

Brookview Nursing Home Limited

# Brookview Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Brookview Nursing Home is a residential care home providing accommodation for up to 60 adults who require nursing or personal care. This includes people who may have dementia or a physical disability. At the time of our inspection there were 33 people using the service, including 13 people receiving nursing care.

### People's experience of the service and what we found

The provider's governance systems were not effective, to consistently ensure the quality and safety of people's care and timely service improvements when needed. Effective management, communication, decision making and accountability for people's care was not fully assured.

Premises and equipment were not always kept clean, secure, properly used and maintained. The environment did not provide effective signage for people's safety, orientation and independence.

Staff were not always effectively informed, supported or trained to perform their role and responsibilities. Provider assurance regarding planned staff training and supervision sent following this inspection, did not yet include all areas of training needed, or fully demonstrate embedded and sustained staff supervision arrangements ongoing.

We found gaps in care plan record keeping and concerns relating to the arrangements for people's medicines, health and least restrictive care needs. Equality Act considerations were not always fully ensured for people's care.

Staff mostly followed the MCA to obtain people's consent or appropriate authorisation for their care when needed. However, staff did not always support people in the least restrictive way possible, in their best interests. Systems did not consistently support this practice.

Remedial actions agreed with the local safeguarding authority, were in progress following concerns raised, to help prevent any reoccurrence and demonstrate lessons learned. However, related service improvements were not yet fully demonstrated as embedded or sustained.

The provider did not consistently ensure good care outcomes or individualised care for people. Systems relating to Equality Act considerations, care plan record keeping and staff training did not fully support this. People's care was not always delivered in a way that sought to optimise opportunities for their orientation, communication, independence, choice and comfort.

Staff often understood people's individual health and related care needs and supported people to help maintain or improve their health. Referral to external health professionals was not always timely, or without delay, when needed for people's care.

People were supported to eat meals they often enjoyed, which met their dietary requirements. People's hydration needs were not always effectively accounted for. People could be supported at the end of their life, to have a comfortable, dignified and pain free death.

People were often treated with dignity, respect and supported well by staff who generally knew them well. Access to relevant advocacy services was promoted and supported when needed for people's care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At this inspection there was no person with a learning disability or autistic people receiving care at the service. Some staff had received recognised training to support people in this way, if needed.

People were supported to engage in home life and maintain contacts with family and friends who were important to them. Whilst the home did not have their own transport to access the local community, staff would hire a mini bus to arrange trips to the local cafes and garden centres.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published January 2021).

At this inspection sufficient improvements had not been made and we found breaches of regulation in relation to premises and equipment, staffing and governance. The service remains rated as requires improvement. This is based on the inspection findings. The service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

The inspection was a comprehensive ratings inspection, which was prompted in part due to concerns received about environmental cleanliness, staffing, medicines, care planning, restrictive care practices, management and governance arrangements. A decision was made for us to inspect and examine those risks.

The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can see some of the action we have asked the provider to take at the end of this report. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Brookview Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to Premises and Equipment, Staffing and 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Brookview Nursing 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience who spoke with people's relatives by telephone. 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

Brookview Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authority and health care commissioners. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to help plan our inspection.

During the inspection

We communicated with 5 people who used the service and 7 relatives about their experience of the care provided. We spent time observing how staff interacted with people and we spoke with 14 staff. This included, the registered manager, 2 nurses, 1 team leader, 1 senior care staff member and 4 care staff. Along with a cook, 2 cleaning staff, 1 laundry person and 1 maintenance person. We also spoke with a senior external manager for the provider. We reviewed a range of records at the inspection visit. This included 11 people's care records, multiple medicines records, staffing, operational policies, quality assurance and management records. Following the inspection, we continued to seek clarification from the provider, to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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.

Preventing and controlling infection; Assessing and managing risks

- Premises and equipment were not always kept clean, secure, properly used and maintained.
- We found areas of malodour and a build of dirt, dust and debris to the floorings in 5 people's bedrooms. With soiling and staining to many carpets, including communal areas. People's en-suite bathrooms, communal toilets and bathrooms were not always kept in a good state of repair, clean or free from obstacles. People's safe access was not always fully ensured, due to care equipment stored therein.
- Equipment used for people's care, such as medicines cupboards, hoists, wheelchairs and laundry trolleys were not always kept visibly clean and free from dirt. We found damaged flooring and furnishings. Items of mobility equipment had damaged surface coatings that were flaking or rusting. However, the manager removed the medicine cupboard and laundry trolleys during the inspection. Some communal chairs were had covers that were damaged or made from porous material and therefore, were not wipe cleanable. This meant there was an increased risk of those damaged surfaces harbouring dirt and germs. Therefore effective cleaning could not be fully ensured to reduce any risk to people from an acquired health infection through cross contamination. After the inspection the manager informed us that new chairs were due for replacement.
- External patios and garden areas for people's access, were overgrown and potentially hazardous. One garden area with seating, was overgrown and contained broken barbecue equipment. We were therefore not assured the exterior of the home was kept in a good state of repair for people to access safely.
- The provider had not ensured the provision of accessible or dementia friendly signage at the service. Signage in place, was minimal and of poor design and not in line with nationally recognised standards.
- We observed 2 people with dementia, struggling to find their way in communal corridors. For example, 1 person subsequently attempted to access a bathroom, where their safe pathway to the toilet was obstructed by the storage of a large amount of care equipment. Staff acted following an inspector request, to assist the person to another toilet. However, people's environmental orientation, safety and independence was not consistently promoted or maximised in the first instance.

The provider had not ensured that all premises and equipment used for the purposes of people's care was kept clean, secure, suitable for the purpose for which they are being used, properly used and maintained. This is a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Risks were not always assessed, monitored or mitigated for people's safety in a timely manner.
- We found a timely risk assessment was not in place for the safe storage and charging of electric mobility equipment. We raised this with the registered manager during this inspection who took immediate action.
- Following concerns raised, the provider was working with the local authority to make care planning

improvements. This included the roll out of an electronic care planning system, to help ensure a standardised approach to risk assessment, monitoring and review for staff to follow.

- However, the system was not yet demonstrated as fully embedded or sustained for people's care. Staff we spoke overall were positive regarding the system roll out, but at different stages of instruction and understanding for the revised system.

- We were assured the provider was meeting shielding and social distancing rules.
  - We were assured the provider was admitting people safely to the service.
  - We were assured the provider was using protective personal equipment safely.
  - We were assured the provider was accessing testing when needed for people and staff.
  - We were assured the provider's infection prevention and control policy was up to date.
- People were able to receive visitors without restrictions, in line with best practice guidance.
- People were able to receive visitors without restrictions, in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning Lessons when things go wrong.

- People had not been consistently safeguarded from harm or abuse and lessons learned were not yet fully demonstrated.
- Following a number of safeguarding incidents, the provider was working with the local authority to implement improvements needed for people's safety. This included, to ensure timely risk assessment, health referral and monitoring, including post incident, when needed for people's safety.
- Records showed that an improved management system for ongoing health incidence monitoring was recently introduced, to regularly check for trends and patterns that could be used to help inform or improve people's care when needed. However, this was not yet demonstrated as fully embedded or sustained for people's care.
- Overall, staff understood how to recognise and respond to the witnessed or suspected abuse of any person receiving care. However, three care staff we spoke with did not understand the role of, or how to report to relevant external authorities concerned with safeguarding people, if needed for people's safety. Not all staff had received safeguarding training.
- We discussed our findings with the registered manager and an external senior manager for the provider. Following this inspection, we received written assurance of further staff safeguarding training, planned to be carried out in October 2023.
- Relatives and people who were able to express their view, overall felt people were safe at the service. Information was visibly displayed to inform people and visitors how report any safeguarding concerns if they needed to.

Staffing and recruitment

- The provider did not always fully ensure sufficient numbers of suitable staff.
- The registered manager and all staff we spoke with, felt there were not enough staff to maintain effective standards of cleanliness and hygiene within the service. Cleaning records, staff rotas and our observations of environmental and equipment cleanliness, also indicated this.
- Staff and relatives comments included, "Since domestic and cleaning hours were reduced, the home is simply just not clean enough, as a result;" "It's hard for domestic staff, as they are proud and had always made sure the home was pristine clean, but now they have to choose on a daily basis what doesn't get done;" "The home is definitely not as clean as it used to be; there's a smell of urine when I walk in and marks on the furniture in their room that we try to clean off."
- Most felt there were enough care staff to give people's care. A few staff described care staffing levels as, 'Safe but stretched' but 'not always enough time to ensure activities for people.' [Stated as being Friday to

Sundays when the activities co-ordinator did not work].

- Two relatives told us they had experienced a lack of staff presence in communal lounge areas, leaving people who were visibly unsteady on their feet or with confusion from dementia, unsupervised. Revised care staffing measures had recently been implemented following concerns raised, to ensure a continuous care staff presence in communal lounge areas, which we also observed at this inspection.
- The provider operated safe staff recruitment processes. Required pre-employment checks were obtained before staff began to provide people's care at the service; to help ensure they were safe to do so.

#### Using medicines safely

- Overall, people were safely supported to take their medicines when they needed them.
- Staff responsible for giving people's medicines were trained and competency checked to make sure they were safe to do so. We observed staff giving people's medicines and saw they made appropriate checks and records, to ensure people's medicines were safely given and accounted for.
- Written protocols were in place for staff to follow for any medicines that needed to be given as and when required, rather than regularly. This included people who were unable to verbally express any pain or emotional distress experienced, because of their individual health condition. However, the protocols were not always person centred, or linked to individual care plans, to fully ensure people received their medicines in a consistent, effectively informed and least restrictive way, in their best interests. We raised this during the inspection and staff reviewed and re-wrote the protocols.
- Weekly checks of controlled medicines were not being carried out in accordance with nationally recognised guidance, or the provider's medicines policy. Therefore, there was an increased risk from this of medicines misuse. There was an increased risk to people from inconsistent, ineffective care or medicines misuse.
- The provider's monthly management oversight reports of the service had identified the same improvements needed, from May 2023 ongoing, following random checks of people's medicines. However, there was no coherent management plan from this, to fully ensure timely, systematic, and sustained improvements. We have therefore referred further to this under the Well Led section of the report.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support, did not always achieved good outcomes, or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always trained, supported or supervised for their role and responsibilities.
- Staff training was not up to date. The provider's related training matrix record showed considerable deficits in the percentage of staff training modules completed. For example, the majority of training subjects listed, showed the total percentage of staff completions between 42 and 69 percent.
- Following this inspection, the registered manager sent us a staff training plan, to be carried out in October and November. This did not include all of the areas outstanding on the training matrix. Such as, but not exhaustive to, dementia care, nutrition and hydration, dignity and oral care. In addition, staff NVQs were not considered or included.
- Staff did not receive regular management or clinical supervision in line with the provider's supervision policy. This meant people were being cared for by staff who may not have the relevant skills, training or supervision and support, to effectively provide people's care and support needs.
- A few relatives and senior staff felt some care staff did not always understand people's dementia care needs. One relative said, "I do think some members of staff don't seem to know a lot about dementia, which definitely can impact on people's wellbeing."

The provider had therefore failed to ensure that staff received the necessary training, support development and supervision, for their roles and responsibilities. Including to enable them to obtain further qualifications appropriate to the work they perform. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following this inspection, the registered manager sent us the provider's programme for clinical governance and nurse supervision meetings, set to commence during October 2023. They also sent us their timetable commenced following this inspection, to ensure all staff received initial management supervision by 30 November 2023. With regular slots ongoing and an annual appraisal by 31/12/2023 to support this. However, this is not yet demonstrated as fully embedded or sustained.

Staff had recently completed the care certificate as needed, following concerns raised by the local authority from their quality monitoring checks at the service carried out in June and August 2023. This was however, this was not yet fully demonstrated as embedded and ensured ongoing, when needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's care needs, choices and any health referrals needed, were not always effectively accounted for, or ensured in a timely manner.
- Staff we spoke with, often understood people's assessed needs, related choices and the care steps they needed to follow to meet these. However, we found gaps in some people's care plan records, with regard to their individual nutritional, skin, emotional and least restrictive care needs.
- In addition, we found staff had not ensured one person's timely referral to a relevant external health professional, without delay when needed. This meant there was an increased risk to people from receiving inconsistent care, that was not effectively informed.
- We discussed our findings with the registered manager, who told us about some of their remedial actions in progress, to mitigate any risk. They included the introduction of electronic care planning and revised health incidence monitoring systems. However, management records showed the provider's related care plan monitoring arrangements, were not wholly effective or systematic, to fully ensure timely completion and accurate care record keeping ongoing. We have therefore referred further to this under the Well Led section of this report.
- We found one person, assessed at risk of skin damage from prolonged body pressure, who was sitting on a cushion not clinically validated for pressure relief. The registered manager told us they were not aware that a family member had brought in the cushion for loved one.
- On day two of this inspection, we found the person had subsequently chosen to continue to use the cushion. However, there was no recorded risk assessment for the cushion use in the first instance; or any record to show how and whether the person's decision had been effectively informed, which is not in line with nationally recognised guidance or the law. Following the inspection, the registered manager provided assurance this was subsequently completed. However, this was not proactively ensured in the first instance.

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

- Overall, people were supported to eat sufficient amounts, but we were not fully assured that people's hydration needs were being effectively met.
- We observed staff supporting people to eat and drink sufficient amounts at mealtimes. This included ensuring people received the correct diets, including any specified fluid consistencies, following any related instructions from relevant external health professionals for people's nutrition. There was a calm, relaxed atmosphere. Alternatives to the main meal were available.
- However, we observed delays for 4 people, cared for in their rooms; who had varying levels of dementia and needed staff assistance to eat and drink. We found 3 people's hot drinks were left on nearby tables out of their reach until cold, when staff then came to assist them. This included 1 person who was shouting out that they were thirsty. Another person was sitting in their own room during the morning, with a jug of juice left outside of their reach and with no cup to drink it from, until care staff brought the person's lunch to them.
- Care plans for all 4 people showed they were assessed at risk from dehydration because of their health conditions; and needed continuous monitoring and recording of their daily fluid intake. Related fluid intake records for period 2 to 9 October 2023, did not identify the daily minimum amount of fluids they needed to drink for staff to follow, for 3 of the 4 people. Fluid amounts recorded by staff, both offered and taken were variable, with the overall average daily intake recorded falling well below nationally recognised guidance.
- People, relative and staff views a regarding the quality and choice was variable. Comments included, 'No one is ever going to say it's great.... There's a selection of food and always snacks and plenty of drinks.' "There's always enough but the food is bland, boring and dull." "I eat well, there's plenty and an alternative choice each mealtime." "My relative always seems to be thirsty when I arrive, but they can ask for a drink, if they need one."

Supporting people to live healthier lives, access health care services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were often supported to access relevant external health professionals when they needed to, although not always without delay.
- The registered manager told us, following concerns raised, they were working with local authority safeguarding and care commissioners, to consistently ensure timely health needs monitoring and referral to external health professionals, when needed for people's care. This included the recent introduction of a standardised assessment tool, to help staff recognise any soft signs of clinical/physical health deterioration. However, this was not being completed by care staff responsible, who told us they had not received related training or instruction regarding its use.
- Otherwise, people were often supported to access routine health screening when needed. For example, optical or footcare health screening.
- Overall, staff we spoke with, mostly understood people's individual health conditions, how they affected them and their related care needs.

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

- The service was not fully adapted to meet people's needs.
- Clear and dementia friendly signage was not ensured at the service, to effectively promote and maximise people's safety, orientation and independence. Signage in place was minimal and of poor design and therefore not in accordance with nationally recognised standards and legislation.
- We have referred more fully to this under the Safe section of this report.

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

- For the most part, the provider was working in line with the MCA.
- Overall, staff usually sought to obtain people's consent and ensure their best interests, or appropriate legal authorisation for their care when needed, which related records showed. This included decisions that could be made by another legally appointed to act on the person's behalf with regard to the person's finances or health and welfare.
- However, we observed staff had positioned furniture or equipment that was potentially restrictive to 2 people's individual choice and freedom to move, without appropriate consideration or account of their rights, best interests and capacity to consent.
- We referred this to the registered manager, who took immediate and appropriate action to rectify this for people's care. However, this was not proactively or effectively ensured in the first instance.
- Staff mostly understood least restrictive care principles for 3 people we spoke with them about, who could sometimes become easily distressed with heightened emotional reactions because of their health conditions. For example, if there was too much noise around the person, or they didn't understand what was happening.
- However, 1 out of the 3 people's related care plans, did not specify the least restrictive care steps staff needed to follow when this occurred. Therefore, there was an increased risk to the person from this, of receiving inconsistent or ineffective care. We have referred further to our findings here, under the Well Led

section of the report.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- People were often treated with dignity, respect and supported well but this was not consistently ensured.
- Equality Act considerations were not always fully considered for people living with dementia, to optimise their dignity and independence. For example, by ensuring reasonable adjustments to optimise opportunities for people's communication and understanding, independence and orientation within the service.
- There was a large orientation calendar type board, visibly displaying the wrong day and date.
- People's bedrooms and communal bathrooms were observed to be often left in an untidy state by staff. Personal items, such as drinks and call bells were not always left to hand for people. Thereby compromising their dignity, comfort and independence.
- Management records showed only 48% of staff had received training in equality and diversity. Which meant there was a risk to people from receiving care in a way, which did not fully ensure their rights. We discussed our findings with the registered manager. Following this inspection, they sent us written confirmation regarding staff training planned in November 2023, to rectify this.
- We observed staff often promoted people's privacy and dignity when they provided care. For example, knocking on doors before entering, closing doors when providing personal care and helping people to adjust their clothing after supporting them to move.
- Feedback comments from people and relatives included, "Staff are lovely, they look after my relative well." "I believe staff are caring, they just can't seem to manage toileting needs in time; there's been occasions when I've found [person] very wet, which upsets them." "Staff are lovely; they are patient and kind with [person] who can be very difficult at times; I am happy with how they are treated."

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

- People's involvement and choice for their care and daily living arrangements was often promoted and respected but this was not consistently ensured, or optimised.
- Staff did not always recognise or seek alternative methods, to support people's communication needs and maximise opportunities for understanding and choice. For example, at mealtimes staff told us they relied on what they 'knew' about a person's dietary likes and dislikes, from information previously gathered, including from relatives. Nationally recognised communication aids associated with dementia care, such as picture menus, or plated meals known as 'show plates were not used.
- We saw staff used visual flash type cards, to help them communicate with one person who was not able to communicate verbally because of their health condition. The person gave us a 'thumbs up' sign showing us

they were happy with this.

- We observed staff often engaged with people to help ensure their involvement and choice. For example, choice of clothing, food and where they wished to spend their time.
- People's care plans showed known individual daily living preferences, care and lifestyle choices and any beliefs that were important to them, which staff generally understood.
- People could be supported to access independent or specialist advocacy services, if they needed someone to speak up on their behalf, or a relevant professional to inform any formal decisions made about a person's care or treatment in their best interests. Related information regarding how to access this was provided and demonstrated as taken up when needed.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remains requires improvement. This meant people's needs were not always met.

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

- People's care and daily living arrangements were often individualised in accordance with their needs and choices, and not always timely or responsive.
- Staff often understood people's care needs, choices and preferences for their care and comfort but were not always effectively informed to fully ensure this. We found significant gaps in some people's care records, which meant there was a risk to people from receiving care that was not effectively informed, agreed or individualised. Management remedial actions to help rectify this, were either not yet demonstrated as fully embedded, or assured as completed and sustained ongoing.
- Staff responsiveness was variable when people needed assistance. We observed staff present in communal areas, did not offer any social interaction with people, or respond in a timely manner when they needed assistance. For example, to help people with dementia to engage in home life, or to move when needed. We saw when one person repeatedly shouted out for assistance, staff present did not respond until another person [fellow resident] loudly and firmly suggested they needed to, by pointing out how visibly uncomfortable the person was. At other times we found staff were prompt, helpful and proactive to interact with people and provided care, comfort and support when needed
- Feedback from people and relatives included, "Staff are usually good, they try to do their best but some don't seem to understand much about dementia." "I get a copy of their care plan sent to me every year, for me to comment on if I wish to." "I've never seen a care plan, but they [staff] do talk with me about [person's] care, so I'm happy with that." "I think they could definitely improve on communications between staff and family [for people's care]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers; get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Accessible information was not always effectively promoted or used, to help maximise opportunities for people's understanding and choice for their care and daily living arrangements.
- We saw staff using individualised communication cards with one person when they provided care. Otherwise, recognised aids to communication, such as pictures; were either not routinely used, or sufficient to help people with dementia to make daily living choices. Such as for their meals, or to help promote their independent environmental orientation.
- The registered manager told us information could be provided in alternative formats, such as large print,

or languages, when needed for people's care.

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

- People were supported to engage in home life and with others who were important to them.
- Staff and relatives told us about some people who, until recently had regularly enjoyed using the provider's wheelchair accessible adapted vehicle, to access the local community and participate in leisure activities they enjoyed. However, at this inspection, the said vehicle was no longer available, which people were unhappy about. An impact assessment had not been carried out before the vehicle's withdrawal, to help assess and mitigate any negative impact from this on people's wellbeing, choice and daily living arrangements. However, they had mitigated the lack of transport by hiring a mini bus if needed.
- Otherwise, a range of group and individual social, recreational and leisure activities were regularly organised in consultation with people and relatives, to enable people's engagement as they chose. Such as singing and music, board games, visiting entertainers, fetes and a range of seasonal and cultural celebrations,
- One person's relative told us about how staff were putting together a hard backed book to provide information, pictures and memories that were important for the person to recall about their life. The relative said, "It's their life story, with pictures I bought in too; they do this for everyone, it's a lovely idea."

Improving care quality in response to complaints or concerns

- There was an effective process for the management and handling of any complaints about the service.
- People and relatives were informed and knew how to make a complaint or raise any concerns, if they needed to. Information about how to do this was visibly displayed at the service, and also provided individually, on people's admission.
- Records were maintained of any complaints received, including for their investigation and response and any resulting improvement actions.
- One person's relative told us about their recent complaint. Related records showed how this was investigated and actions agreed with them, to help prevent any further reoccurrence.

End of life care and support

- People could be supported at the end of life to have a comfortable, dignified, pain free death.
- End of life care policy at the service was informed against related nationally recognised principles.
- Staff understood key care principles concerned with people's dignity, comfort and choice for their end of life care.
- Where people were living with any life limiting health condition, any advance decisions agreed for their end of life care were effectively accounted for and recorded for staff to follow. This included related care and treatment, their preferred place of death, who would be involved and care of their body after death.
- Anticipatory medicines were in place for individual use when needed, outside of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to help them avoid any unnecessary hospital admission.

# 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 our last inspection we rated this key question good. At this inspection the rating to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always fully assure or 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's governance arrangements were not effectively operated in line with their own quality assurance policy. Effective Equality Act considerations, timely risk mitigation and continuous learning and service improvement for the quality and safety of people's care was not consistently ensured.
- We found concerns at this inspection, relating to the provider's arrangements for environmental and equipment cleanliness, use, adaptation and repair; medicines and staffing arrangements; people's health, least restrictive care and hydration needs management; care plan record keeping and the provider's related quality and risk management strategies.
- Records were not always accurately maintained for the management of the regulated activity. For example, risk assessments were not always accurately recorded, or timely. Records required for the purposes of people's individual care planning, health needs monitoring and referral were not always effectively maintained, to fully ensure the quality and safety of people's care.
- The provider did not always evaluate and improve their practice in a timely manner, in respect of processing information for the quality and safety of peoples' care. Where results from service audits and risk assessments showed improvements were needed, these were not always acted on swiftly, to reduce any risk impact on people from risks identified. The provider and registered manager audits of the service were not combined into an effective service improvement plan, to fully ensure effective care oversight and prevention of any reoccurrence when things went wrong at the service.
- The providers statement of purpose and a comprehensive range of care policies for staff to follow were set against nationally recognised guidance and regularly reviewed. However, provider and management oversight was not sufficient to fully ensure these were being followed by staff, to consistently ensure good care outcomes for people. Examples included, environmental cleanliness, the MCA, care plan record keeping, Equality Act considerations, staff training and supervision.
- The provider's strategy to consistently ensure high quality care through effective staffing arrangements was not fully assured. Staff were not always effectively informed or supported to perform their role and responsibilities. We found training gaps relating to people's care and safety needs. Staff did not receive effective and regular supervision, to continuously inform and support their performance and development for people's care.

The providers governance arrangements did not consistently ensure effective and timely risk management,

service improvement, decision making and accountability when needed for the quality and safety of people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Working in partnership with others

- The provider often worked with relevant agencies, authorities and external health and social care partners to help inform and agree people's care. However, this was not always timely or proactively ensured when needed.
- The provider had not always sought to engage with relevant educational authorities in a timely manner, to help staff to progress and achieve timely training/qualifications relevant to their role, such as vocational.
- The provider was working with external health and social care authorities to make care improvements at the service. However, improvements needed, were often identified from concerns raised by those authorities in the first instance.

#### 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 and registered manager understood their responsibilities under the duty of candour.
- The registered manager had sent us written notifications when required to do so, following any significant incidents when they happened at the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="837 544 1481 577">Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p data-bbox="837 611 1458 846">The provider had failed to ensure that staff received the necessary training, support development and supervision, for their roles and responsibilities. Including to enable them to obtain further qualifications appropriate to the work they perform.</p> <p data-bbox="837 891 1426 1008">This was a breach of Regulation 18(2) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>