

Alliance Care (Dales Homes) Limited

The Berkshire Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Berkshire Care Home is a care home providing personal and nursing care for up to 58 people over two floors in one building. The service provides support to older people and younger adults. At the time of our inspection, there were 26 people using the service.

People's experience of using this service and what we found

Staff were not always deployed in the most effective way. We observed several people were left without stimulation or engagement for extended periods. One person identified as being at risk of choking was left unsupervised in their room whilst eating their lunch. People were not always protected from a risk of harm and we found concerns about risk management and medicines. People were not always protected in the event of an evacuation. Medicines were not always managed safely. We received negative feedback about staffing levels with some people commenting at times they needed to wait to be supported.

People's hydration was not monitored effectively. Not all staff were up to date with the provider's mandatory training and had not received training in relation to people's specific needs to support those people living with conditions such as Parkinson's Disease or epilepsy. The provider had not made sufficient adaptations to the premises to meet the needs of people living with dementia.

People told us at times they felt rushed as the staff were so busy but felt that most staff were caring towards them.

We have recommended the provider reviews people's communication needs and ensures the service supports people in order to meet the Accessible Information Standard.

Some staff were responsive to people's needs. However, we observed several people who were in need of support were left alone for long periods and their care plans were not always individualised to identify their spiritual and cultural needs.

The service now had a registered manager who was appointed in June 2022 to support the development of the home. A new clinical lead had also been employed to support with the nursing aspects of the care provision. Although we recognised the positive changes implemented by the new management team and further improvements planned, we found the provider's governance required further improvement. We took this into consideration when making our judgement to ensure the most proportionate regulatory response to the concerns identified. Notifications had not always been sent to CQC when required.

The provider followed safe recruitment practices.

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

this practice.

Complaints were managed effectively, and the registered manager supported people to raise concerns as needed.

Staff supported people to receive the care needed at the end of their lives and had completed end of life care training.

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 9 May 2022). The service is now rated inadequate. 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 the provider remained in breach of regulations.

This service has been in 'special measures' since 14 December 2021. Further improvements are required, as some regulations remain in breach and new breaches of regulations were identified.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and recommendations

We have identified breaches in relation to medicines management, risk assessments, environmental risks, nutrition and hydration, staffing, staff training, good governance, notifications not being sent to CQC when required, person centred care, dementia friendly premises and incident and accidents at this inspection.

We have made a recommendation in relation to the Accessible Information Standard.

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

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

Follow up

We will 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not 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?

Requires Improvement ●

The service was not always 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?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

The Berkshire 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 4 inspectors, a specialist advisor 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.

Service and service type

The Berkshire Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Berkshire Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed previous reports about the service and information we had received from other professionals and the local authority. We reviewed notifications we had received from the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and 11 staff including the registered manager, deputy manager, regional manager, regional support manager, activities coordinator, care staff, nurses and care home assistant practitioners. We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke with 13 relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the registered person did not ensure that the premises used by the service provider were safe to use for their intended purpose and are used in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We completed a tour of the premises with the registered manager. We identified in two communal bathrooms emergency pull cords used to raise an alarm in the event of an emergency were not in place and in three other communal bathrooms, emergency pull cords were tied up. This placed a risk to people using the service as if there was an emergency in a bathroom, people would not be able to call for help. This was pointed out to the registered manager who agreed to have new pull cords installed.
- We also found unnecessary items such as a mattress and radiator covers on the floor along with laundry bags in bathrooms. This was raised with the registered manager who stated the service did not have enough storage. This meant people were not able to use the bathrooms.
- The service had a fire risk assessment completed on 24 August 2021. Actions identified were due to be completed by 24 August 2022.
- One of the recommendations within the fire risk assessment report was, "The home must employ a Progressive Horizontal Evacuation Strategy (PHE). It is paramount that all staff are trained to implement PHE evacuation and refreshed regularly". There was no evidence this had been actioned. If there was fire, this may put people at risk as staff had not been effectively trained.
- Environmental checks were not regularly completed for August, September and October due to there being no maintenance person at the home, with gaps in recording fire system weekly charts between week 34 and week 44.

The provider had not ensured the environmental risks to people were safely assessed and mitigated in order to keep people safe. This was a continued breach of regulation 12 (1)(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were risk assessments and care plans in place for areas such as falls, pressure sores and nutrition and hydration. However, people's risk assessments did not always contain clear and detailed guidance for staff to help them protect people from the risk of harm. In addition, risk assessments were not always updated following reviews, which showed the risk to the person had increased or were inaccurate.

- For example, one person's risk assessment for choking had been reviewed on a monthly basis. In recent months the person's risk of choking had been assessed by staff to have increased. However, guidance for staff in the person's care plan had not been updated to support them to manage the increasing risk to the person safely.
- Staff had assessed one person as being at very high risk of choking, however within their care plan staff had written, "[Person] can eat independently." During the inspection, we observed the person had been left to eat in their own room unsupervised. There were no staff on the person's floor at this time which meant the person was at increased risk of harm if they started to choke on their food.
- Another person was found to be at very high risk of choking. However, there was no evidence of a referral to the speech and language team (SALT) for specialist assessment and support to put plans in place to support the person and protect them from choking.
- The risk assessment of a person identified to be at risk of falling contained no guidance about how to prevent the person from falling. This meant the person was at increased risk of falling.
- One person's care plan showed that they were at risk of skin breakdown and there was a photograph of a pressure sore. There was no documentation included with the photograph stating how it occurred, what grade the pressure sore was or any guidance for staff about how to care for the wound to promote healing. There was no further information about how staff should work with the person to prevent further skin breakdown. This put the person at risk of harm and unsafe care as staff did not have guidance on how to care for the wound and prevent further damage.

The registered person had failed to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- There was insufficient information in people's care plans in order to guide staff to monitor or manage side effects of high-risk medicines such as anti-coagulants (blood thinning medicines), anti-epileptic medicines or diabetic medicines. This meant there was a risk staff would not be able to respond appropriately and take necessary actions regarding these medicines to support people to manage their conditions effectively and keep people safe.
- For example, one person was prescribed an anticoagulant medicine. Staff had not documented any of the risks associated with taking this medicine. This put the person at risk of harm due to staff not being aware of the adverse side effects and risks associated with this medicine.
- During a medicine round, we observed staff giving people their controlled drugs in an unsafe way. Controlled drugs are subject to higher levels of regulation because they are especially addictive and harmful. The control applies to the way the medicine is made, used, handled, stored, and distributed. A nurse and a care home assistant practitioner (CHAP) dispensed controlled drugs for 3 people. They then put people's initials on the pots and took them to people. As medicines were not dispensed and given one at a time, this increased the risk of medicine errors as people could receive the wrong medicine. When we spoke to the staff they said, "we should do them individually but it's difficult when there is only 2 staff members".
- This was raised with the registered manager and regional manager who stated each controlled drug should be dispensed individually.

The provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people had 'when required' (PRN) medicines, there was an appropriate protocol in place.
- Staff told us the local pharmacy provided support and advice as needed. The community pharmacist

completed an annual audit of medicines safety.

- Practical medicines competencies for staff were completed on an annual basis or more often if required.
- Anticipatory medicines were in place for people reaching end of life care. These were reviewed by a GP on a regular basis.

Learning lessons when things go wrong

- The service had an online system to document incidents and accidents. Staff could document actions taken, lessons learned, any areas of good practice and the outcome of any investigation completed.
- We identified some incidents had not been recorded on the system. For example, within one incident report, it stated a further incident had occurred. However, there was no documentation in relation to this incident or what had occurred.
- Where staff had recorded actions needed following an incident or accident to prevent recurrence, these were not always specific. For example, where a person sustained an injury resulting in bruising staff were not provided with detailed guidance to prevent a recurrence and protect the person from further harm.
- One incident record identified a staff member required a one-to-one supervision. There was no evidence of the supervision or one-to-one having taken place.

The provider had not ensured risks to people had been mitigated after incidents and accidents had occurred. This was a breach of regulation 12 (1, 2, b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection, the registered person had not ensured recruitment procedures were established and operated effectively to ensure only suitable staff were employed. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider used safe recruitment procedures when employing new staff. This included evidence of conduct from previous roles within health and social care, any required qualifications and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider was recruiting nurses to join their permanent workforce. The provider ensured agency staff used were 'block booked' to support continuity of care.
- However, people and relatives told us agency staff were not always aware of their needs. One relative of a person who could not speak said, "The [agency staff] don't get to know [person] They don't know or understand her. I have seen them come in and just read out "do you want this, or would you like that" and when she doesn't respond, they just walk away."
- The service had recently started using a new online dependency tool to calculate the safe number of staff required during each shift.
- The registered manager stated they reviewed the dependency tool with the deputy manager on a monthly basis to ensure staff levels were correct. The registered manager also reported in the future, they will involve care staff to ensure the requirements of each person are up to date.
- Although the service completed the dependency tool, staff, people and relatives told us they do not feel there are enough staff.

- During the first day of inspection, we observed there were no staff for 25 minutes whilst people were eating their lunch on the first floor and one person was at high risk of choking.
- People told us they, at times, have to wait to receive care. One person told us, "I can be waiting for the commode (portable toilet) for about 15 minutes. When I'm on commode [I can be waiting] 15-20 minutes [for staff to come back], once it was 30 minutes."
- During the inspection, people who required support with eating were waiting for over an hour for support due to staff needing to support other people.
- Staff told us they did not always have enough time to update people's records in a timely way as they were so busy.

The provider had not ensured enough suitably qualified staff were deployed effectively within the home to meet people's needs safely. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with current guidance.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and professionals felt people were safe at the service.
- Staff received training in safeguarding adults at risk. Staff were aware of the provider's whistleblowing policy and when to raise concerns about care practices.
- Staff were confident the management team would act on any concerns reported to ensure people's safety.
- There was one safeguarding case at the time of inspection and the management team was working on this with the local authority.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection, the registered person had not ensured staff were suitably qualified, competent, skilled and experienced to carry out their roles effectively. This was a continued breach of Regulation 18 (1, 2, a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- We reviewed the provider's training compliance overview and identified not all staff were up to date with the provider's mandatory training in order to keep people safe. For example, 25 percent of staff were not compliant with their moving and handling training.
- Training in relation to providing care and support to people with specific conditions such as epilepsy, diabetes and Parkinson's Disease had not been provided to all staff. For example, only 7 staff had received training in Parkinson's Disease, 1 member of staff had received training in relation to epilepsy and 3 members of staff had received training in relation to diabetes.
- The registered manager confirmed staff supervisions should take place every two months and appraisals annually. Some staff had not received any supervisions for 6 months.

The provider had not ensured staff were suitably qualified, competent, skilled and experienced to carry out their roles effectively. This was a continued breach of regulation 18 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A large proportion of people at the service were cared for in their rooms and many were unable to pour a drink themselves. Water jugs were placed in people's bedrooms at 11.00 am in the morning each day. Most of the drinks placed in people's rooms were out of reach for these people, being placed on sideboards or furniture.
- Some people and relatives we spoke with felt they were provided with enough to drink. However, others disagreed with this and told us they were not given enough to drink. One relative said, "When I used to come up to see [person] I noticed that [person] didn't appear to be drinking so much...I didn't feel that enough attention was being given to help [person] to drink".
- We reviewed the service handover sheet and identified a number of people were highlighted as requiring a

fluid target or fluid limit (maximum amount of fluid intake required in a 24-hour period). When we reviewed these people's care records, there was not always a fluid chart in place in order to record people's fluid intake. This placed people at risk of dehydration. For example, one person had a fluid target of 1100ml. However, within their fluid chart, daily fluid intakes recorded included, 500ml on 27 November 2022 and 400ml on 4 December 2022. On some days, there was no record of any fluid intake at all.

- Fluid charts were not in place for people who were unable to drink unsupported. This meant that fluid intake was not monitored daily and staff could not ensure that people's fluid intake was sufficient for their needs.

The registered person had failed to adequately meet people's nutrition and hydration needs. This was a breach of regulation 14 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had correctly modified texture diets where there was risks of choking. This included soft, pureed or fork mashed meals.
- Some people also had fluid thickener added to their drinks. Appropriate stocks of the powders were available and there was up to date signage in the kitchen.
- People reported to enjoying the food provided at the service and felt their likes and dislike were taken into account.
- People reported to being able to choose their meals in the morning of each day. However, they did report if they were asleep, the meal would be chosen for them. People did say that they did not mind as the staff knew their likes and dislikes.

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

At our last inspection, the registered person had failed to ensure the premises were suitable for people living with dementia. This was a continued breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- The premises was not suitable for people living with dementia. Best practice guidance was not used to inform the decoration and adaptation of the building and environment.
- The provider completed an inhouse audit of the home to review if the home environment was dementia friendly. This was completed in February 2022. This was reviewed during the inspection and many of the areas identified within the audit had not been improved. For example, the audit identified bathroom and toilet doors should be painted a different colour and signage should be at chest height. This had not been completed.
- There was insufficient signage and use of contrasting colours, to enable people to find their way around and identify their rooms, toilets and other areas.
- There was a lack of orientation signage, which would enable people to easily navigate their way to different parts of the building, for example to their bedroom or dining room.
- During the inspection the registered manager told us they planned to review and assess the environment of the service to support people living with dementia. This was to ensure the environment was as dementia friendly as possible and helped to encourage and promote people's independence and sense of wellbeing.

The provider had failed to ensure the premises were suitable for people living with dementia. This was a

continued breach of regulation 15 (1, c) 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the registered person had failed to keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of regulation 11 (1) 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 11.

- The service had sought support from the local authority and care home support team in order to improve their documentation in relation to people's capacity and decision making.
- There was evidence of MCA assessments being completed for individual tasks such as wound care and living at the service.
- Where best interest meetings were required, they had been recorded and included within people's care plans and included relevant people and professionals.
- Where people lacked capacity, the registered manager had applied for DoLS.

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

- Staff worked with professionals from health and social care to support people's health and wellbeing needs.
- The registered manager was in regular contact with local authorities who support with funding for people using the service. The registered manager provided evidence of regular correspondence to discuss the changing needs of people and how they will support the person.
- The registered manager and staff also had regular involvement with other professionals such as nurses from the care home support team and urgent care practitioners from the local GP surgery to ensure that people had the correct level of support.
- One relative told us, "[Person] used to suffer a lot from chest infections but they pick them up very quickly and get her the helps she needs".

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

- People's needs, choices and preferences were assessed with evidence- based tools when they moved into

the home.

- Staff had signed people's care plans to say they had reviewed them each month to ensure they were accurate, up to date and reflected the current needs and preferences of people. However, in several people's care plan, monthly reviews had been missed and in some cases, staff had simply written "Remains at high risk of...". We were therefore not assured that reviews of people's care needs were always effective.
- A friend of one person living at the service acknowledged that the person had recently discussed their sexuality with the service, "this had been handled well by the Home. [Person] now has a picture of their 'life partner' on the wall in their room."

Is the service caring?

Our findings

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

At our last comprehensive inspection, published on 7 January 2022, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last comprehensive inspection, published 7 January 2021, the registered person had not supported people's dignity, autonomy and independence. This was a breach of regulation 10 (1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been at this inspection and the provider was still in breach of regulation 10.

- During the inspection, we identified a person who required support with their continence. We reviewed their daily care notes at the end of the day and noted there was no documentation of their pad being changed for eight hours. We spoke to the care staff on duty who confirmed this was the case. This was raised with the registered manager and regional support manager who took immediate action.
- People told us at times they felt rushed and were not always able to have care when they needed it. One person told us, "Well, I tell them what I want, but, on the whole usually I have to follow their routine because there is someone else waiting for them... They leave me on the commode for about 20 minutes and say it's because they had to do someone else".
- One relative told us, "If it is something non-urgent, they will turn the call bell off and say they will be back with you. I know on one occasion [person] had soiled [themselves] before they [care staff] came back."
- People told us staff were kind and caring however people at times felt rushed. Comments included, "Yes, you get the odd one that's a little bit in a rush", "Some of them don't understand what care is... sometimes I feel like a charity case, which I'm not... 85-90% of them are ok".

The provider had not supported people's autonomy and independence. This was a breach of regulation 10 (1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they felt involved in their day to day care however there was not always evidence in people's care plans they had been involved in making decisions about their care. One person told us, "If I say I want to stay in bed they let me and if I want to get up they get me up".
- There was evidence to show the provider sought regular feedback from people using the service. We saw evidence that one quality assurance survey regarding people's experience of care and support been completed with people's relatives. There was evidence to show actions were taken following completion of

surveys.

Is the service responsive?

Our findings

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

At our last comprehensive inspection published 7 January 2022, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last comprehensive inspection, published 7 January 2022, the registered person had not provided appropriate care which met people's needs and preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement has been made at this inspection and the provider is still in breach of regulation 9.

- People's care was not always planned in a way that centred on the individual and met the needs and wishes of people. The detail in people's care plans did not always provide staff with the information they needed to meet people's needs. For example, one person's care plan said they needed assistance from staff to meet their personal care needs including bathing and oral hygiene. There was no further information about how they preferred to be washed or how often.
- Although people's care plans identified risks and the care required, they were not always personalised, such as including people's likes and dislikes in relation to how people would like their care to be carried out. There was a lack of evidence that people or their relevant others were involved in care plan reviews.
- People's religious and cultural beliefs were not always documented in people's care plans.
- Many people's care plans were task focussed and did not include information regarding their culture.

The registered person had not provided appropriate care which met people's needs and preferences. This was a continued breach of regulation 9(1)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had DNACPRs (do not attempt resuscitation) in place which had been discussed and agreed with them, their relatives, relevant professionals and the GP.
- Following the inspection, the provider sent evidence of an improved care plan in relation to personal hygiene and personal care. This included information about how they wished for their care and support to be delivered.

Improving care quality in response to complaints or concerns

At our last comprehensive inspection, published 7 January 2022, we found the registered person had not

established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons. This was a breach of regulation 16 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 16.

- The registered manager maintained an accurate and up to date record of complaints and concerns.
- For complaints logged there was a record of the initial complaint, the investigation undertaken to address the complaint. The log contained outcome responses and lessons learned.
- A relative told us they raised a complaint and felt it was dealt with appropriately, "I have raised a complaint. [Registered manager] immediately got onto it. It was fixed within 24 hours".

Meeting people's communication needs

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

- There was mixed feedback regarding meeting people's communication needs. One person told us, "I wish they took time to talk to [person] and to get his own views- he won't wear his hearing aids and he can't hear- we have bought him some aids for both ears- these are things that let him hear the tv and he can respond to people's voices, we bought two because they need charging and we thought he could use one while the other was charging but we have found that the batteries are not even in".
- The regional support manager provided evidence of pictorial menus available to people however on the first two days of inspection, these were not seen within dining areas to support people. We asked why they had not been used. One staff member explained, "On the first day, the staff member who does the menus was not in so they weren't done and on the second day, the menu had changed and they didn't have time to do a new one."

We recommend the provider reviews people's communication needs and ensures the service supports people in order to meet the Accessible Information Standard.

- People's communication needs were assessed and reflected in their care plans. For example, one person's care plan stated, "[Person] suffers with anxiety that sometimes affects [their] communication. It can lead to a stutter. Team to support [person's] communication needs".

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

- Staff did not always support people to follow their interests or encourage them to take part in social activities relevant to their interests.
- Activities took place on a daily basis and people reported they enjoyed most of these. However, there was no evidence people's preferences had been sought regarding these activities.
- The activities team told us they also completed 1:1 activities in people's bedrooms such as reading the newspaper, however there was no evidence of this.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- During this inspection, we found the provider had failed to ensure CQC was consistently notified of reportable events without delay such as allegations of abuse.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.
- In addition the governance systems had not identified the notifications had not been submitted

The provider failed to notify the Commission of notifiable events without delay. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At our last inspection, the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 17.

- At this inspection, we found the provider was in breach of 8 regulations.
- One friend of a person living at the service raised a concern to the previous manager where a person residing at the service stated staff were rough with them. There was no evidence this had been investigated or raised as a safeguarding concern to the local authority.
- We identified records were not always documented contemporaneously. For example, we identified one person who was required to be repositioned every 4 hours to prevent them suffering from pressure ulcers. There was no record the person had been repositioned for 8 hours. When we spoke to care staff, they reported the person had been repositioned. However, they had not had time to document it.
- Regular audits had taken place however; the audits were not robust and had failed to identify some of the concerns we found during our inspection such as notifications not sent to CQC.
- There was not always evidence themes and trends had been identified with the service's incidents and accidents. This was a continued failure from the previous inspection. The registered manager had started to analyse them on a monthly basis however at the time of inspection only September and October had been completed.

The registered manager had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a continued breach of regulation 17 (1, 2, a, b, c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management team were welcoming to the inspection team and demonstrated an open and transparent approach through acknowledging continued improvements to the service were required.
- Team meeting minutes recorded identified that staff had the opportunity to raise concerns.
- Staff told us they felt listened to by the management team. Staff told us, "They are much better than all the others we've had and listen to us. [Registered manager] is very caring of people and the staff. He goes in every day and chats to every person, which makes them happy. And [deputy manager] is especially good with the staff working with them and guiding them", "Whenever you speak to them they always sort your problem out... Things are definitely moving in the right direction. We all look forward to coming into work now".
- Relatives also told us, "I know that [registered manager] has initiated a series of in person Thursday meetings- they are fortnightly- I cannot go to them but the feedback is valued."

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

- The regional manager and managing director had a satisfactory understanding of duty of candour. They described candour as being open, honest and transparent with people and relatives.

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

- Supervision records identified that some staff members had not received supervision for at least six months. This was not in line with the provider's policy.
- People and their relatives gave us mixed feedback about their involvement. One relative told us when they spoke to the management recently about concerns, they were very sympathetic and understanding." Other comments included, "The only problem is only a lack of communication with relatives- it would be nice to be kept in the loop sometimes without us having to phone up to find out".
- There were opportunities for people and relatives to provide feedback. The management team told us they operated an open-door policy and welcomed any feedback.
- The registered manager sent out an annual survey for people who use the service and their relatives. This had recently been analysed in order to identify areas where improvement was required in the coming months.
- Staff told us they knew how to raise concerns and felt they would be confident enough to do so with the new management team. A staff member told us, "With the old management we were in the dark, they [new management] try to involve us as much as possible."
- Staff told us they felt the teamwork was good. One staff member said, "It's a nice atmosphere, I enjoy going to work."

Continuous learning and improving care

- Quality assurance systems and audits reviewed identified areas of improvement within the service. The regional team completed provider review audits regularly to identify where further development was required in order to improve the home. Audits completed had not identified all the concerns we found during the inspection, but where areas of improvement had been identified, the improvements were being made

- The registered manager completed monthly audits including, medicine audits and care plan audits.
- The service also completed a resident of the day where all documents for the person selected were reviewed to support with ensuring they were receiving the right care and support however this had not always identified missing information found during the inspection.

Working in partnership with others

- The provider worked with a number of health and social professionals, this included the local commissioners and health professionals such as, the local GP surgeries, care home support team and the local authority
- External professionals complimented the improvements introduced by the new management team. Comments included, "There was a stage where there was no one available to take my call. But that has not been the case since [registered manager] took over. It also gave me a point of call and it has continued to improve. There was a previous lack of continuity but this is no longer the case... [deputy manager] has come in giving a stability to nursing staff. It was [care home assistant practitioners] before but now [deputy manager] is here, this has improved."

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 18 Registration Regulations 2009 Notifications of other incidents How the regulation was not being met: The provider failed to notify the Commission of notifiable events without delay. Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: The registered person had not provided appropriate care which met people's needs and preferences. Regulation 9 (1)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect How the regulation was not being met: The provider had not supported people's autonomy and independence. Regulation 10 (1)(2)(b)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

How the regulation was not being met:

The registered person had failed to adequately meet people's nutrition and hydration needs.

Regulation 14 (1)(2)(a)(b)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 15 HSCA RA Regulations 2014 Premises and equipment

How the regulation was not being met:

The provider had failed to ensure the premises were suitable for people living with dementia.

Regulation 15 (1)(c)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

How the regulation was not being met:

The provider had not ensured staff were suitably qualified, competent, skilled and experienced to carry out their roles effectively.

Regulation 18 (1)(2)(a)(b)

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
Treatment of disease, disorder or injury	<p>How the regulation was not being met:</p> <p>The provider had not ensured risks to people had been mitigated after incidents and accidents had occurred.</p> <p>The provider had failed to ensure medicines were managed safely.</p> <p>The registered person had failed to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.</p> <p>The provider had not ensured the environmental risks to people were safely assessed and mitigated in order to keep people safe.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(g)</p>

The enforcement action we took:

We have imposed a condition to the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>How the regulation was not being met:</p> <p>The registered manager had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>

The enforcement action we took:

We have imposed a condition to the providers registration.