The Fremantle Trust

Carey Lodge

Inspection report

Church Street
Wing
Buckinghamshire
LU7 0NY

Tel: 01296689870
Website: www.fremantletrust.org

Date of inspection visit:
08 January 2020
09 January 2020

Date of publication:
24 February 2020

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Carey Lodge is a residential care home providing personal care and support for up to 75 older people some of whom are living with dementia. At the time of the inspection 68 people lived at the home. People's accommodation is located in six separate areas referred to as 'houses', located over three floors. Each house has individual bedrooms, a communal dinning and lounge areas. The home had many seating options on each floor. The houses which catered for people living with dementia were decorated to minimise distress and provide interactive opportunities to people. The home benefitted from a sensory garden which had won the providers 'best sensory garden' competition last year.

People's experience of using this service and what we found
People were not always supported by staff who knew how to minimise the likelihood of harm to them. Risks posed to people as a result of their medical conditions were not routinely managed. Risk assessments were not always completed or updated when changes occurred.

People were not always supported by staff who followed best practice guidance and the provider's policy when completing records for the administration of medicines. People had been given 'as required' medicines with no guidance as to why, how often and when it was required. This placed people at risk of receiving too much or too little medicine.

People were not routinely supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We found staff had a lack of understanding of the Mental Capacity Act 2005 and sought consent from third parties when not required.

Care plans were not always accurate to reflect people's current needs. We found care plan records were contradictory in nature and often incomplete or did not detail people's name.

People were not supported by a service that was well managed. We found ongoing breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems the provider and registered manager had in place to monitor the quality of the service provided to people were ineffective and did not have the desired effect to drive improvement.

People were supported by staff who had been recruited safely and received training to update their skills. However not all senior staff who held line management responsibility had received training on how to supervise staff.

People told us they had developed good working relationships with staff. Comments included "There is one excellent carer and we have asked to have her up here, but she has not emerged on this floor for a while" and "There is one other who is lovely, and you can have a giggle with her."

Relatives told us they were happy with the care their family member received comments included "Staff here like [person's name], they are very kind to her"," I am extremely pleased with the care [Name of person] receives" and "She made the decision to move here and undoubtedly she is much better and healthier since moving here." Another relative told us "The care she received was fabulous, the staff nothing less than wonderful and the accommodation clean and comfortable."

People had opportunities to engage in interactive activities suitable to their cognitive function. The home hosted a number of annual social events which were attended by people, their relatives and local residents. The home had good links with the local schools and children often visited the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 10 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however, the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified continued breaches at this inspection in relation to mitigating risks to prevent avoidable harm, ensuring people received appropriate care and support to meet their needs and quality monitoring of the service provided. We have served warning notices in relation to safe care and treatment and good governance.

We have identified a further breach in relation to consent to care.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Carey Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
On day one the inspection was carried out by two inspectors, a specialist advisor who was a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The same two inspectors visited the home for a second day.

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

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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people who lives at the home and four relatives. We had discussions with the registered manager, director of care quality and compliance, deputy manager and assistant manager. In addition, we spoke with 6 staff. We observed mealtimes in different parts of the home, part of a resident meeting and part of an activity. We observed part of medicine administration and checked records relating to medicines for nine people.

We looked at a range of records. These included 14 care plans, four staff recruitment files, the staff training matrix and staff meeting minutes. We checked a sample of internal audits, audits by the provider, records of complaints, accident and incident forms. Other records included maintenance and upkeep of the premises, health and safety records.

After the inspection
We sought clarification about some of the evidence we found and reviewed information we asked the registered manager to send to us after the visit.

We contacted staff and community professionals by email, to invite them to provide feedback. We did not receive any replies to the contact made.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements have not been made and the provider is still in breach of Regulation 12.

● People were not routinely supported to ensure risks posed to them were managed and potential harm mitigated. Some risks to people were identified such as risks associated with falls, moving and handling and nutritional risks. However, the detail around the management of those varied. For example, the management of falls risk was to observe or supervise the person when walking. This was not specific to the level of observation or supervision required. Where it was specific and stated that staff were to walk beside a person when mobilising, we observed this did not routinely happen.
● People's nutritional and hydration risk were not routinely managed well. A number of people had food and or fluid charts in place. Their nutritional care plan and risk assessments did not indicate the purpose of those or what individual's fluid target was. The food and fluid charts showed gaps in recording with huge variance in the fluid intake recorded. For example, on some days it was recorded that individuals had drank only 500 millilitres of fluid but there was no indication this was noted or acted on to manage their nutritional risks.
● One person's file included a swallowing and choking risk screening tool. This was dated the 9 December 2019 and showed that a referral to the GP was required. The outcome was at that time a referral to other specialist services was not required. However, this was updated on the 4 January 2020 with an entry which stated a referral had been made to the speech and language therapist. There was no indication as to what had changed from the initial assessment on the 9 December 2019. Two staff members on the house told us the person was a choking risk whilst other staff we spoke with were unaware of this. A risk assessment was not in place to identify the choking risk and management of it and the person's care plan on nutrition and hydration made no reference to it either. The kitchen staff were not informed of the potential choking risk to enable them to respond to that. The lack of appropriate management of the risk had the potential to put the person at risk of injury.
● The risks associated with people's mental health such as depression and behaviours that had the potential to challenge were not identified and mitigated. Where it had been identified people required observational checks to promote their safety we found these were not routinely carried out. One person told us "I was on half hour checks, one girl filled in the form that I had been checked but I hadn't". We found

records showed no checks were taking place from 21:30 each night. The person and staff told us checks should have continued through the night.
● Risks around specific medicines such as anticoagulants and the fire risk associated with paraffin-based emollients such as cetraben were not identified and mitigated. Some people on anticoagulants were also at risk of falls. However, the risks associated with the use of the anticoagulants had not been identified and managed. Staff involved in medicine administration were not aware that cetraben was paraffin based and therefore the risk of it being flammable had not been considered in line with the Medicines and Healthcare Products Regulatory Agency (MHRA) safety alert 'Paraffin-based skin emollients on dressings or clothing: fire risk' issued in 2016.
● Risks posed to people as a result of their medical conditions were not always managed well. People's care plans on skin integrity indicated their skin was to be checked regularly. There was no indication what "regularly" meant or what staff were checking for. Another person's care plan indicated they were a diet controlled diabetic. Their nutrition and hydration care plan made no reference to this and the risks associated with diabetes were not identified or managed. We found routine checks of the person's feet and eyes were not taking place to prevent the risks of medical complications as a result of the diabetes.
● We found environmental risks were not always managed. During the inspection some carpets were being replaced. On day two of the inspection on house four, the carpet fitters proceeded to lift the old carpets and prepare the floor for the new carpet, whilst people were having their breakfast and others were still in bed. The noise as a result of this was deafening and people were visibly distressed. We asked to see the risk assessment to show that the service had considered the risks of this activity, that people had been informed and were given the option to go elsewhere in the service. The team leader told us they had completed a dynamic risk assessment which is the practice of mentally observing, assessing and analysing an environment while we work, to identify and remove risk. However, this method of managing the risks had failed to manage the risk of the noise and distress to people. The registered manager was informed and immediately stopped the work until breakfast had finished, people had been reassured and they were given the option to move to another area of the home. However, the risks around contractors in the home should have been identified and addressed prior to the work commencing.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were sufficiently protected from avoidable harm. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The premises were well maintained to make sure they were in good condition. There were certificates and records to show compliance with gas and fire safety standards. Regular fire safety checks were carried out. The service had an environmental risk assessment in place and people had personal emergency evacuation plans (PEEP's) in place.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were appropriately managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements have not been made and the provider is still in breach of regulation of regulation 12.

● People were not routinely supported by staff who carried out safe medicine practices. Staff did not always work to the providers medicine administration policy in relation to aspects of medicine management. Some

handwritten medicine administration did not include two staff signatures as outlined was required within the providers medicine management policy.
● The service had a number of people who were prescribed "as required medicines" such as lorazepam. One person had this administered on seven occasions over 18 days. There was only one occasion where the reason for administering it was recorded on the back of the medicine record. Another person had their as required Lorazepam administered on 11 days out of 15 days. There was no guidance in place as to why and when it should be administered. In response to our feedback an "as required" protocol was put in place. However, we saw it lacked specific detail and outlined the reason for administration as "anxiety". Two other protocols for the administration of lorazepam indicated the reason for administration was to "reduce anxiety" and "to help to settle behaviour". There was no indication how staff would know the person was anxious or what behaviour would require lorazepam to be administered.
● The service had people who were prescribed transdermal patches for pain relief. A transdermal patch application record was in use. However, these were not always completed to show that the previous transdermal patch had been removed and disposed of correctly. The transdermal patch application record also showed occasions where the patch was not rotated, it was placed on the same side it had been removed from. This is not in line with best practice guidance on the management of transdermal patches.
● The service had systems in place for checking and auditing medicine stock. The homely remedy stock check record for paracetamol showed that the record did not match the number of tablets in stock. The records showed the error in recording had occurred on 4 January 2020 However, this was not picked up on three subsequent checks until found by us during the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Systems were in place to ensure medicines were suitably ordered, received, stored. The medicine cupboards, room and fridge temperatures checks were carried out and recorded.
● The medicine records viewed showed no gaps in administration and peer checks were completed after each medicine administration round to ensure all medicine administered were signed for.
● Staff involved in medicine administration were assessed and deemed competent to administer medicines.

Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● People were supported by the number of staff the registered manager deemed necessary. Each person had their dependency level assessed. This was reviewed on a regular basis. We found staffing could be adjusted to meet people's needs.
● Staff told us the staffing levels were sufficient and the required staffing levels per shift for the service was maintained. The service used agency staff to cover the vacancies and the same agency staff were provided where possible to provide continuity of care. Some staff felt when working with just agency staff it increased

the pressure on them. They confirmed the team leaders check on them throughout the shift and assist them on shift if necessary.

● Staff commented "Three staff on this unit is ample but more makes the shift run more smoothly."

● We received mixed feedback from people about staffing levels. Negative comments included "I'm not sure if the carer numbers are right but I do notice that the staff are changing a lot", "I don't know why there are less staff now, we tried to find out why they don't have the numbers but there are still people around" and "I don't think there are enough carers you get so frustrated, who is coming to help you and some of them don't get on well with each other". Positive comments included "I am happy with the staff levels here, no problem as far as I'm concerned".

"Yes, I use my buzzer if I fall", "They come quite quickly" and "We have some Agency workers one is a star she puts herself out- she treats us as if we were her mother". We have provided feedback to the registered manager about comments people made about staffing levels.

● We observed call bells were answered swiftly, we checked call bell response times for the month of December 2019 which confirmed our observations.

Learning lessons when things go wrong

● Accident records were maintained. These showed staff had taken appropriate action when people fell or sustained accidental injuries. We found systems were in place for staff to follow when a person had fallen. Observation records were discussed at handover meetings between staff to ensure people's wellbeing was monitored.

● The registered manager and provider had systems in place to cascade learning from when care was not delivered as planned. However, we found the provider's quality assurance processes did not always drive required improvement.

Systems and processes to safeguard people from the risk of abuse

● People were supported by staff who knew how to recognise potential abuse. Staff told us they had received training on safeguarding adults at risk. They were clear of their responsibility to report poor practice and they felt able to raise concerns with management. Staff commented "I would definitely report concerns and if necessary take to a higher level", "If I observed what I perceived was abuse I would tell someone straight away. I think you have to do what you have to do" and "If I observed poor practice I would pull up the staff member about it and report".

● A relative commented I feel [person's name] is safe living here, definitely safer than other options".

Preventing and controlling infection

● People were protected from the risk of infection at the home.

● We observed staff wearing protective clothing and gloves. They confirmed adequate supplies of protective clothing were provided.

● The service had housekeeping staff. They were responsible for the cleaning and laundry. The service was free from odour, clean and hygienic. One person told us "It is spotlessly clean."

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection we made a recommendation the provider ensured staff worked to best practice guidance in line with the Mental Capacity Act 2005. At this inspection we found the providers had not made the required improvements.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not routinely supported to have their human rights protected. The service did not always work to the core principles of the MCA. During discussion with us some staff had an awareness of the MCA and DoLS whilst other staff were less knowledgeable. A staff member commented "People with dementia go back into childhood, therefore we talk to their family member for them to give us permission to go ahead."
- Senior staff carried out mental capacity assessments. They confirmed they had received training on the MCA. However, the capacity assessments viewed showed staff completing them were not working towards the code of practice of the MCA. We found people had capacity assessments in relation to 'care, treatment and continual supervision'. However, we found no decision specific assessments were in place. For instance, people who were subject to restrictive practices like lap belts did not have a separate capacity assessment in place.
- One person received their medicine covertly. Covert administration of medicine is when medicines are administered in a disguised format for example in food or drinks. The decision to administer the medicine covertly was agreed by the GP and the next of kin was informed. However, there was no capacity assessment completed or best interest decision recorded for the agreement.

● Consent to care was not always sought from third parties who had the power to act on people's behalf. We noted one person had recorded in their communication care plan they had "Full capacity, I am able to make my own decisions" yet the person 'consent to care and treatment form' stated consent had been sought from the person's son over the telephone. We found the service routinely sought consent in this way.
● Where capacity assessments identified people did not have capacity to make decisions, the service did not routinely follow the code of practice of the MCA and record decisions in people's best interests. Where best interest decisions were made records did not show who had been involved and what their views were.

People were not routinely supported in line with the code of practice of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At the last inspection we made a recommendation the provider ensured systems were in place to staff competencies were assessed and appropriate training provided to enable them to fulfil the roles required of them. At this inspection we found some improvements had been made.

● Staff in senior roles told us they were clear of their role but had no specific training into their role such as training in supervisions, care planning and audits. Staff commented "I learn through seeing and doing" and "We learn from each other". We asked the registered manager to demonstrate what training senior staff had received. They confirmed additional staff performance training had been offered to the deputy manager and assistant manager. Team leaders were yet to receive the training.

We Recommend the provider consult recognised sources of guidance to ensure that all staff holding line management responsibility have received appropriate training.

● People were supported by staff who told us they were clear of their roles and had received training and induction when they started work at the service. New staff confirmed they worked alongside other staff in getting to know people's needs. Staff commented "The induction was thorough, I did the corporate induction, home induction and then worked with another staff member until I felt confident to work on own" and "The induction was good, and I am always learning."
● Staff new to care confirmed they had completed or were working through the Care Certificate training. The Care Certificate is a set of standards health and social care workers should adhere to. Staff who had been in post for some time confirmed they received regular updates in training and had other specialist training such as dementia care and Non-Abusive Psychological and Physical Intervention (NAPPI) training. A staff member commented "We can ask for other training if we feel we need something specific."
● A Relative commented "I feel most staff have the training, staff mostly have a good understanding of dementia."
● Staff told us they felt supported. Some staff felt they had access to regular supervision, other staff was not sure of the frequency. A staff member commented "I have one to one meetings six monthly with seniors."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had their needs assessed prior to them moving to the home. Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, sexuality and cultural considerations.
● The registered manager and staff regularly worked in partnership with external healthcare professionals to re-assess people's needs to ensure they receive effective care.

● A relative confirmed their family member had been assessed at home prior to living at Carey Lodge.
● Where assessments identified the need for additional equipment this was provided. For instance, pressure relieving mattress or a profiling bed.

Supporting people to eat and drink enough to maintain a balanced diet
● People who required support with their nutrition and fluids had this recorded in their care plan. The service had a menu in place and people were supported to make their meal choices the day before. The menu viewed was varied and people were able to request alternatives to what was on the menu.
● The kitchen staff were aware of people's likes, special diets and people who were at risk of malnutrition. Fortified meals were provided for individuals who required it. However, they were not always made aware of the potential risk to people from choking.
● People were made aware of seasonal changes to the menu and they were encouraged to contribute to the development of the menu.
● We received mixed feedback from people about the food. Positive comments included "The food is excellent", "If you don't like any of the main meal choices they would get you something else", " I am dairy intolerant but they know all about that and I do get on well with the chefs here" and "The food and drink is very good here there is always a choice for us and the drinks trolley comes round regularly in the morning and afternoons". More negative comments included "The tea they use here is cheap rubbish, the coffee is cheap too", "The food is not special, sometimes it is rubbish- they made cauliflower/cheese the other day, it had no taste of cheese at all", "I can tell you now it will be tasteless" and "The food is very iffy, I do get a choice but often it is not cooked to my liking". A Relative commented" The food seems good, [person's name] eats well and they have access to food often."
● We noted, and people told us the chef did meet with people and feedback on food was sought and acted upon. On the first day of inspection a discussion took place about an alternative menu. It was clear people were able to express their food preferences to the kitchen staff. The service had been involved in a project to introduce an alternative to squash. A specialised power which contained additional minerals and vitamins had been trailed. These products helped maintain people's hydration level. We found feedback on the project had been discussed at resident meetings.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked well together and with external agencies such as the local authority and GPs. People's care plans outlined other professionals who were involved with individuals such as the Parkinson nurse, district nurse.
● Staff handovers took place between shifts, to pass on relevant information about people's health and well-being.
● Staff were allocated to work in specific areas of the home. This was displayed in the front office of the home. We routinely observed staff make reference to this information when they arrived for work.
● People were referred to external healthcare professionals when required. For instance, dietitian, or speech and language therapy services.

Adapting service, design, decoration to meet people's needs
● People lived in a home which was appropriately adapted and designed to meet their needs. This included adapted bathrooms, provision of grab rails and sufficient space for wheelchairs and hoists to be manoeuvred safely. The environment took into account people's health needs, like sight loss and memory loss.
● There was level access around the building and garden to enable people with disabilities or impaired mobility to move around easily. The building had a passenger lift for access between floors.

● People were able to personalise their rooms with whatever items they wished, to make them feel homely, comfortable and familiar.
● Since our last inspection the home had been through a refurbishment programme and improvements were still being made. People had been informed of the proposed timescales for the work to be completed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect. People views were taken into account, however, records did not always reflect people's wishes.

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

- We observed positive engagement between staff and people. Staff were respectful and attentive when they were supporting people. They used appropriate touch and good eye contact when engaging with people. People told us they liked the staff, comments included "There is one excellent carer and we have asked to have her up here, but she has not emerged on this floor for a while" and "There is one other who is lovely, and you can have a giggle with her".
- People comments regarding the staff showed they had developed good knowledge of who worked at the home on a regular basis. Comments included "Some of the night girls are lovely, they are kind and caring" and "I have made friends with a few carers now, one calls me the Queen."
- People were supported to maintain relationships with important family and friends. We routinely observed visitors to the home were warmly welcomed and well known by staff.
- Relatives told us they were happy with the care and support their family member received, comments included "Staff here like [person's name], they are very kind to her"," I am extremely pleased with the care [Name of person] receives" and "She made the decision to move here and undoubtedly she is much better and healthier since moving here." Another relative told us "The care she received was fabulous, the staff nothing less than wonderful and the accommodation clean and comfortable."

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

- Throughout the inspection we observed staff offered people a choice of food and drinks. They were supported to attend activities if they wished. We saw people were able to get up when they choose and could have their breakfast in their bedroom or the dining room.
- People had the opportunity to be involved in decisions about the home. People were invited to attend resident meetings. We noted people had been involved in decisions about new furnishing. This had led to one person asking for their 'own make over'. The request was facilitated by the provider's 'wishes and dreams' scheme, which attempted to grant people's wishes.
- The provider's resident questionnaire survey routinely demonstrated people felt involved in decisions about their care. A relative told us "Communication channels are excellent."

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and their privacy and dignity was respected. Comments from people included "I like it here it is nice and quiet, but I like it like that" and "We tell them [Staff] if something is not right, some of them know if something is wrong with us." A relative had written to the service following their family member staying there for a short time. They stated "As befits a lady of 104, she was treated with great

dignity and kindness and for that, we are most grateful. She could not have been happier during her stay with you."

● People had their own bedrooms with an en-suite shower. These were personalised and reflected individuals' choices and interests. We observed staff knocked on people's door before they went in and staff were respectful in their engagement with people.

● People told us they felt supported to be independent. We regularly observed people walking up and down corridors, one person told us "I am doing my daily exercises." Another person told us "Overall I think they are a lovely lot of carers, we are allowed to do what we want to do." A third person told us "I do my own washing, my smalls anyway". Another person told us "One carer has encouraged me to get back walking, I can walk up to that other window now."

● People were supported by staff who knew how to encourage them without intruding. We observed one person was not eating a piece of cake or cup of tea which had been left beside them. The member of staff was observed to be supporting the person. They told us "She will not eat if she knows I am looking at her, so the skill is not looking directly at her" they went onto tell us "She doesn't usually eat unless she is on her own, I pretend I'm not looking."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure care planning promoted person-centred care to people. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. We observed staff providing person-centred care and had some knowledge of people's needs. However, care plans were not maintained to be accurate and always reflect people's current needs. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Since the previous inspection the service had made improvements to their care plan format, which meant care plans were more organised and the information more accessible. However, the care plans viewed lacked specific detail as to how staff support people. For example, care plans stated, "I need help with personal care", "I need staff to look out for signs that I am low in mood" and "I would like staff to regularly offer me drinks and take me to the toilet regularly". No detail was provided around these statements to enable staff to provide consistent care to people.
● We found care plans were not maintained to ensure they always reflected people's current needs. For instance, in the person's 'moving and handling' support plan dated 17 December 2019 it stated the person needed "2 carers needed to assist [Name of person] to walk", however, in the 'dependency tool' which had been reviewed and updated on the 10 December 2019 it stated the person was "Immobile, unable to move at all, even to reposition."
● There was a lack of linking people's needs to care planning. We found care plans were contradictory. In one-person's file we found a 'dependency tool dated 11 August 2019 stated, "Independent but chooses" and in the person's 'mobility' support plan also dated 11 August 2019 it stated, "I need carers to verbally prompt me when mobilising to help support my independence."
● Care plans did not routinely give adequate guidance to staff on how to support people. For instance, one person's 'manual handling task specific risk assessment' dated 12 December 2019 it stated, "Staff to use correct moving and handling techniques". The plan did not go onto advise staff how this should be achieved.

We found no evidence that people had been harmed however, systems were either not in place or robust to ensure care plans reflected people's needs. This placed people at risk of receiving unsafe or ineffective care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Care plans made reference to individual's communication needs but they lacked specific detail on how staff promoted their communication and involvement in their care. For example, a person's care plan stated, "I would like to maintain my current communication abilities in order to make own choices". It did not outline what their current communication abilities were. The support required was outlined as "I would like staff to help me when I am in need. I would like staff to check on me regularly in order to know when I need support". This did not identify the persons communication needs in line with the AIS.
● Where communication care plans did identify people's needs we found the detail contradicted other care plans. For instance, one person's 'risk assessment screening tool' dated 12 December 2019 stated, "Good sight with/without glasses and "Good hearing with/without hearing aids", however, the same person's 'dependency tool' which had been updated on 10 December 2019 stated, "limited vison only" and limited hearing only." Another person's care plan recorded in the 'dependency tool' dated 15 December 2019 the person had "Good hearing with/without aids", however, the same person's 'This is me document' dated 27 September 2019 stated, "I am completely deaf in my left ear partially deaf in my right" and "When my hearing aids are out I cannot hear at all."

We found no evidence that people had been harmed however, systems were either not in place or robust to ensure care plans reflected people's communication needs. This placed people at risk of receiving unsafe or ineffective care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Pictorial menus were available, but we did not see them being used when supporting people to make menu choices for the next day. The registered manager told us in the provider information return " We can source large print books and audio books for people who request these" and "Our activities are advertised in written and pictorial format. Some activities have large print cards, therefore giving the opportunity for people to take part."

End of life care and support
● People had end of life care plans in place. However, they lacked details on people's wishes and choices in relation to their end of life care. One end of life care plan viewed outlined that the person had no needs or wishes and did not have a "Do Not Attempt Resuscitation" (DNAR) in place. Another end of life care plan outlined that the person wished to remain as comfortable for as long as possible and to treat pain and symptoms. The support required was "for staff to inform family of anything relevant to my health and offer me support and care in my care home". There was no reference on how their pain level would be assessed as well as no indication their wishes and choices in relation to their end of life care had been explored.

We found no evidence that people had been harmed however, systems were either not in place or robust ensure care plans reflected people's end of life needs. This placed people at risk of receiving unsafe or ineffective care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff supporting people had received emergency first aid and basic life support training.

● The service worked with GP, district nursing team and specialist palliative nursing teams when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had the opportunity to engage in activities within the home and the local area. The numbers of staff responsible for facilitating activities had recently increased.

● People had given mixed feedback about the activities. Comments included, "We go to most of the activities, they do things most days and some of the things are good, you get to know other people though and I like that" and "We haven't had so many outings recently since we've gone down in [Staff] numbers but to be honest we have been to all the places they take us to."

● People were supported to be part of the community. The home had a programme of annual events which it hosted, many local residents were regular attendees. An annual vintage scooter rally had been attended by over 50 scooters in the summer of 2019. Other annual events included 'ladies Ascot day', a garden party and dog show. We observed feedback from these events was routinely positive.

● The home engaged in the provider's competitions. They had won the best sensory garden in the North Buckinghamshire area and had entered The Christmas cake bake off.

● The service had been proactive in securing funding to increase interactive technology to support people living with dementia to have meaningful opportunities to engage. The home had a 'Jolly trolley' which was a traditional mobile cart using the latest technology incorporating sensory lights, vision and music. It provided opportunities for people to reminisce and was used as a talking point. In addition, the home had also purchased an interactive table which stimulated people's attention. People living with dementia had worked with activity staff to develop an individual 'play list' of their favourite music. These had been stored on a memory stick and 'dementia radios were available around the home for the music to be played on.

Improving care quality in response to complaints or concerns

● People's complaints and concerns were listened to and used to improve the service.

● A log was kept of complaints and how they had been responded to. These showed appropriate action had been taken. The home had also received several compliments about people's care.

● Complaints procedures were in place at the home, people told us they knew who to speak with if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider failed to evaluate and improve their practice in respect of the monitoring they had completed to drive forward improvements. We found records were not routinely kept up to date and accurate. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not, enough improvement had been made and the provider was still in breach of regulation 17.

● People's records were not always suitably maintained. People's care plans and risk assessments were not detailed and specific to ensure safe and consistent care was always provided. Some care plan documents did not contain people's full names and pages within care files were not routinely completed with people's names or pages numbered.
● Care plan audits were taking place, but this was a tick box audit and they did not pick up the issues we found in relation to the Mental Capacity Assessments, risk management and the lack of detail within the care plans.
● We found no action plan was created after the completion of monthly care plan audits. We discussed this with the registered manager who told us "If the audit showed a care plan needed to be updated it would be done straight away." However, this meant there was no monitoring of care plan audits and no-one had oversight of action taken.
● Feedback from external audits and the provider's own internal audit did not always drive improvement. We noted an external pharmacy audit was carried out on 30 July 2019 and an internal audit carried out on 7 and 11 October 2019 both identified concerns with 'as required' medicines and medicine records relating to topical creams. The registered manager had signed off the required action as completed on 1 December 2019, however, we found on-going concerns around 'as required' medicines and topical cream records.
● We found people who were prescribed and had received 'as required' medicine did not always have additional guidance for staff on how, when and why the medicine should be given. We pointed this out to the registered manager who arranged for staff to complete additional guidance. However, the documents we viewed failed to ensure people would be supported in the most appropriate manner as the document lacked specific guidance.

● We found records had not been maintained or routinely completed for people who had been identified as in need of regular observation to ensure their safety. We found some fluid charts had been only partially completed and other records showed observations had only been completed for part of the time expected. For instance, one person should have had half-hourly observations completed. We found on the 6 January 2020 these ceased at 15:30 and on the 7 January 2020 these ceased at 14:30 on the 8 January 2020 these ceased at 12:00. This meant there was a lack of oversight of the person's condition and had the potential to put them at risk of harm.
● Throughout the inspection and at the end of day two we provided feedback to the registered manager and director of care quality and compliance regarding the evidence we found. At the end of day two both parties told us "We acknowledge we still have work to do on care plans." The registered manager added, "We have some ideas on what to do to rectify this."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that governance of the service was effectively managed. This placed people at risk of receiving unsafe or ineffective care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● A registered manager was in post.
● Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked our records against the service and record held by the local authority, we had been notified of events when required.
● Since our last inspection the provider had introduced a new management structure into the care home. Senior staff told us they were clear about their responsibilities. The provider had a corporate plan dated 2019-2021, it clearly identified the aims of objectives for the future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People were supported by staff who had forged links with the local community. A number of annual social events were held. The home had developed close working relationship with neighbouring schools and encouraged intergenerational events. Feedback from people was positive about when the school children visited.
● People were encouraged to provide feedback about the service they received. This was by the completion of surveys and attendance at resident meetings. We received mixed feedback about the resident meetings. We have advised the registered manager about this. The registered manager wrote to people, relatives and stakeholders following the analysis of completed surveys. This was to communicate what changes and actions were planned as a result of the feedback received.
● Staff told us regular team meetings took place. They felt they worked well as a team. Some staff felt communication within the home was good whilst other staff felt that at times communication could be better. The team leader confirmed they were not informed that the carpet fitters were going to be working in house four on day two of the inspection. A staff member commented "Communication varies, sometimes things are not handed over for example that someone is ill or had a fall. Teamwork is good when permanent regular staff are on duty." We provided feedback to the registered manager about communication.
● People and staff had held events throughout the last year to raise money for local and national charities. People and staff had been involved in a memory walk around the village where the home was located. It had raised funds for the Alzheimer's Society.
● The registered manager had created a secure and anonymous method for staff to provide feedback. The survey consisted of ten questions. The registered manager told us "It has only just been launched, I have had

some replies." They went on to tell us they hoped it would drive improvement and identify any support staff required.

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

● Staff told us they felt the home was well managed. They described the management team as "Accessible, approachable, supportive. receptive to suggestions and issues are dealt with." Some care staff told us they did not see much of the registered manager, but the team leaders, deputy and assistant manager were always around. Staff commented "It feels like I belong here, adopted into the family, I feel comfortable, never feel like you are alone, I have no hesitation in going to management." and "I am happy working here, I love it. It is a happy place, rewarding and feel like I have done something good."

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

● Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that 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. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

● The registered manager and provider used learning from incidents and accidents to prevent a reoccurrence. The registered manager supported senior staff attend management training to improve their staff management skills.

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 11 HSCA RA Regulations 2014 Need for consent How the regulation was not being met The provider did not routinely ensure people's human rights were upheld and staff did not always follow the code of practice of the Mental Capacity Act 2005.

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 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met The provider failed to ensure risk of potential harm to people was routinely assessed and managed. People were not always supported with the prescribed medicines as per best practice guidance.

The enforcement action we took:

We issued a warning notice to the provider

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met The provider failed to have effective systems in place to monitor the quality of the service provide to people. Records were not always accurate and reflected people's needs.

The enforcement action we took:

We issued a warning notice to the provider.