

MMCG (2) Limited

River View Care Centre

Inspection report

Rodway Road, off Oxford Road
Tilehurst
Reading
Berkshire
RG30 6TP

Tel: 01189728360

Date of inspection visit:
30 May 2019
31 May 2019

Date of publication:
05 September 2019

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?

Inadequate 

Summary of findings

Overall summary

About the service:

River View Care Centre is a care home with nursing. 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 home provides facilities over three floors. There were six units in the home across these three floors. At the time of the inspection, two of the units were closed for refurbishment work. People have their own bedrooms with en-suite facilities and use of an enclosed private garden. Some of the people supported at the home live with dementia and other health related conditions. The service is registered to provide accommodation with personal and nursing care for up to 137 people. At the time of our inspection there were 77 people living there.

People's experience of using this service and our findings:

The service assessed risks to the health and wellbeing of people who use the service and staff. However, care was not always delivered by staff in line with people's care plans to mitigate these risks.

Safe recruitment practices were not always followed to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

Staff failed to consistently monitor food and fluid intake or take appropriate action in line with people's care plan. Care records did not evidence that people's nutrition and hydration needs were always met.

People were not always treated respectfully or in a way that promoted their privacy and dignity.

People did not always have person-centred plans to guide staff on how to meet people's needs. Some staff practice was not always person centred.

Care records were not always up to date and accurate. Governance systems were not always effective and did not always identify actions for continuous improvements.

There was an activity programme and some people were involved in activities. However, people were not consistently provided with social and recreational activities that met their individual needs and enhanced their lives.

We have made a recommendation that the provider explores all relevant guidance and best practice on how to ensure they make environments used by people living with dementia more dementia friendly.

We have made a recommendation that the provider review staff knowledge and understanding of the Mental Capacity Act (2005) and its application in relation to decision making and consent.

People were assisted to take their prescribed medicines by staff who were assessed as competent to do so. Where people required their medicines at a specific time or with food, this need was met. Storage and handling of medicine was managed appropriately.

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

Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. People and their relatives knew how to complain and knew the process to follow if they had concerns. People, relatives and staff felt they could approach management with any concerns they may have.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP, when needed. The service worked well with other health and social care professionals to provide effective care for people.

The service had regular residents and relatives' meetings as well as staff meetings to ensure there was opportunity to feedback about the home and that there would be a consistency in action taken. The staff team had handovers and daily meetings to discuss matters relating to the service and people's care.

Rating at last inspection:

At the last comprehensive inspection which took place in September and October 2018 (report published on 30 November 2018) the service was rated Inadequate. We identified several breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 (Person-centred care), Regulation 10 (Dignity and respect), Regulation 12 (Safe care and treatment), Regulation 14 (Meeting nutritional and hydration needs), Regulation 17 (Good governance), Regulation 19 (Fit and proper persons employed) and Regulation 20 (Duty of candour). The service was put into special measures.

We conducted a focused inspection in December 2018 (report published 18 January 2019). We looked at the domains of safe and well led to check the progress the provider had made and if they had now met regulations 12 (Safe care and treatment) and 17 (Good governance). We found the provider continued to be in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service continued to be rated Inadequate in these domains.

At this inspection the rating has improved to Requires Improvement.

Why we inspected:

At the last comprehensive inspection the service was rated as Inadequate and was put into special measures. Services in special measures are kept under review and are required to be inspected again within six months. This inspection was undertaken to ensure that improvements had been made by the provider.

Enforcement:

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

Follow up:

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two

consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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.

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 well led

Details are in our Well led findings below.

Inadequate ●

River View Care Centre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two Inspectors, an inspection manager, an assistant inspector and a specialist advisor in nursing and dementia care.

Service and service type:

River View Care Centre is a care home with nursing which provides personal care and support for up to 137 people. 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced and took place on 30 and 31 May 2019.

What we did:

Before the inspection we looked at all the information we had collected about the service. This included previous inspection reports, information received and notifications that had been sent to us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke to 13 people using the service and two relatives of people residing in the home. We observed staff with people in different areas of the home. 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.

We spoke with the registered manager, regional director, peripatetic manager, quality and compliance managers, the administrator, maintenance staff, three nurses, two clinical managers, an activities coordinator, housekeeping staff, catering staff and nine care staff members. We looked at 12 people's care records and associated documents. We reviewed people's medicine administration.

We looked at the records of accidents, incidents and complaints, audits and quality assurance reports. We also looked at staff training records for all staff, recruitment records and supervision and appraisal records.

After the inspection we requested feedback from 20 health and social care professionals. We received five responses.

Is the service safe?

Our findings

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

Assessing risk, safety monitoring and management:

- At the last inspection we found that the provider had not ensured people were always kept safe. We found that the premises were not safe, and risks were not assessed appropriately. The provider had not always taken appropriate action to mitigate risks to people to ensure their safety.
- At this inspection we found the service had made improvement in these areas. However, we found that there were still concerns regarding risks to people not always being managed in a safe way.
- People were at risk of choking and measures to reduce the risk were not always being followed. We looked at one person's care records which stated that due to swallowing difficulties they must receive a pureed diet and thickened fluids to reduce the risk of choking. We observed this person on the first day of inspection being supported by staff to eat soup. We noted that they were coughing and observed that the soup had not been pureed. We raised this with the staff member providing support who stated that the soup had been thickened. However, we observed chunks of solid food in their soup which may put them at risk of choking. We informed the management team who showed us a chart where they were monitoring this person's ability to swallow as per the instructions of the speech and language therapist (SALT). The chart indicated that the person coughed frequently during meal times however, they said they would review this incident immediately.
- People were at risk of skin breakdown and measures to reduce the risk were not always being followed. We looked at a person's care records which identified that they were immobile and cared for in bed. Care records stated they needed to be repositioned every four hours. We looked at this person's "Positional change record" and found that records evidenced they were not always repositioned in line with their care plan. For example, on the first day of our inspection we saw that there was no record of the person being repositioned for over eight hours on that day. We spoke with a nurse to ascertain if this was an omission in recording, however, they were unable to confirm whether the person had been repositioned or not. We discussed this with another staff member and they advised they had supported the person to reposition in this time but had failed to record it. The positional change records were to be signed as checked by a nurse, however we saw that this had not been undertaken. Therefore, nurses at the service were unable to ensure the person was safe from harm and that appropriate action had been taken to mitigate the risks of skin breakdown in line with the person's care plan.
- We discussed this person's repositioning further with another staff member. We looked at the records for 27 May 2019, where the person had not been recorded as repositioned for five hours. The staff member responded to this with the statement, "So we are supposed to do this at the exact time, four hours?" This showed that some staff were not following care plans and were not doing everything reasonable to mitigate risks in the prevention of pressure ulcers.
- We observed one person did not have a call bell in their room. This meant they were not able to call for assistance should they need to. We asked a staff member why this was, they told us that they did not know the person well as they had recently moved from another unit in the home. We checked with another staff

member who confirmed they should have a call bell. We raised this with the management team who placed a call bell in their room.

The registered person failed to provide care and treatment in a safe way. Risks to people's health and safety were not always managed and the registered person failed to do all that was reasonably practicable to mitigate any such risks. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed some good practice in relation to the management of pressure ulcers and weight loss. For example, where a person had a pressure ulcer, it was being managed in a safe way and in line with clinical guidance and best practice to aid healing. This evidenced staff were actively monitoring and managing the risk for this person.
- Whilst we observed one person on a specialist diet not receiving the correct consistency of food, we also saw a number of people who were being supported correctly. This was where people were at risk of weight loss. They were on specialist diets and were being provided the correct consistency of food and where appropriate, provided with fortified food to aid weight gain or to maintain a healthy weight.
- There were fire safety plans in place to ensure people were evacuated safely in the event of an emergency. Equipment was tested regularly including alarms, firefighting equipment and emergency lighting. Personal emergency evacuation plans were in place which identified the level of support people would need if they had to be evacuated from the service.

Staffing and recruitment:

- At the last comprehensive inspection which took place between 24 September 2018 and 17 October 2018, we found that the registered person did not have effective recruitment and selection procedures to ensure they employed suitable staff. At this inspection we found there was a continued risk that people may not be supported by suitable staff. Whilst there had been no new staff recruited since our last inspection the registered person had failed to take the necessary steps to ensure recruitment practices were robust. Whilst the provider had ensured all staff had undertaken the necessary criminal checks via the Disclosure and Barring Service (DBS) and a full work history had been taken. There remained some areas where the required information was lacking. For example, staff's reason for leaving their previous roles had not always been explored. Satisfactory evidence of conduct in previous employment related to health or social care had not always been sought. We found that the provider's recruitment check list still did not ensure that the requirements under Schedule 3 of the Health and Social Act 2008 would be met.

The registered person failed to operate effective recruitment procedures, including undertaking any relevant checks in line with the fundamental standards for staff employed for the purposes of carrying on a regulated activity. This is a continued breach of regulation 19 and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that there were enough staff to meet people's needs during the inspection. Staff told us that they felt there were enough staff to meet people's needs. One staff member said, "I think there is enough staff here."
- The registered manager completed a dependency tool analysis which was used to ensure enough staff were deployed to deliver effective care and support to meet people's needs safely. This was confirmed in staff rotas.

Using medicines safely:

- At the last comprehensive inspection we found concerns related to the handling of people's medicines. At

this inspection we found that people received their medicines in a safe way. However, we saw that one person was prescribed a medicine that did not have the required guidance in place to ensure staff had the information required to administer the medicine safely. We raised this with the management team who advised they would ensure this was put in place immediately.

- Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People were offered PRN medicines when they needed them.
- Guidance was in place for those who received 'homely remedies'. A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over the counter and does not require a prescription. They are kept as stock in the care home to allow access to products that would commonly be available in any household.
- People who were administered covert medication had guidance in place and best interest decisions were recorded, in line with best practice guidelines. Covert administration is when medicines are administered in a disguised format.
- Only staff trained and assessed as competent were allowed to administer medicines. Records demonstrated that people has received their medicines as prescribed.
- Staff told people what their medicines were for and supported them to take their medicines as prescribed.
- The provider's policies and procedures gave clear guidance to enable staff to manage people's medicines safely.

Learning lessons when things go wrong:

- Accidents, incidents or near misses that had taken place since our last inspection were investigated and actions were undertaken to prevent recurrence.
- Lessons learnt were discussed with staff to ensure people were provided with the correct and timely support that met their needs.

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff knew what actions to take if they felt people were at risk of abuse, including who they would report this to. Staff felt confident that appropriate action would be taken. One staff member told us, "If I had a concern about poor practice I would tell the nurse or would go to the head office or I know I can contact CQC."
- People told us they felt safe in the home. One person said, "I feel safe here."

Preventing and controlling infection:

- At the last comprehensive inspection we found the provider had failed to mitigate risks in relation to the prevention, control and spread of infection. At this inspection we found appropriate measures were in place regarding infection control.
- We saw dedicated staff ensured the service was kept clean, tidy and odour free. Appropriate action had been taken to ensure that the premises used by the service provider were safe to use.
- Staff were provided with personal protective equipment (PPE), so they could carry out their work safely. We observed staff using PPE appropriately.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were not been met.

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

- At the last comprehensive inspection we found that people's nutrition and hydration needs were not being met. At this inspection we found improvements but there were still concerns. The registered person did not sufficiently monitor or manage the risks associated with poor hydration and nutrition.
- Some people were at risk of malnutrition and dehydration as measures to reduce the risk were not being followed. For example, one person's care records stated, "[Name] is at very high risk of malnutrition". A care plan written in October 2018 stated that this person was at High risk of malnutrition and, "[Name] needs to be offered snacks in between meals to help with her nutritional requirements." A review of this person's needs was undertaken in May 2019 and identified that the person remained at high risk of malnutrition. We looked at this person's "Food intake chart" and found that it had only been recorded on one occasion that staff had offered snacks in between meals in a three-day period. We discussed this with a staff member who advised that the person would have been offered snacks, however, could not evidence that this was recorded.
- We looked at another person's food and fluid chart to assess how staff were monitoring the person's fluid and food intake. This person was assessed as very high risk of skin ulceration. The service recognised that appropriate nutrition and hydration played an important role in the prevention and management of pressure ulcers. This person had a target fluid intake which staff should support them in meeting, on a daily basis. On the first day of inspection we checked their fluid chart and found for that day, up until 4pm, it was blank. We discussed this with a staff member who was able to provide some recorded evidence of fluids that had been given that was kept in another area of the service. However, staff could not evidence they were following an established system to monitor the person's fluid intake and therefore were not monitoring the person's food and fluid intake accurately and in a safe way, as information was not up to date.

The registered person did not always ensure the nutritional and hydration needs of service users were met. The registered person did not always ensure that the food and drink provided met the nutritional needs of people using the service. This is a continued breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people required specialist diets due to swallowing difficulties, this was clearly indicated in their care plans. However, we found that this was not always followed by staff. We have covered this in the safe domain of this report.
- We observed the dining experience for people on both days of inspection. Tables were laid out and well presented. Contrasting coloured plates and cups were used to help those people living with dementia.
- Staff made sure foods were available to meet people's diverse and cultural needs and preferences. One person, due to their religion, had a specific dietary requirement. Staff ensured there was a menu in place to

meet that person's individual needs.

- People told us they enjoyed the food provided by the home. One person told us, "The food is great here". Another person told us, "The food is very good here. I do have a choice. I like to eat in the dining room with friends."

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

- We looked at whether the design of the premises was suitable for the needs of the people with dementia. Research has shown that an environment which is dementia friendly can support people who are diagnosed with dementia to maximise independence. For example, signage and adaptations for people with dementia can be a very effective memory aid when used in buildings where people with dementia or memory loss live. We noted some good practice in relation to dementia friendly equipment such as contrasting crockery, and sanitary fittings to aid independence. We saw the home had some memory areas for people to engage in. However, we discussed with the registered manager that improvements could be made regarding dementia friendly environments. We were told by the registered manager that another unit in the home was due to be refurbished to become a specialist dementia wing.

We recommend the provider explores all relevant guidance and best practice on how to ensure they make environments used by people living with dementia more dementia friendly.

- The home was a light, bright environment where people moved around freely on each floor. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors.
- There was an enclosed garden with seating available that could be enjoyed by people should they wish.
- The ground floor unit, which at the time of the inspection did not have people residing in it, had recently been refurbished. The unit had been redecorated and had new furniture.
- A relative described the decoration of the premises as, "All cheerful and bright."

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found at times there was lack of clarity around the practice for MCA and gaining consent from people. For example, we looked at one person's care records which stated that a decision was made in their best interest to take photographs of the person for various purposes such as, identification, activities and when the person may sustain an injury such as a bruise or wound. Although a best interest decision was made, it was unclear why or how it was in the best interest of the person to have pictures taken for the purpose of activities.

We recommend that the registered person review staff understanding of the MCA in relation to decisions and consent, ensuring that best interest decisions are documented appropriately.

- Where people did not have capacity to make certain decisions for themselves, people had a capacity assessment completed that was decision specific.
- The registered manager had made DoLS referrals for people who had restrictions in place in relation to their care and support. We saw where the applications were due to expire contact was made with the local DoLS team as per their procedures.

Staff support: induction, training, skills and experience:

- Records showed that staff had up to date training in the areas the provider deemed to be mandatory, which included safeguarding, infection control and dementia awareness.
- A member of staff told us, "They give us the training we need. If someone was admitted with a specific support need we would get the training for that".
- A relative told us when asked if they thought staff received appropriate training to do their roles effectively, "As far as I can tell I think the training is good."
- Staff were supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs during one to one supervision.

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

- People's care needs were assessed prior to admission to the home to identify the support they required and to ensure that the service was meeting their individual needs.
- Care plans were kept under review and amended when changes occurred or if new information came to light.
- People received care and support from staff who knew how they liked things done.

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

- We saw evidence in people's care records that referrals had been made to specialist healthcare professionals such as a dietitian and the speech and language therapy team.
- We observed health care professionals being contacted in a prompt manner when someone required specialist input.
- Each person's records contained a log of visits from healthcare professionals. For example, one person was visited by their GP due to an ear problem. The prescribed treatment from this visit was in their medicine administration record and care plan.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity; People's right to confidentiality:

- At the last inspection we found the provider did not always ensure people were treated with dignity and respect. At this inspection we found some ongoing concerns that people's privacy was not always being upheld and that people were not always treated with dignity and respect.
- Whilst we did observe some caring and respectful interactions between staff and people, we also observed that people were not always spoken about in a caring or respectful way. We overheard a staff member saying to another staff member, "[Staff name], if you see a cushion or a pillow, what's it needs it". This did not demonstrate a caring or compassionate way of talking about people who use the service.
- People were not always asked for permission or informed of the care that would be delivered before staff delivered care. During the lunch period we observed some care staff not asking permission to place protective aprons on people or not giving people the opportunity for them to respond.
- We observed one staff member cleaned a person's mouth without asking permission or advising them of what support they would like to provide to that person. The staff member said during the care, "You can't go around with food in your mouth."
- We observed a person who was receiving personal care from staff in their bedroom and the door was open. We asked staff if the person was uncovered, to which they replied that she, "was a bit naked". We suggested that they closed the door, which they did.
- When people were receiving personal care, some staff hung a "Do not disturb" sign on the door. However, on occasion we witnessed staff ignoring this sign and knocking on the door then going straight in without waiting for a response from the person or the staff member who was delivering the care.
- People's personal information was not always kept confidential in a way that respected their privacy. We observed that people's bedrooms contained signs and pictures relating to their medical and physical needs. For example, there were photos showing how a person should be repositioned and information on display about a person's need to have thickened fluid due to swallowing difficulties. Anyone walking past their room could see these personal details on display. As this is people's home we would expect to see that the person had given permission for their personal details to be displayed or a best interest decision where the person may lack capacity. We could not find evidence of this.

The registered person failed to ensure people were always treated with dignity and respect and people's privacy was maintained at all times. This is a continued breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- We saw some caring and compassionate interactions between staff and people. For example, we observed one staff member supporting someone to eat lunch in their room. The staff member took a caring

approach, having a supportive and natural discussion with the person.

- Some staff we spoke with described how they supported people to maintain their privacy and dignity. They told us they made sure doors and curtains were closed and people remained covered whilst they were supported with their personal care.
- People told us that they thought the staff were kind and caring. One person said, "The staff here are good, kind people." Another person said, "The staff here are very nice."
- People were encouraged and supported to be independent. Staff supported people to do as much for themselves, as possible. One person told us, "I am totally independent. Not a bit restricted. I am able to walk when I want."

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

- Care records evidenced that people and those important to them were encouraged and involved in making sure they received the care and support they wanted.
- Relatives told us that they were involved in decisions about all aspects of people's care and support, where appropriate. One relative told us, "We know what's going on. They make sure of that."
- People's views were sought through care reviews, verbal feedback, residents and relatives' meetings, and annual surveys.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were not always met. Regulations were not met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the last comprehensive inspection we found the provider had not always ensured people received person centred care that was responsive to their needs. At this inspection we found the provider had made some improvement in this area. For example, care plans contained more detail on how to support people and respond to their individual needs, specific care plans had been implemented which provided guidance on how to respond to people's specific health issues. Staff demonstrated a better understanding of supporting people with dementia. However, we found some ongoing concerns in relation to people's person-centred care.
- Care records were not always person-centred. For example, we looked at two people's risk assessments in relation to the risk of neglect and the risk of social isolation. Both these care plans were the same except the names of the individuals had been changed. We raised this with the management team who confirmed that these were an old style of risk assessment that needed to be updated.
- We observed the dining experience of people and we noted that the bowls were made of a plastic type material called melamine. We asked the registered manager why this was used rather than china bowls. They informed us that it was because of the risk of them being thrown. It was agreed that going forward this should be approached in a more person-centred way and appropriate assessments and records should be in place for those people who needed plastic crockery.
- Some people's care records were not always clear and contained conflicting information. For example, we looked at one person's care records who had recently moved into the home. The care records stated, "[Name] is able to mobilise with the support and guidance of two staff member(s)." The same care record went on to say, "Mobilises independently." We spoke with a staff member who was able to clarify the level of the support the person may need when mobilising. However, there was a risk that staff could provide ineffective and unresponsive care, by following insufficient care plans.
- Staff knew people well and understood their likes and dislikes. However, care records did not always contain details of people's choices and preferences. For example, one person's care records said when recording the person's favourite food, "NA". It was not clear why this did not contain any information that might support staff in providing the person a preference of food that they might want.
- People were offered the opportunity to participate in activities, as they chose. We saw group activities were offered to people such as music, church services, basketball and literary afternoons. Some people we spoke with told us they were happy with the activities provided. One person said, "Now and again I go for the activities. I like the music they are playing."
- However, we found that people's care records did not fully identify their interests and preferences in relation to socialisation and activities and it was not always clear how people were supported to engage in activities of their choice. For example, we looked at one person's socialisation and activities needs assessment. It stated, "Needs encouraging and prompting to engage in activities." There was no detail or guidance on what this person enjoyed doing and how staff should support them to engage. Another person's care records said, "She likes to go and sit in communal area to look through the window." There

was no evidence for how staff had supported this person to do this.

- We looked at another person's care records which stated, "[Name] is dependent on staff to ensure [person] isn't isolated in his bedroom". We looked at this person's daily log of activities over a seven-day period and found only three entries. Only one of these consisted of an activity. The other two records stated, "Assisted with meals" and "Sat for a chat". Staff were not following the care plan designed to ensure this person's individual needs were being met. It was not always clear what activities people had participated in which met their social preferences to ensure they avoided isolation.

The registered person failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed lots of meaningful interactions taking place between staff and people throughout the two days of the inspection. For example, we saw a person being taken into the garden where a discussion was held about plants and gardening. We saw the person was enjoying this interaction.
- A health and social care profession told us, "You can see the activities happening and people have things to do."
- People were supported to develop and maintain relationships with people that mattered to them.
- Daily handovers and meetings informed staff about any tasks to complete or what was going on in the service to ensure people received care that met their individual needs.
- People and their relatives told us that the staff knew them well and responded to their needs. One person told us, "If I need anything they will help me." A relative told us, "The carers are marvellous, they really know [person]."

Meeting people's communication needs:

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.

- The management team had an awareness of the AIS.
- People had care plans in place identifying their individual communication needs and how the service should meet these individual communication needs.

Improving care quality in response to complaints or concerns:

- People and their relatives knew how to raise a complaint and were confident the service would take appropriate action if they did complain. A relative described how a complaint they had made had been managed. They said the "Manager was onto it straight away".
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- Where a complaint or concern had been raised, appropriate investigation and action had taken place. The provider completed monthly summary of complaints to help identify any patterns of concern.

End of life care and support:

- At the time of this inspection the service was not providing end of life care to anyone using their service. We saw that people had an advanced care plans in place which was developed with the involvement of people important to them.

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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- At the previous inspection we found the provider did not ensure good governance of the service. At this inspection we found there were still ongoing concerns regarding effective governance within the service. The previous inspection identified seven of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst there had been some improvements in most areas the provider had failed to make sufficient enough improvement to fully meet the regulatory requirements for the six remaining breaches.
- There were quality assurance systems in place. These included audits of care records, medicine records, call bells and incidents and accidents. However, we found these were not always effective. For example, we looked at the call bell audits for the home in April 2019. We found that the registered manager had identified where it had taken five minutes or longer for staff to respond to calls. In April 2019 we noted that this had happened on 21 occasions. However, there was no record of an investigation into the reason behind why a call bell was not responded to in a timely way. The action identified each time was exactly the same stating, "Discussed with nurse" and that call bells to be responded to, "In a timely manner". This audit failed to identify trends and themes and actions taken were not effective in reducing response times to call bells.
- The registered person did not have full oversight and an accurate understanding of risks associated with people. Records did not clearly evidence that people's risks were being mitigated in line with their care plan. The inconsistent documentation meant that information was not always reflective of people's needs, and this had not been appropriately picked up by the registered person. We found that accurate records were not always maintained or did not accurately reflect the support people were being offered. This potentially placed people at risk and could compromise the quality of the care being delivered.
- We looked at the provider's care record audits. We noted that these did not always have an action identified where issues had been found. We saw that where some actions had been identified, audits did not always have a timeframe for these actions to be completed or who was responsible for completing them.
- The dining audit, despite covering a wide range of areas and with a staff debrief after each audit, did not identify all areas of concern found during inspection. For example, it had failed to ensure that all staff were asking people permission before providing care to people such as putting on their protective aprons. It did not identify that having plastic bowls for all people was not person centred.
- The provider had failed to ensure that people were consistently treated with dignity and respect. The management team had not previously identified concerns raised regarding this during the inspection, there was no actions in place following the previous inspection to ensure this regulation was being met.
- At the last inspection the registered person had failed to ensure staff recruited were employed in accordance with schedule three of the Health and Social Care Act. At this inspection we found that the registered person had failed to have effective systems and processes in place to learn or improve in relation

to this. Staff recruitment files contained a 'checklist' that needed to be completed when recruiting new staff, however, this was not in accordance with recruitment requirements set out in the regulations.

- There was no effective system in place for the registered person to ensure they were meeting each of the fundamental standards.

The registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate. Ineffective audits put people at risk of potential harm, as areas for improvement had not been addressed to mitigate risk. This is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- During the inspection, we found the management team to be accessible, honest and transparent. There was a clear want to drive improvements within the service.
- Since the last inspection the provider had implemented an action plan regarding the health and safety of the premises, equipment and infection control. Clear actions were identified and highlighted when these had been met.
- A health and social care professional commented on improvements in the service, "I have been coming here for years now and I can see the difference."
- There was a management structure in place, which gave clear lines of responsibility and authority for decision making. A relative told us about the management, "If I go to find someone, they are approachable and responsive."
- Staff told us the management team was friendly and approachable. One staff member told us, "The manager is really approachable. She really listens to us". Another staff member said "The clinical managers are excellent and really support us".
- The management team undertook a daily 'walk around' to ensure people were receiving the care they needed.
- The provider had notified the Care Quality Commission of specific events in line with their legal obligations.
- Ratings from our last inspection were prominently displayed within the service and on the provider's website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- At the last comprehensive inspection we found the provider had not always ensured they followed their Duty of Candour. At this inspection we found that the registered manager understood their Duty of Candour, to be open and honest when things went wrong. For example, when accidents had occurred, they were dealt with in an open and transparent manner.
- Staff communicated effectively throughout the inspection in relation to people's changing needs.
- People received a service from staff who worked in an open and friendly culture.
- The management team praised the staff team saying, "It has changed so much. They [staff] have worked so hard."
- Although we noted some areas of improvement needed on ensuring people had personalised activities, there was a commitment from the management team who encouraged staff to provide people with quality care and support they wanted.

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

- People and their relatives were encouraged to give their views about the service they received. Resident and relative meetings took place periodically throughout the year.

- A relative told us, "Once a year there is a questionnaire and there are relatives' meetings."
- Staff told us they were able to make suggestion regarding the service. One staff member said, "If I have any concerns or suggestions they [management] are all approachable and take suggestions."
- The staff team were motivated to provide care and support to people as their needs and health were changing and engaging them in how they liked things done.

Working in partnership with others:

- Staff worked in partnership with other organisations including local social and health professionals.
- People's care records reflected where professionals were actively involved in their care and appropriate information was shared with other professionals. This included GPs, chiropodist, mental health teams and opticians.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered provider failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. The registered provider failed to consistently deliver appropriate person centred care and treatment that was responsive to people's needs. Regulation 9 (1)(2)(3)(a)(b)

The enforcement action we took:

We imposed a condition on the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The registered person failed to ensure people were always treated with dignity and respect and people's privacy was maintained at all times. Regulation 10 (1)(2)(a)

The enforcement action we took:

We imposed a condition on the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person failed to consistently provide care and treatment in a safe way. Risks to service users health and safety were not always assessed and the registered person failed to do all that is reasonably practicable to mitigate any such risks. Regulation 12 (1)(2)(a)(b)

The enforcement action we took:

We imposed a condition on the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	The registered person failed to ensure people's nutritional and hydration needs were being met in line with their assessed needs. Regulation 14 (1)(2)(a)(b)(4)(a)

The enforcement action we took:

We imposed a condition on the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate. Ineffective audits put people at risk of potential harm, as areas for improvement had not been addressed to mitigate risk. Regulation 17(1)(2)(a)(b)(c)(e)(f)

The enforcement action we took:

We imposed a condition on the registered providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered person failed to operate effective recruitment procedures, including undertaking any relevant checks for persons employed for the purposes of carrying on a regulated activity. in line with schedule three of the regulations. Regulation 19 (1)(a)(b)(2)

The enforcement action we took:

The registered provider submitted an action plan outlining the steps they are taking to ensure they are complying with this regulation.