

Advinia Care Homes Limited

# Bedford Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Bedford Care Home provides personal and nursing care for up to 180 people. The home is divided into six different units, each with 30 beds. Astley and Lilford is for people who require personal care and support, Croft and Kenyon for people with mainly physical nursing needs and Pennington and Beech for people with dementia care nursing needs. The home also has designated beds on two of the units for intermediate care. At the time of the inspection there were 153 people living at Bedford Care Home.

The current provider took over responsibility for the home in February 2018, following our last inspection.

### People's experience of using this service:

We found improvements were still required in key areas including medicines management, staff supervision and support, record keeping, involving people, relatives and staff in the running of the home and the quality monitoring process. Internal and provider level audits had picked up on the majority of issues we noted during the inspection, however action taken had either not been maintained or been implemented timely.

People and their relatives were positive about the standard of care provided and spoke highly of the staff, who were described as 'wonderful', 'caring' and respected people's right to privacy and dignity. Whilst people and the majority of staff we spoke with felt current staffing levels were enough to meet needs, relatives and some staff disagreed. We have recommended the provider considers how staffing levels are determined.

Staff had received training in safeguarding and knew how to identify and report any concerns. Accidents, incidents and falls had been recorded consistently with action taken to prevent reoccurrence. This helped keep people safe. We found the home to be clean, odour free with effective cleaning and infection control processes in place.

People received personalised care which met their needs. Care plans explained how people wanted to be cared for. These had been reviewed regularly to reflect people's changing needs and wishes, although people or their legal representative's involvement in this process had not been captured consistently.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People felt the staff were well trained and knew their likes, dislikes and interests. We saw lots of examples during the inspection which demonstrated this. People spoke positively about the choice and standard of meals provided and we found people requiring a modified diet received these in line with professional guidance.

People told us staff were kind, caring and treated them with dignity. People's independence was encouraged and promoted. We saw people had developed positive relationships with the staff, who had taken the time to get to know them. Where people required support at the end of their life, this was carried

out respectfully, compassionately and with professionalism.

The home had a clear management structure in place, albeit was still recruiting to some key roles. The management team across the home were actively engaged in addressing poor performance and promoting positive change. It was evident during the inspection, the transition from the previous provider to the current one had been challenging and further work was required, for which plans had been developed.

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

#### Rating at last inspection:

At our last inspection the home was rated as requires improvement (published 20 March 2018). The home remains requires improvement. This is the second time the home has been requires improvement. We will maintain contact with the provider until the next inspection to monitor the action they are taking to improve the rating to at least good.

#### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. As the home was rated as 'requires improvement' following our last inspection, we returned within 12 months to check the necessary improvements had been made.

#### Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

#### Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure care remains safe and of good quality. Due to there not being a change in overall rating, we will return to re-inspect in line with our inspection timescales for requires improvement services, however if any information of concern is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Bedford Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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:

The inspection team consisted of two adult social care inspectors and a bank inspector from the Care Quality Commission (CQC), two medicines inspectors from CQC and an expert by experience (ExE) on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector returned on the second and third day to complete the inspection.

#### Service and service type:

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

The service 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:

The first day of inspection was unannounced, which means the home did not know we were visiting.

#### What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

Prior to the inspection we asked the service to complete a Provider Information Return, which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 10 people living at the home and nine visiting relatives. We also spoke with the registered manager, regional quality and compliance manager and 17 staff, which included care, activities and domestic staff, as well as unit managers and the training officer. We also spoke with a visiting professional.

We reviewed 18 care plans, eight staff personnel files, medicine administration records (MAR) and other records relating to the management of the home and care provided to people living there.

# 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.

Using medicines safely:

At our last inspection, the previous provider had not maintained accurate, complete and contemporaneous records in relation to medicines and completed consistent and effective auditing of medicines management. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had not been made by the current provider.

- We inspected medicines on three of the six units and found they were not being administered safely on a consistent basis.
- On one unit, we found medicines had been 'potted up' and not kept within properly labelled packaging in the trolley. Medicines should only be removed from packaging at the point of administration and not in advance.
- We identified concerns with the management of covert medicines, as authorisation from a pharmacist that the method of administration, such as crushing tablets and placing in food or mixing with 'fizzy' drinks was suitable, had not been sought or put in place.
- Records to support staff administering medicines were not completed accurately to ensure people were safe, for example guidance indicated medication should be added to a person's supplement drink, despite the time this was prescribed to be given being later than when they needed their medicines.
- We found gaps in records to show topical preparations such as creams had been applied, therefore, we could not be assured people's skin was cared for properly.
- Records of application of patches had not been completed consistently; and information regarding application of the patch was not always followed.
- Additional records to document the administration of 'when required' medicines had not always been completed with the person's name or details of the medicines.
- Medication audits had been completed and identified some of the issues we noted, however changes to practice had not been maintained across the home.
- We did find arrangements for storing and recording controlled drugs (medicines subject to extra control because of the risk of misuse) complied with the law. Room and fridge temperature recording had been done consistently and were within recommended ranges.

The issues identified with the handling, administering and documenting of some medicines, along with the lack of detailed medication guidance, meant people's medicines had not been managed safely. This is a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008, Regulated Activities Regulations 2014.

#### Assessing risk, safety monitoring and management:

At our last inspection, where risks had been identified; the previous provider had not always taken appropriate action to mitigate the risk and people's ability to summon assistance in an emergency had not been consistently assessed or managed. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008, Regulated Activities Regulations 2014.

At this inspection we found sufficient improvement had been made and the current provider was no longer in breach of this aspect of Regulation 12.

- Care files contained a range of risk assessments which provided staff with clear guidance to follow and helped keep people safe. These included whether people were able to use the nurse call system and if not, how frequently checks were to be carried out. Records showed checks had been completed in line with guidance.
- New care files contained a risk screening and assessment tool, this covered 19 areas and assessed the impact, probability of occurrence and graded the level of risk. This information had been used to formulate care plans to ensure people received safe and effective care.
- Ongoing monitoring to maintain people's wellbeing and safety had been completed. Accidents, incidents and falls had been documented consistently as per company policy. Where necessary, measures had been taken to help reduce risk to people. This included the introduction of sensor mats and additional observations, through to referrals to external professionals.
- Checks of the premises and equipment had been completed in line with guidance, to ensure they were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, water safety, hoists and fire equipment.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.

#### Staffing and recruitment:

At our last inspection we recommended the previous provider considered the use of additional assessments to support the system used to determine safe and effective staffing levels across all units. This recommendation has not been effectively acted upon and remains a recommendation at this inspection.

- We received mixed feedback from people, relatives and staff about the suitability and effectiveness of current staffing levels. Comments included, "I think the staffing level is good they come almost straight away if I press my buzzer in my room", "We have had concerns regarding staffing levels. Yesterday we were looking for a member of staff as our Mum needed help. We walked up and down the corridors looking for staff but we couldn't find anyone, we looked for quite some time" and "When we have five on we can meet needs, but often only have four, which makes it difficult, as need to have someone covering the lounge at all times."
- We were told staffing levels were based on people's needs and levels of dependency, however there was currently no specific system; often referred to as a dependency tool, in place to ensure staffing levels on each unit were suitable and safe.
- The registered manager told us such a system was due to be introduced by the provider.
- The home had experienced high numbers of staff turnover and issues with recruitment to certain roles, which had impacted on consistency of staff and meant ongoing reliance on agency staff had been necessary. The home used the same agency staff, to ensure some consistency for people and other staff.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, full work histories and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as



they identify if a person has had any criminal convictions or cautions. Nurses 'PIN' numbers had been checked to ensure their registration remained up to date.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong:

- Everyone we spoke with felt either they or their relative were safe and that the home was meeting their needs. Comments included, "I do feel safe here as everyone has to be buzzed in. The carers look after me very well I cannot complain", "The unit is very safe. Everyone has to be buzzed in and out, no visitor knows the codes so that means no strangers can get in. The staff are very good too as they all keep an eye on my relative" and "My wife is in bed all the time and I know she is safe. She does have a buzzer if she needs to call for help which is also a reassurance for me."
- Staff spoke with all knew the different types of abuse and how to identify concerns. Safeguarding training had been provided and refreshed in line with the providers policy, to ensure knowledge remained up to date.
- The home's safeguarding file contained copies of the local authority's reporting guidance. Wigan Council use a 'tier reporting system', with minor issues classed as a tier one and safeguarding issues classed as a tier three. We saw this guidance had been followed, with a log kept to document each referral and outcomes.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- A monthly safeguarding audit had been completed, which reviewed those raised and overview of actions taken and looked at lessons learned and measures to minimise risk of reoccurrence.

Preventing and controlling infection:

- The home had effective infection control policies and procedures in place. We spoke with a member of housekeeping staff who confirmed they had all the necessary resources to maintain cleanliness and hygiene.
- The home had introduced the use of dignity bags within people's rooms, which contained personal protective equipment (PPE). We saw and were told staff wore this consistently, to minimise the spread of infection.
- Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels.

# 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 may or may not have been met.

Staff support: induction, training, skills and experience:

At our last inspection, we found staff had not received appropriate supervision and appraisal. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had not been made by the current provider.

- The provider's policy stated staff would receive four supervisions per year along with an annual appraisal. Records viewed during inspection showed this had not been completed. New matrixes to log completion had been introduced in January 2019, with a small number of supervisions documented over the past six weeks, however prior to this the last documented supervision meetings were dated March 2018. No staff had completed four supervisions in the last 12 months.
- Staff told us they received sufficient training to enable them to carry out their roles. Staff told us they were provided with regular update and refresher training for topics such as fire safety, moving and handling, safeguarding, mental capacity act, infection control and food safety.
- When new staff started they completed an induction programme and shadowed colleagues to gain practical experience about their role.
- The home used an external training provider to provide practical training sessions, along with the use of e-learning. The training provider also worked alongside staff, to provide 'on the job' training and support, to ensure knowledge learned was implemented.
- Training completion was monitored via a matrix. We noted percentages for completion of required training varied across topics. The provider was aware of this and had taken steps to ensure staff completed all required refresher sessions.
- We saw training provided in the home was mapped to the Care certificate.

Staff had not received supervision and appraisal in line with the providers policy, to support them in providing effective care, ensure their competence is maintained and promote personal development. This is a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection, the previous provider had failed to effectively monitor risks to people and maintain accurate, complete and contemporaneous records. This was a breach of Regulation 17 (Good governance)

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had not been made by the new provider.

- We found the recording of snacks on food charts required improvement. Professional guidance in care files of people experiencing unplanned weight loss, indicated they should be provided with snacks during the day. Although staff told us this was done daily and we saw snacks available on the units, these had not been recorded on people's food charts, which meant we could not be assured they had been provided.
- We found positional change charts, used for people with or at risk of developing pressure sores, had not been completed consistently across the home, with gaps in recording and the required number of turns over a 24 hour period not always documented.
- People had access to a range of medical and healthcare services, with GP's and other professionals regularly visiting the home.
- Guidance from professionals was included in people's care files and helped inform both risk assessments and the care planning process
- Where concerns had been identified, such as unplanned weight loss, issues with skin integrity, or concerns with swallowing, we saw referrals had been made timely to professionals such as GP's, dieticians, district nurses and speech and language therapists (SaLT). This ensured people received the correct care and support.

The provider had failed to ensure the completion of supplementary charts had been done accurately and consistently. This is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- People had been assessed for their capacity to consent to specific aspects of their care. When they lacked capacity to consent, best interest decisions had been made and records showed how decisions had been reached and who had been involved. However, all people involved had not signed documentation to confirm their attendance or involvement in best interest meetings / discussions, with only staff's signatures present. The registered manager agreed to address this.
- The home used a matrix to monitor all DoLS applications, which included the date of application, dated received or authorised, date of expiry and date of re-application. From reviewing documentation, we noted re-application of four people's DoLS had been after the date of expiry. We were told this had been an oversight and saw procedures had been put in place to prevent a re-occurrence.
- Clinical Services Managers (CSM's) had been responsible for overseeing DoLS applications across the home, however the registered manager told us it was planned for each unit manger to take responsibility,

now that the home had better IT functionality.

- Staff were mindful of the need to seek people's consent prior to providing care. During the inspection we heard staff asking people, "Is it ok?" and "Are you ready to?" before they provided support. Staff told us if people refused support, they would return later and try again. One added, "At the end of the day we are here for them and it is their lives and their choice."

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

- People's likes, dislikes and preferences had been captured as part of the admission process. This information had then been used to help compile care files.
- Prior to people moving in, pre-admission assessments had been completed. These ensured the home could meet people's care needs and the environment was suitable.
- Each person we spoke with, told us they were happy with the care they received and were supported to make choices. One person stated, "I am very happy with the care they provide for me. I get up when I want, go to bed when I want, eat what I want and choose the activities I want to take part in."

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

- People and their relatives we spoke with were complimentary about the food provided and confirmed they received enough to eat and drink.
- Comments included, "The meals are very good there are always two options and the portion sizes are excellent. I am never hungry. We get given food four times a day as they give us a supper too."
- The home met people's specific dietary requirements, for example those who required a soft or pureed diet, or thickened fluids, with guidance available in care files and on the units for staff to refer to at point of service. During the inspection we saw people received food and drink in line with this guidance.
- The home monitored people's weight with the frequency being determined by a nutritional screening tool.

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

- The home was undergoing a programme of refurbishment, with priorities identified and addressed. One unit had been completely redecorated since the last inspection and was now much brighter and more suitable for the people living there.
- We saw consideration had been taken to ensure the environment within each unit had been adapted to meet the needs of people who lived there, including plain flooring and walls, contrasting handrails, pictorial signage and use of rummage boxes.
- However, on the units for people living with dementia, we found a lack of personalisation of bedroom doors, or the use of memory boxes, which would help people identify their rooms.

We recommend the provider completes research into personalisation and dementia friendly décor, to ensure the home meets people's needs effectively.

# 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 were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and their relatives spoke positively about the standard of care provided. We were told the staff were very kind and caring and could not do enough for people. Comments included, "The carers are excellent, I think they are marvellous they can't do enough for me", "I am very happy with the care" and "I think the staff are very professional, they seem very caring and they demonstrate that they worry about her if she looks like she is not happy or enjoying activities."
- We found people to be clean and well groomed. Staff documented personal care support provided and we saw people had been supported to wash, bathe or shower, in line with their wishes.
- We observed people being treated in kind and respectful ways. Staff were helpful and friendly and people looked relaxed and comfortable in their presence. Staff provided reassurance and support to people when needed.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. People's equality and diversity was recognised and respected. We heard staff referring to people by their preferred names, using appropriate volume and tone of voice.
- Care files contained sections to document whether people had any specific needs, whether these be spiritual or cultural. At the time of inspection nobody living at the home had any specific requirements, however staff told us these would be catered for.
- Representatives of different faiths visited the home weekly and the home was in the process of creating a multi faith room for people and staff to use.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff were respectful and treated them with dignity. Comments included, "The staff treat me very well and respect me at all times", "I can't fault the staff as they treat me very well. They are very respectful and always polite and friendly" and "The staff are brilliant. I am never embarrassed in front of them as they are so respectful of my wishes."
- Staff were mindful about the importance of maintaining people privacy and dignity and ensured this was done consistently. One told us, "Personal care can be intimidating for the residents, so before I do anything I always knock on the door and check its ok. If they want care later, there's no set time for these things".
- People also told us staff promoted their independence by letting them do what they can for themselves. One told us, "I do lots of things for myself and that's the way I want it."
- People's rights to a family life were respected. Visitors were made welcome at any time. One relative told us, "If they know we are going out, name is always ready. The staff will do anything if they are asked, Very obliging."

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

- People received care in line with their wishes from staff who knew people well and what they wanted.
- Relatives told us they were involved in decisions about the care of their loved ones and kept informed of any changes to their wellbeing.
- People under the DoLS framework had access to Independent Mental Capacity Advocates (IMCA's) to support decision making. The home also directed people to other advocacy services where requested.
- Quality assurance questionnaires had recently been circulated and completed, with the responses sent off for analysis. This had not been completed by the time of inspection. The registered manager told us feedback would be shared once received with action plans drawn up to address any issues raised.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control: At our last inspection, we found care files did not accurately reflect people's current needs and abilities and the previous provider had failed to deliver an activities programme which met people's social and recreational needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the current provider was no longer in breach of Regulation 9.

- The home was in the process of updating care files, replacing the previous providers documentation with the current providers paperwork.
- From reviewing care files, it was apparent the updated documentation was much more person centred, detailed and clearly explained how people wanted to be cared for.
- We discussed with the registered manager the time scales for completion, as the process was taking some time and there did not seem to be a clear programme in place. We were told they had focussed on re-writing files for those people at greater risk initially, as well as updating each person's risk management and capacity / best interest documentation. The aim moving forwards was to complete up to three files per week.
- People's support plans were clear and person centred in nature. There was information included about people's lives prior to arriving at the home, which helped staff understand them as unique individuals.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, one person's care plan stated they like to have music playing quietly in their bedroom as they were cared for in bed. We saw music was playing quietly throughout the day. Another person enjoyed watching sports on television in their room. We saw staff automatically put on the sports channel after supporting the person to their room after lunch.
- The home ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. This is legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
  - People had communication care plans in place which explained any difficulties they may have and how best to communicate with them. For example, where people were non-verbal, we saw guidance for staff on how the person communicated their needs, such as pointing or nodding.
- We observed positive staff practice when supporting people with a visual impairment. One such person used a plate guard, which helped them retain their independence at meal times. After serving the person their meal, the staff member demonstrated where the knife and fork was located and explained the positioning of the food on the plate.
- We received conflicting information about activity completion within the home. The provider's activity

manager, an activity co-ordinator and the majority of staff we spoke with told us activities took place every day, whereas people and their relatives said activities occurred but did not think these were daily.

- The registered manager told us there was currently five activity staff providing 150 hours per week. This was an area they were in the process of developing, with plans to appoint a senior activity co-ordinator to oversee completion across the home.
- During the inspection, we observed activities taking place across units, including carpet bowls on Croft, a quiz on Lilford, floor games and exercises on Beech. A valentine's party took place on one unit in the afternoon which people from across the home attended. Feedback was positive, one person told us, "It was great, there was singing and dancing."
- We saw records of people's engagement had been captured.

#### End of life care and support:

At our last inspection, we found the previous provider did not have the necessary systems and processes in place to provide effective end of life care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the current provider was no longer in breach of Regulation 9.

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan.
- The home was arranging to recommence involvement in the Hospice in your Care Home programme, to ensure effective end of life care was provided.
- We noted the home had liaised with the local hospice to seek support and advice, as well as working alongside district nurses, to support people at this time of their life.
- Staff had been provided with end of life training, with additional training planned in the next few weeks. This would include refresher training on the use of a syringe driver, which is used to administer medication at a constant rate through a small needle placed under the skin.
- Staff spoke positively about the training provided, one told us their end of life training had enabled them to provide dignified care to a person who was very much loved by all the staff.
- We saw feedback about the staff which the home had received from a friend of a person who had recently passed away, this stated, 'I can't thank these angels enough for what they have done.'
- The home used a 'rounding tool' which was completed every two hours, when a person was receiving end of life care. This looked at many areas including pain levels, continence, personal care, skin integrity, reposition, nutrition, safety and comfort.

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

- The complaints procedure was displayed clearly within the home. None of the people we spoke with had raised a formal complaint, though said they would speak to staff or management should they need to.
- A 'tracker' had been used to document complaints received over the last 12 months. Each month a separate complaints register had been set up to capture details of complaints received, action taken, outcomes and lessons learnt.
- We saw 24 complaints had been submitted since April 2018, when the current tracker commenced. Each had been dealt with in line with the providers policy.



# 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 may or may not have been met.

Continuous learning and improving care; planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

At the last inspection, the previous provider did not have effective systems and processes in place to assess and monitor the service provided or were able to demonstrate action had been taken to address issues identified during audits. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had not been made by the current provider.

- All adult social care providers are required to have a statement of purpose (SoP). The home had an appropriate statement of purpose, which set out the aims, objectives and ethos of the service.
- A number of audits and quality monitoring processes were in place to monitor the overall provision of care on each unit and across the home in general. These included 'resident of the day', weekly clinical risk meetings and daily clinical walk rounds, which covered a range of areas including safeguarding, wound management, falls, incidents and accidents.
- Provider level audits and monthly monitoring had also taken place, with action plans generated, which had been followed up on at the next visit.
- We noted a number of examples of the provider promoting continuous learning, trying to improve care and supporting the home to complete a successful transition following the transfer of ownership. This included completion of a monthly quality bulletin which included lessons learned nationally and an area of focus for the month.
- Regional Clinical Services Managers had been based at the home to help with the transition, including the introduction and completion of new documentation.
- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- However, despite the positive changes noted and the range of quality monitoring in place, we found action had either not been taken or had not been maintained following completion of auditing. For example, issues had been identified internally with medication management and completion of supplementary charts, however we identified continued issues with these during inspection.

- We also saw provider level audits had identified issues we noted during inspection, such as supervision completion. Subsequent visits had identified the same concerns, which suggested action had not been taken timely to address shortfalls.

Systems and processes to monitor the safety and quality of service provision and ensure actions were addressed timely, were not robust or fully embedded. This is a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others:

- None of the people and relatives we spoke with had attended or were aware of any resident/relative meetings. We saw no meeting schedule was in place.
- We saw no meeting minutes in the files we viewed during inspection. The registered manager told us meetings had taken place on some of the units, and spoke of the topics covered, but could not evidence these had occurred.
- We also noted staff meetings had not been completed in line with the providers policy, which stated these would be quarterly. Minutes viewed showed only one meeting had been held on each unit since the last inspection. Staff confirmed meetings were infrequent, with the majority believing these were six monthly.
- People and relatives, we spoke with were unclear as to who the manager of the home was, or who was in charge of each unit. They felt staff turnover and changes were a factor in this, as was the absence of meetings.
- We noted a number of examples of the home working in partnership with other professionals or organisations. For the past few months a trainer/mentor from the external training provider had been working alongside staff, supporting them to embed their training into daily practice and providing mentoring, support and advice.
- The home had also forged links with local homecare providers, to enable people using their services who are unable to bathe or shower at home, the opportunity to use the home's adapted wet rooms.

The lack of regular, documented meetings, meant people, relatives and staff were not actively involved in the running of the home, or able to voice their opinions. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- The home had a clear management structure, with the registered manager being supported by two Clinical Services Managers (CSM's). It was planned for each unit to have its own manager, who would be responsible for the day to day running of that unit. At the time of inspection, recruitment to fill all these positions was ongoing.
- Where unit managers were in post, staff spoke positively about the support provided. Comments included, "[Manager's name] is brilliant, very supportive" and "Very happy with the support I get from [unit manager] and [clinical services manager]. They are both very approachable and supportive.
- We saw the registered manager and CSM's were actively engaged in challenging poor practice and implementing changes to working practice, which had met with some resistance. This was reflected in some of the feedback we received.
- Although we received some negative feedback about the management of the home, overall staff reported feeling supported, being happy in their roles and feel they work well as a team.
- None of the newly recruited staff had experienced any issues, and a number of more established staff commented on positive changes occurring within the last 12 months, especially issues and poor

performance being addressed.

- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure the proper and safe management of medicines.

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	Systems and processes to monitor the safety and quality of service provision and ensure actions were addressed timely, were not robust or fully embedded; the provider had failed to ensure the completion of supplementary charts had been done accurately and consistently and the lack of regular, documented meetings, meant people, relatives and staff were not actively involved in the running of the home, or able to voice their opinions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff had not received supervision and appraisal in line with the providers policy, to support them in providing effective care, ensure their competence is maintained and promote personal development.