CareTech Community Services Limited

Clock Tower Mews

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

This inspection was carried out on 22 and 27 March 2018 and was unannounced. At their last inspection on 27 February 2017, the provider was found to not be meeting the standards we inspected. We rated the service overall as requires improvement. These areas of improvement were in relation to safe care and treatment, keeping people safe from harm and leadership and governance. At this inspection we found that improvements had not been made and there were additional areas that continued to not meet the standards. We found breaches of regulations in relation to providing safe care, supporting staff, obtaining people's consent, involving people in their care and overall management and governance of the service.

Clock Tower Mews is a 'Care Home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to eight people. At the time of this inspection there were seven people living there.

The service did not have a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. However a newly appointed manager had submitted an application to CQC to register and at the time of inspection was awaiting this to be assessed.

People were not consistently supported in a safe manner as staff were not aware of how to mitigate some risks to people's well-being. risk assessments were not completed to support staff with keeping people safe.

Staff knew how to report any risks to people's safety; however staff were not all able to describe how they would identify when a person was at risk of harm or abuse.

Medicines were not consistently managed safely.

There were sufficient staff available to support people's needs in a timely manner.

People lived in a clean, hygienic environment although not all staff had received up to date infection control training.

Staff had lacked leadership, development and training over the previous 12 months.

Most people were supported in accordance with the principles of the Mental Capacity Act 2005; however, this was not consistent.

Staff were not consistently aware of people's nutritional needs, however people were provided with fresh

appetising meals they appeared to enjoy.

People were supported by staff in a respectful and kind manner with staff ensuring people's dignity was maintained. However we found improvements were required in keeping confidential information relating to people secure.

Some people received care in a person centred way but we observed some people who did not. People and their relatives where appropriate, were not always involved in planning their care.

People were provided with limited activities that did little to support their individual hobbies, interests or preferences. There was a complaint's process which people and their relatives knew how to use. However, people's relatives had not been confident that their concerns would be responded to with the previous management team, although they felt more confident in the new management.

There were systems in place to monitor the quality of the home. However, they had not identified the areas that required improvement that we found on inspection. People, relatives and staff were not all positive about the running of the home.

The overall rating for this service is 'Inadequate' and the service therefore is in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

Following the inspection CQC reviewed the concerns and took appropriate action.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

People were not consistently supported in a safe manner as assessments and processes did not always promote this.

Staff did not consistently understand how to recognise and report any risks to people's safety. Lessons were not shared across the staff team to reflect and develop best practise.

Medicines were managed safely, however there were issues with managing covert medicines.

People were supported by sufficient numbers of staff to meet their needs.

People lived in a clean environment with staff using appropriate equipment to maintain cleanliness. However not all staff had received training.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not supported by staff who had been trained, supported and developed to provide effective care.

People were supported in accordance with the principles of the Mental Capacity Act 2005; however, this was not consistent.

People's dietary needs were met; however staff were not consistently aware of any specific dietary requirements.

People had access to a range of health professionals when their needs changed. Staff were quick to refer to the appropriate specialist when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People and their relatives had not been involved in the

development or planning of their care.

Confidentiality was not consistently promoted.

People were addressed by staff with respect and kindness, and who treated them in a dignified manner, ensuring their privacy was maintained.

People were able to maintain relationships with people important to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not consistently receive care that responded to their needs.

People were provided with a limited amount of structured activity, but this did not support people's personal interests, age or preferences.

People and relatives were not able to share their views and opinions or raise suggestions regarding the running of the home through meetings or forums.

There was a complaint's process which relatives told us they had been reticent to use, however felt confident the new manager would respond to concerns raised.

Is the service well-led?

Inadequate

The service was not well led.

Systems were in place to monitor the quality of care provided, however the provider had not ensured these were operated effectively to identify areas that required improvement found both at our previous inspection and through their own monitoring.

The provider did not ensure effective management was in place to both ensure people received a high level of quality care, and that staff were sufficiently supported and managed. In the absence of management, the provider themselves, although working a short walk from the service did not visit to ensure the service was managed.

Staff and relatives were not positive about the management of the service prior to the new manager starting. People and

relatives were however positive about the management change, although it was too soon to measure the effectiveness of this change. People's relatives were positive about the current managers running of the home.

People's care records continued to not be reviewed as people's needs changed and did not provide an accurate account of people's care needs.

Information requested from the provider prior to the inspection was not submitted to CQC.

Notifications that are required to be submitted of certain events to either CQC or the local authority were made in a timely manner when required.

Clock Tower Mews

Detailed findings

Background to this inspection

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

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We requested a copy of the provider information return (PIR) be submitted to us prior to the inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. However this was not returned to us to review. We also reviewed the action plan sent to us that identified the areas that required improvement found at their last inspection.

The inspection was unannounced and carried out by two inspectors.

During the inspection we were unable to speak with people who used the service. We spoke with three relatives, four staff members, the newly appointed manager and the locality manager. We received information from service commissioners and health and social care professionals. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

Inadequate

Is the service safe?

Our findings

When we inspected the service on 27 February 2017, we found that they were not meeting the standards in relation to promoting people's safety and welfare. At this inspection we found that improvements had not been made in these areas. The provider had done little to meet the required standards and we found further concerns relating to fire safety, keeping people safe from harm and effective risk management.

At this inspection we found staff were not consistently knowledgeable about the risks associated with people`s daily living. They were able to tell us for example who was at risk of developing pressure ulcers however they were not all aware of those people who required their meals to be fortified to maintain their weight. Staff had sought assessments for people who were having difficulties swallowing their meals from appropriate health professionals. However risk assessments were not always completed appropriately to offer guidance to staff how to mitigate the risks. People's weights, particularly those who had specific dietary needs were not consistently maintained as required, for example, where people required weekly monitoring this was not completed, however we did not find that people were at risk of significant weight loss.

Risk assessments that were completed, lacked detail, and did not relate to the risks they were developed to manage. For example, in two people's risk assessment relating to pressure ulcer prevention, staff had assessed them to be low risk. However, these people sat for the majority of the day in a wheel chair, therefore increasing their risk of developing a pressure wound. Risk assessments we looked at had not been reviewed or updated for six months. Although the content of the risk assessments seen did not consistently and accurately describe people's needs we observed staff to be working safely when supporting people with their mobility.

People had appropriate specialist equipment that had been assessed for their specific needs. However, moving and handling assessments were not always accurate, up to date or consistent and this was an area that required improvement to help ensure people received the appropriate and safe support. For example, one person was assessed as being mobile with assistance of staff, however this person was seen to be immobile and used a wheelchair. However, support with mobility was not always provided to people. One person had been assessed for staff to support them with standing exercises using a stand hoist to improve their mobility. However this had not been completed and had been raised as a concern with the manager by the persons relative. At the time of inspection this was being reviewed.

Six of the seven people living at the home had bedrails in place, along with padded bumpers fitted. Although staff carried out checks daily of the rails and bumpers, there was not an assessment in place to assess whether people were at risk of entrapment. We found that the assessments we looked at were not consistently completed across the home and none were up to date to reflect people's changing needs.

All the people we saw using wheelchairs had lap belts in place whilst stationary. A risk assessment for the safe use of a lap belt had not been developed. When we asked staff why they used the lap belt, they told us it was not to restrain people but because people slipped down in the wheelchair. Staff had not considered whether a different wheelchair and belt should be used to maintain posture, as opposed to securing the

person with a lap restraint. Staff clearly had not considered the risks to people when using a lap belt, and had not assessed people to see if there was a more appropriate method to use, for example transferring them to an armchair as opposed to sitting in a wheelchair for extended periods.

A fire risk assessment had been completed but had not been passed to the manager of the service. However, this assessment had been a visual check of the service, and not a review of emergency procedures and staff awareness. We saw from records that evacuations of the building had been practised and the record was signed to evidence this. However, when we spoke with staff they told us that they had not evacuated people. This meant they were not aware of how to safely evacuate people in the event of a fire. We reviewed copies of PEEPs (People's personal evacuation plans) and found these were poorly completed. For two PEEPs we looked at, the name of a previous person had been crossed out and substituted with the current person name. The PEEPs did not instruct staff of people's individual needs such as mobility or physical frailty and did not record which equipment to use. When we spoke with staff about people's PEEPs they told us they had not read them. One staff member said, "I now know the PEEPs are with the grab bag, but that was only since December last year, I don't know where they were kept before and I am embarrassed to say that I haven't read them." The manager contacted CQC after the inspection to advise us that the fire risk assessment seen did not relate to Clock Tower Mews, but referred to the staff accommodation located next to the home.

Staff were not able to tell us the method of evacuation they would use. Staff told us if the fire alarm sounded they would look to the fire marshal to take action. However, at the time of our inspection, no staff member had been made a fire marshal. We told the manager to ensure all staff were made aware of what action to take on discovery of a fire, and to ensure people's PEEPs we reviewed as a matter of urgency. We also referred our findings to the local fire service.

People's medicines were not consistently managed in accordance with the prescriber's instructions. We checked people's medication administration records (MAR) and found these were complete with no errors or omissions. Staff recorded clearly the reason they administered as required medicines such as pain relief. Accurate records were maintained in relation to the receipt and disposal of medicines, and stocks were regularly checked. However, we found one person had difficulty swallowing their medicine. The pharmacist had reviewed whether crushing the tablet would be safe, and concluded that the tablet should not be crushed as there was a suitable licensed liquid medicine available. Staff had not sought a prescription for this liquid from the GP, and continued to crush the person's tablets against medical advice. This may lead to the medicine not being released over a period of time, or being rendered ineffective when the coating is destroyed.

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

People's relatives told us they felt people were safe. One relative said, "[Person] is happy, they are always smiling and don't ever show signs of being unhappy. The staff are all very kind, I don't worry about [Person] being unsafe."

However, not all the staff spoken with were confident in identifying and responding to any concerns of abuse. There was information about safeguarding people from abuse displayed around the home to help raise awareness and we found that unexplained bruises or other incidents had been reported and investigated. Most of the staff knew how to recognise and report abuse however; training was not up to date. One staff member however, who had worked in the service since the previous August had not had any training as part of their induction. When asked what safeguarding meant to them, they told us, "I keep

people safe and don't talk about service users outside work." This clearly demonstrated a lack of understanding in identifying and responding to harm for this staff member. The manager told us they were aware this staff member had not had the necessary support or development since beginning the previous year and was in the process of organising training in this area.

Lessons were not learned where there had been incidents or near misses either within Clock Tower Mews or across the organisation as part of a formal reviewing process. Staff on the day discussed an event during handover, but there was no system to consider staff practise, how things could have been done differently through a team meeting for example, because these did not occur.

People's relatives and health professionals told us there were enough staff to support people's needs in a timely manner. When we spoke with staff they told us there were enough to support people, although also told us there had been difficulties in the past. One staff member said, "The manager left, the deputy didn't come back from holiday and it was difficult, but since [New manager] has been in post they have made things a lot better." We spoke with the new manager who told us when they started at Clock Tower Mews, they had recruited to vacant positions and were about to remove agency staff in place of permanent staff. Where they needed to fill gaps they had a hands on approach and would also fill in for support staff when the service was short.

Systems were in place to help ensure effective infection control; we noted staff worked in accordance with guidance. For example, appropriate use of gloves aprons and hand washing. However training records we looked at showed us that no staff member had completed the infection control module. It was unclear if this had simply lapsed or if it had not been done.

Requires Improvement

Is the service effective?

Our findings

People's relatives and health professionals told us the staff had the necessary skills and knowledge to support people appropriately. One person's relative told us, "The staff should be commended for the care they have given to people, they just need more support." One health professional said, "The staff are committed to people, but they lack confidence because they have not had effective leadership to show them how to care for people."

Staff spoken with told us prior to the new manager starting they did not feel supported by senior management. Staff told us they had not received supervision sessions with the previous manager. One staff member told us, "Supervisions were when the manager gave us a piece of paper and we signed it to say we had discussed things. Now though, with [New manager] things are much better, they are actually showing us how to do things properly and I feel very supported by them." Staff had also not had a formal appraisal of their skills or set meaningful aims and objectives to enable them to develop their skills, knowledge and practise. We spoke with the new manager about this who told us they had provided supervision to all staff and would be developing training and development plans with staff. Although staff had not been supported, it was clear the new manager had identified this as an area for improvement and had a clear plan to address this area.

We looked at the training records for 10 staff and saw that a number of areas of training had either elapsed or not been provided. For example, no staff member had completed specialist communication training, or infection prevention. Five staff members medication administration training had elapsed and four staff had not received safeguarding refresher training.

Staff were not encouraged to develop their knowledge and skills in specialist areas, such as fire marshal, safeguarding, nutrition, or supporting people with learning disability. Although training is provided locally to support staff to be a champion is specific areas, and then share best practise among the team, this had not been sought to improve staff knowledge and understanding.

Although the newly appointed manager had identified these areas as requiring improvement and was taking steps to address this, little support had been provided to staff in the previous twelve months.

Due to the lack of supervisions, professional development and overdue training in many areas, this was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager demonstrated an understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They knew what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. However, the appropriate applications and documentation were not consistently in place for all relevant aspects of people's lives. Where an application had been made a care plan to manage the restriction had not been developed. For example, where people were not free to leave the building, there was not an assessment to ensure people were frequently escorted out into the community.

Some peoples` mental capacity was assessed appropriately however, where these people were assessed as lacking capacity, best interest decisions were not then documented to help ensure the care and support people received was in their best interest. For example when administering medication covertly, we saw an MCA had been completed, and advice on the least restrictive and safest method had been sought from health professionals. However, for other areas this approach had not been followed. For example, all the people in the home had bed rails in place. However, staff had not conducted an MCA or best interest decision, and had not applied to the local authority for a DoLS.

Where people lacked capacity to take certain decisions or had restrictions to their freedom applied in order to keep them safe, the care plans had no detail for staff on how to ensure that the restrictions were minimised. People`s care plans detailed that DoLS authorisations were in place, however there were no records to detail if these were granted or just applied for or if there were any conditions attached to DoLS authorisations.

This meant the correct approach had not been followed when obtaining consent for people who lacked the capacity to provide this. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were unable to tell us whether they enjoyed the food provided, however at meal times we observed that people ate the food provided with assistance. It was freshly cooked and where people required a specific consistency this was provided. However, it is not clear how people's personal preferences were met with regards their choice of food. Staff told us that people had chosen the menu, that they knew what people liked and accommodated this. However, people and their relatives had little involvement of the development of their care plans, and there was little in people's nutritional records to demonstrate where their preferences had been considered.

On the day of the inspection, staff cooked with no help or assistance from people. Staff did not offer people a visual choice when preparing or dishing up their meal, therefore enabling people to make informed choices about the food they eat. This is an area that requires improvement. People who required a specific diet such as soft or pureed consistency received this. However staff were not all aware of all people's dietary requirements. For example, one person had been assessed as requiring a fortified diet, when we asked staff who in the home required this type of diet, none were able to recall this person needed a higher calorie diet to maintain their weight. Weight records we checked showed that people's weights were steady and people were not losing weight, however ensuring that all staff are aware of people's dietary needs is an area that requires improvement.

We observed people being assisted with their lunch time meal. Although people were assisted to eat their meal appropriately, there was very little interaction from staff while people ate. Staff did not encourage people to eat and engaged in very little discussion to provide a sociable and warm lunchtime experience. Staff were observed at times to talk among themselves, not focusing on the person they were assisting.

Where people had swallowing difficulties and guidance from health professionals regarding eating safely, it is important that staff maintain their focus on the people they are assisting to respond quickly if they begin to choke. People were assisted with their meal in their wheelchair, either in the dining room or lounge, with little attempt to bring people together to eat as a group. The dining area was not laid out at lunch time to indicate it was time for people to eat, and people were not provided with condiments. The mealtime experience was an area that needed to be further developed on.

People had access to a range of health professionals as their needs changed. One person's relative told us, "The one thing I can say for the staff if they are on it. Whenever [Person] needs to see the GP they are straight on it and probably are a bit over cautious which is good." We saw that staff had noted a small pressure area developing on one person. We saw they reported immediately to the GP and district nursing team who visited, advised the staff how to manage and monitored the area over the next few weeks. This area eventually improved and the district nurse was happy with the progress made.

The home was designed in a way so that people could move around easily, either independently or with the use of mobility aids. Equipment was available in bedrooms and bathrooms to enable people to be independent where possible. There was an appropriate supply of mobile equipment, such as hoists to help ensure there was not a delay for people waiting for assistance. However lounge areas did not have sufficient seating, and seating that was in the lounge was tired and in need of replacement. The tumble dryer had not been working for a number of weeks. Staff were using the spare bedroom as a drying room; however this made the adjacent area of the home exceptionally hot. Cookers in the kitchen were in need of replacement and the home had a tired look in need of redecoration and some minor repairs. The manager told us they had discussed this with the provider and new furniture, cookers and a tumble dryer had been ordered. We were advised shortly after the inspection these had been delivered, and approval had been given for a complete redecoration of the home.

People's bedrooms, although at that time not decorated how they wanted them were clean, presentable and had various personal items such as pictures, furniture and bedding to give them a homely feel. The manager told us that they were in the process of completing the requirements assessments along with people's appointee or social worker to purchase new furniture and redecorate people's rooms. We saw evidence this was taking place during the inspection.

Requires Improvement

Is the service caring?

Our findings

People's relatives told us that they hadn't seen care plans, or been involved in the assessment and development of their relatives care for a significant period of time. A relative told us, "Care plan, no sorry what's a care plan I haven't seen that." This person's relative had been living at Clock Tower Mews for nearly two years. The relative who was also appointee for the person had not been involved in developing and shaping the care the person received, or reviewing the effectiveness of the care regularly. This meant that these people's preferences, choices and ways to provide their care to their liking had not been considered when developing the care plan.

The manager since being in post had identified this as a significant issue. They had prioritised people's needs and invited their families to completely review and reassess people's care. When we visited on the second day, we saw these reviews had begun to be conducted alongside health professionals in addition to people and their relatives.

People received care from staff in a kind, caring and respectful manner. One person's relatives said, "[Person] is very happy, when we arrive they are happy and smiling with the staff, there is never a problem. The staff are great; they know [Person] and are so patient and kind." A second relative said, "All the staff are very kind and caring, not just to [person] but to all of them." We observed sensitive and kind interactions between staff and people who used the service. The way people related to staff demonstrated good relationships between them based on respect and trust.

Staff treated people with dignity. Staff addressed people using their preferred names and we saw through our observations that staff knew people well. Different methods of communication were used, particularly by the manager to ensure people were able to express their opinion. Staff knocked on bedroom doors and greeted people when they went in. Bedroom doors were closed when staff provided personal care to people. People had been supported with their personal care and were supported to dress in a style of their choosing. Where staff assisted people with their personal care needs they quickly identified when a person needed assistance and discreetly supported them with this. .

People were encouraged to maintain relationships with people important to them. Relatives told us they were free to come and go as they wished, day or night and felt welcomed by the staff when they visited. Peoples relatives were encouraged to attend events and staff were aware of who was important to people, and were heard talking to people about pending visits.

People's records were stored in the office in order to promote confidentiality for people who used the service. However, we did note at times that the doors to these offices were propped open making records accessible to people who were visiting.

Requires Improvement

Is the service responsive?

Our findings

People's care needs were not consistently met. One person had seen the dentist in the previous January and had been asked to make a follow up appointment for May 2018. No appointment at that time could be confirmed by the manager, and was booked when brought to their attention. However the same person was required to attend routine screening appointments on a biannual basis. We found no evidence to demonstrate this had been carried out since 2013.

Care plans were not consistently sufficiently detailed to enable staff to provide care that responded to people's needs. We saw from people's care records that the front cover detailed how staff were to communicate with people, and whether any specific aids or communication methods were to be used. There were assessments carried out by staff regarding people`s mobility, personal care needs, nutrition and other areas, however care plans were not consistently completed, updated and reviewed.

When people's needs changed, the care plans were not reassessed to reflect the changes identified. For example one person, who had been mobile with assistance, had recently become immobile and spent their day sat in their wheelchair for long periods when out of bed. The assessment for risk of developing a pressure wound noted the person as low risk and did not consider the periods sat inactive, or when to transfer from the chair to relieve the pressure. For a second person, the care plan did not detail what equipment to use when the person was sat, or whether the required positioning while in their wheelchair.

People had asked staff to assist them with decorating their rooms to make them more personalised and welcoming. This had not occurred and there were no plans at that time to meet people's wishes. People's care had not been reviewed with either themselves or their relatives for over six months and annual reviews had not taken place. One person's relative told us, "Prior to [Manager] inviting us in last week we hadn't reviewed [Persons] care for over 18 months. I have to say though this was the most informative review we had recently and I feel sure [Manager] will deliver on their promises to make things better."

Although care records when reviewed historically had captured people's preferences and choices, they had not been provided. For example, one person had recorded in the dreams and aspirations section that they wanted to continue to go out into the community. Other than a scheduled trip to the local day centre and a rare trip to the park, this person had not been supported to access the community. A second person noted they wanted to go on holiday which had not happened, and also they enjoyed cooking, however staff did not encourage this. We observed this person sat in the kitchen holding a wooden spoon, while staff cooked without them. No attempt had been made by staff to involve them by providing them with food to mix or stir for example.

Activity in the home during the inspection was sterile and lacked interaction or innovation by staff. Throughout the inspection two televisions played loudly with programmes suited more to the staff choice than people's. The volume level made it difficult to hear what was being said between staff and people, and difficult for people to be heard. When we asked staff about the activities provided to people we were told there were very little. One person's relative said, "I see the staff talk to people when I visit, but there is not

much else, they spend a lot of time just having the tv on, but nobody is watching it." Staff told us people went to day centre on set days and one person went to college. We asked whether one person went to the pub for lunch and walks as recorded in their care record. Staff told us they did not. We asked about a second person's activity in the home when they were not at day centre. One staff member told us, "We will sit with [Person] while they roll their choice of wool, maybe give them a hand massage or plan the menu." We asked if there was anything else this person did with staff and was told there was not. People's relatives told us that individual activity was not tailored to the needs and ages of people. One relative told us, "[Person] is not the same age as the others, if you asked [Person] to do colouring in they would not be happy, but other than listen to music on their [music device] there is little else to do. I know the manager said they are recruiting younger staff so that [Person] has people their own age which will help." For this person however, staff had not looked for ways to support this person's interest other than using the iPod. They had not looked for local community groups, music events or music lessons to support their interest for example. The view of this person's relative was that they became bored and lacked appropriate stimulation.

On the second day of our inspection one person was celebrating their birthday, having a party and being made a fuss of. The manager was aware that a friend of theirs lived at another local home, who this person had not seen for a number of years, but knew they were friends. They contacted the manager of the other home and organised this person to visit and spend time with them, in an attempt to make their day a little more special. Since the manager had been in post they had also organised the person to attend a funeral. This person's relative told us, "This meant so much that [manager] went out of their way to bring [person] it was one less thing to worry about."

In spite of the recent attempts by the new manager, due to the lack of person centred care planning, inconsistent care planning that did not seek people's views on their own care, as well as a lack of individual personalised activity provision this was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The service had in the past supported people at the end of their life. Some people had their wishes documented in their care plans, however staff had not received training in this area to support their understanding and ensure people's final wishes were met.

People and relatives were not able to share their views about developments in the service or be kept informed of improvements needed. We asked people's relatives if meetings, newsletters or other communication had been used to discuss emerging issues. We were told there had been no forum for them to express their views. The manager however since being in post had written to all people's relatives, introducing himself, and inviting people to meet with them. Relatives told us the manager had been very open and honest about the current issues they had identified, and people's relatives told us they felt positive about the changes they want to make. Although historically, little had been undertaken to keep relatives and people up to date with developments in the service, it was clear the newly appointed manager was making progress with this. One person's relative said, "If [Manager] is going to put on meetings and get us more involved then I would definitely attend."

The service had a complaints policy in place that was available to visitors and an accessible format version had been explained to people. There had been no recorded complaints received since the last inspection, however, feedback from relatives was that they were reticent in raising a complaint with the previous manager, but felt comfortable discussing concerns with the new manager. One relative said, "[Manager] has only been there a few weeks but they have listened to what we say. The other day we were talking about some concerns I had with [person] and the hospital. The manager said I'm not having that and got straight on the case, they are very quick to act."

Inadequate

Is the service well-led?

Our findings

At our previous inspection we found people's records were not accurately maintained, accidents and incidents were not investigated, and governance systems did not ensure the service was well led. At this inspection we found improvements had been made in relation to incident reporting and notifying CQC of events, however we found no progress made by the provider in other areas to ensure the service was well led.

As part of our inspection planning, the provider was asked to submit their provider information return (PIR). This is a document that sets out what the service is doing well and improvements they plan to make. At the time of this inspection the provider had not returned the PIR to CQC as they are required to do.

The previous registered manager left their post in October 2017, and the deputy manager did not return from annual leave shortly after this time. At the same time the locality manager was on long term absence from work, leaving no consistent management in the home to support staff. We were told that other managers had visited the home, but staff told us they did little to support them. The provider is located a short distance from the home, however during the period October 2017 to February 2018 failed to visit the service to ensure it was provided quality care.

The previous registered manager and provider sent CQC an action plan that addressed the concerns found at the last inspection. In this action plan we were informed that staff would receive themed supervisions, and ensure people's care needs were kept as a standard agenda item in supervisions and staff meetings so that it remained a topical matter. At this inspection staff told us they had received a 'Supervision' however this was being instructed to sign a 'Supervision record' without discussing what it contained. Staff told us they had not had regular meetings to discuss people's needs as stated in the action plan.

We asked the manager to review the provider's audits of the service. These audits are completed by the locality manager to ensure core standards are being met. We received the latest copy of this audit which had been completed in August 2017. No other audit had been completed after this date, although these are to be completed every three months. Actions identified at the August review, that remained present at this inspection had not been remedied. For example, staff training was not up to date, supervisions were not completed, and preferences to be reviewed and more accurately detailed in people's care records. However there was also conflicting information. For example, where support needs or risk assessments had changed, the audit recorded there was evidence of this being updated in all documentation. When reviewing the record it was clear the care record had not been updated and the audit was inaccurate..

At our previous inspection we found care records had not been completed. The provider's compliance team carried out an audit in March 2018 to review the breaches set by CQC at the last inspection. The compliance team is a separate quality team from the locality manager and ensures through their reviews that actions are addressed through independent review of the care.

At this review they identified one person's mobility needs had not been updated from low risk of developing

pressure sores due to a change of mobility needs. We found this remained low at this inspection. The health action plan in relation to this remained out of date and not reflective of person's needs. The locality manager's audit noted that people and relatives had been involved in ensuring their views about their care had been sought. However feedback from relatives did not support this finding. The manager told us that the compliance team had visited the service and had reviewed the personal evacuation plans (PEEP's) for people and advised them these were in place. However, we found at this inspection, PEEP's were not fit for purpose, and instructed the manager to complete new PEEP's as a matter of urgency. It was clear that the quality of the monitoring carried out in the service did not ensure that issues were identified and remedied in a timely manner.

In February 2018, the local authorities commissioning team carried out their own review of the service. At this review the local authority rated the service as requires improvement. The findings were similar to ours and identified areas of improvement in care planning and risk management, management of medicines, supporting staff and management of the service. An action plan to address the issues found at this local authority review had not been developed.

We asked the manager for a copy of the service development plan, that is developed and regularly reviewed by themselves and the locality manager. This document was developed to capture all the required actions from routine audits such as care records, medications, infection control, fire, and training. However, a copy of the plan was not made available until requested by CQC at the inspection. The manager had not had a robust handover of the concerns at Clock Tower Mews because systems were not operated to identify and address these, therefore the manager was left to identify and prioritise the issues with little support.

We asked the manager for a copy of the fire risk assessment (FRA) however they were unaware that one existed. This had been completed in January 2018 and sent to the provider, but not forwarded to the manager to action. Although the provider was of the opinion that the FRA contained no actions, when we reviewed this with the manager we found areas identified that required following up. For example, staff on the day in the absence of management were unable to provide information about training, evacuation procedure or PEEP's. Self closers required fitting to the office doors, and duplicate fire notices were displayed around the premises. Although this had been reviewed by the providers maintenance team and held by them until collected by the manager, it was not identified that the risk assessment did not refer to Clock Tower Mews, but to the adjacent staff accommodation. We reported our findings to the local fire service and to the local authority.

The manager was able to demonstrate to us that they were aware of many of these issues and were taking actions to address the outstanding actions. They told us, "I have walked into a mess; everything needs to be redone from the beginning. I have to prioritise where to start, and at the moment I am completely redoing the care plans with families and social workers. The staff here have just been left to get on with it the best they can and haven't had the leadership they need. Come back in six months and everything will be completely different." However assured we were by the manager's actions, and could see the improvements they intended to make, we were not so assured by the provider's actions. The governance systems in Clock Tower Mews were ineffective at identifying, rectifying and monitoring required improvements at all levels of management.

We reviewed the providers statement of purpose which is developed to shape the care people can expect based on the core principals which are set as a company ethos by the provider. The overarching approach described in the statement of purpose was captured in this paragraph; "For over 20 years, person centred support & care has been core to the values of CareTech. Our Personalisation Strategy describes our approach to Person centred care & support, bringing together every aspect of our organisation, putting the

interests and needs of the individual at the heart of everything we do." Our findings in relation to the overall management of Clock Tower Mews by the provider and management team did not resonate with this ethos, and did not place people at the heart of everything the organisation did to meet this shared approach.

Therefore this was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and relatives told us that until the appointment of the new manager, previous management had not been approachable or supportive. One relative told us, "[Previous manager] was defensive when we brought things up and would take a step back when talking to us." A second relative told us, "I have seen more of [Manager] in the last few weeks that I did for the whole time the last one was here."

Staff told us they had not felt supported and were not included in decisions relating to the service. One staff member said, "[Previous manager] kept everything away from us, we weren't allowed to know or be involved with very much other than caring for the residents. [New manager] though is very different, they are getting us involved, telling us how we are going to be better and want to hear what we think." The new manager had held team meetings with the staff, and planned to hold meetings with people's relatives in the near future, however meetings for staff to share their views and opinions on the management of the home had not been held. Where meetings had been convened these were to address issues and berate staff.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The previous registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

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 9 HSCA RA Regulations 2014 Person-centred care Person centred care. Regulation 9 (3) (a) (b) (d) The registered person had not ensured an assessment of the needs and preferences for care and treatment had been completed collaboratively. Peoples care was not designed with a view to achieving people's preferences and ensuring their needs are met. People were not able to participate in making, decisions relating to the their care or treatment to the maximum extent possible.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Need for consent Regulation 11 (1) (2) (3) Where people were unable to give such consent because they lacked capacity to do so, the registered person did not act in accordance with the Mental Capacity Act 2005 .

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe Care and treatment (1) (2) (a) (b) (g)

The registered person did not ensure that all that was reasonably practicable to mitigate any such risks to people's health and well-being was provided in a safe manner. People's medicines were not managed safely when their needs changed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance Regulation 17 (1) (2) (a) (b) (c) The registered person did not assess, monitor, and improve the quality of service provided to people. The registered provider did not assess, monitor or mitigate the risks to people using the service. Accurate records of people's care needs were not maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing Regulation 18 2 (a) (b) The registered person did not ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, and were not enabled where appropriate to obtain further qualifications appropriate to the work they perform.