthly." However, despite the many different cultural backgrounds of people living in the home there was very few cultural or religious specific activities taking place.

The above concerns were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with the regional manager who was aware of this shortfall in the service. They told us that the

activities co-ordinator had left and a they had interviewed to fill the post. Following our inspection, we were informed that the activities co-ordinator had started work.

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

- People had care plans that contained information about their support needs. However, these were not person centred. This was because there was very limited back ground information about people prior to them moving into the home. As such, there was very little information to help staff understand people in the context of their lives.
- People's care plans stated their nationality, their ethnicity and religion. People's cultural and religious dietary support needs were specified. However, there was little or no other information in records that stated if they were for example, practising their religion or if they required support with other observances. As such people's diverse support needs information was limited.
- The regional manager showed us that some people had a person-centred plan where information about the person had begun to be gathered by staff working with the person and through talking with their family members. However, those started were not yet completed and many had not yet been started.
- Some people's care plans stated they had behaviours that challenged the service and required staff support. Although some care plans referenced behaviours it was not always easy to find. For example, one person's care plan for psychological, emotional and sleep mentioned mood changes, anxiety and anti-psychotic medicines but did not have any information on how to support the person. However, in their plan for vision, hearing and speech there was more information about behaviour which might have been more appropriate in the psychological plan.
- One staff member told us they would like further training in managing behaviour that challenged but said they had been refused this by a previous manager. We saw that charts were completed by staff when incidents of challenging behaviour had occurred to show the antecedent, behaviour and consequence (ABC). These charts were not always completed in a manner that would be helpful to a professional analysing the chart. For example, one staff had written under consequence, "I said [Person name] what happen with you get to me so scared. Thinks please calm down and let me change pad."
- Another person exhibited a behaviour of calling out repetitively at times. Their care plan stated they responded well to company. However, we noted they had been taken to their room in the afternoon by staff to rest. The person continued to call out and staff very occasionally responded but for the most part carried on with other work. There was no plan or guidelines as to how often staff should monitor the person or what action they should take should the person not respond to resting. We felt it probable they would have benefitted from an activity to distract them. However as stated earlier no activities were taking place.

The above concerns were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### End of life care and support

At our last inspection we had recommended that the provider seek and consider national guidance regarding best practice in providing end of life care. This was because people's cultural, religious, and personal wishes were not stated in their end of life care plans. We found this had not been addressed in some instances.

- The home supported people who required end of life care. People had end of life care plans to record their choices. However, plans lacked detail about people's preferences with regard their diverse support needs when they were dying or actions to be taken following their death. For example, one person's records stated

they were from a specific religion where it is important to have prayers said when a person was dying. However, this was not stated in their care plan if this would or could be important to them.

The above concerns were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, people's health support needs were fully explored in their care plan. For example, if they would require pain relief to keep them comfortable and pain free. People's records contained when appropriate Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR). These had been undertaken with people's family members and were signed appropriately by the GP.
- Nursing staff had received end of life care training. They were very well informed about people's health care and they worked closely with the GP to ensure people received appropriate care. One care worker told us they would like more end of life training that was face to face. They said, "We are human beings and we are sad when they die. It [training] would be better in person so we can ask questions and we can talk about death."

#### 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.

- Information was provided to people to inform them of changes. For example, a letter in the usual size print was displayed on each floor to explain to people the registered manager had left and cover arrangements. In addition, most people confirmed they had been told by staff. However, the letter was not very visible for people who might have a sight problem.
- People's care plans stated if they spoke and understood a specific language and we observed often that staff did converse with people in their preferred language. The regional manager told us they would translate or produce in a large print documents if this was required. However, care plans reviewed did not contain information about what support people required to read or understand information.
- The provider had produced a new easy read complaints leaflet in June 2019. The regional manager told us they were intending to display in each person's bedroom, so this would be accessible for them and their visitors.

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

- There was information provided in the service to support people to complain, although one notice needed updating.
- People's comments were generally positive about the provider's response when they made a complaint or raised a concern. For example, one person said, "I told them carpet was dirty and they did it straight away." Most people knew who they would complain to if they had a concern and were aware the registered manager had left. This was a very recent change so understandably a couple of people were unsure who the interim manager was. For example, one person said, "If I had a complaint would go to the boss. I don't know who that is."
- The provider had recorded three formal complaints since our last inspection which were entered onto an electronic monitoring system and could be accessed by senior staff, thereby giving the provider effective oversight of complaints. We saw evidence that complaints had been dealt with appropriately.

## 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 remained the same.

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

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

At the last inspection we found a breach of good governance. At this inspection we found that whilst environmental concerns had been addressed. The provider had been unsuccessful in addressing most of the shortfalls identified at the last inspection.

- At the last inspection activities were limited and not taking place as planned. Although the provider had an activities monthly audit and was aware of the shortfall in meaningful activities, no action had been taken to address this. All people told us the lack of activities was a problem and had continued to worsen since the last inspection.
- At the last inspection we found care plans, although reviewed and detailed in some areas, missed important information in others. At this inspection this had not been addressed. Care plans were not person centred and information that would have helped staff to understand people's diverse support needs and their life histories was missing.
- Health recordings were on occasion poorly completed. For example, amounts not totalled or the content was not helpful in understanding what was occurring. This had not been identified and addressed by the management team.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had left just prior to our inspection and the regional manager and interim manager were clear about their responsibilities in managing the service until a new registered manager was appointed. The deputy manager took the role of clinical lead and health professionals spoke positively about the changes they had made.
- Appropriate audits and checks took place, on a regular basis however although the lack of activities and person-centred planning was acknowledged as an area for improvement by the area manager sufficient progress had not been made since the last inspection.
- The provider undertook quarterly audits to check the governance of the service was appropriate. We saw for example a senior manager had identified some weekly safety checks did not take place in February, March and May 2019. These have since been completed appropriately by the maintenance staff.

- Compliance testing for gas and portable electrical goods and electrical installations had taken place and where concerns were identified these were addressed appropriately.

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

- There was a monthly analysis of people and relatives' feedback. The provider sent out and received back 16 questionnaires in May 2019. The provider had responded to concerns. For example, people wanted the garden to be better maintained and this now was being done. Relatives and visitors were asked to rate their experience of visiting the home in the foyer entrance. Questions asked included, "Do you think your resident is well cared for? Is there any odour in the home today? Do you feel safe and secure here? Responses in May 2019 were good at 93.75% and 6.25% didn't know.

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

- The provider demonstrated they knew when they were required by law to notify the CQC. They had alerted the local authority to safeguarding adult concerns and demonstrated they investigated and shared findings.

- During our inspection we found the regional manager to be open and honest about shortfalls they had identified, and they shared information with us in an appropriate manner.

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

- The provider had met with the staff team and had listened to their concerns. They had recognised morale had been low and had acted on some of the staff concerns. They felt morale was improving and staff comments we received demonstrated that this was so.

- The provider had some incentive schemes in place. For example, if staff showed a family around the home and told them about the home they received a voucher. This also encouraged the staff to have pride in the home and be proud of their work contribution in the home.

- The regional manager explained they did not have a "service user guide," but instead provided a welcome pack that contained a "Home to Home Promise." They felt that this is what people wanted, to move somewhere that was not just a "placement" but their new home.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with the health professionals visiting the service. The regional manager described how they learnt from these professionals and used information acquired for the benefit of others in the service.

- There were a number of Four Seasons Limited meetings where knowledge was shared between both registered and interim managers. This kept each service updated in good practice and conversant with changes of legislation.

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 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. Regulation 17(1)(2)(a)(b)(c)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not ensure that care and treatment of service users was appropriate, met their needs or reflected their preferences.  Regulation 9(1)

### **The enforcement action we took:**

We have served a Warning Notice on the provider to require them to make the necessary improvements to meet this breach of Regulation by 15 November 2019.