

Clarence Lodge (Great Yarmouth) Limited

Clarence Lodge

Inspection report

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Tel: 01493662486

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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?

Inadequate ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Clarence Lodge is a residential care home registered to provide accommodation and personal care to a maximum of 28 people. At the time of our inspection, 12 older people were living there, some of whom were living with dementia. The home accommodates people across a ground, first and second floor.

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

Systems and processes designed to identify shortfalls, and to improve the quality of care were not always effective. While some improvements were noted since the last inspection in April 2019, on-going concerns were raised on this inspection. This is the fourth time that this service will be rated inadequate overall, we are therefore concerned about the overall governance at the service and people's experience of their care.

People told us that staffing levels impacted on the quality of care. They told us that this was worse at night but sometimes during the day, it impacted on their dignity.

Care plans contained more person-centred detail. However, they did not always contain accurate or informative information to ensure people's care needs were met fully. People's end of life preferences were still unclear.

We continued to find that people's medicines were not always managed safely to ensure they received the medicines they were prescribed. A recent internal audit of medicines completed by a new staff member showed multiple errors were identified. There was confusion by night staff as to which medicines they were permitted to give. They were not clear about the protocols at night if people needed medicines.

The service had allocated a staff member to undertake activity with people during the day. However, records showed this was not always meeting people's individual needs. Additionally, if care staff needed assistance to help with people's personal care needs, this took priority over the delivery of activity.

People did not always feel that staff were respectful. Some feedback from people indicated that the approach of staff varied. We also observed a varied approach; some staff were helpful and kind towards people, others did not interact when helping with a task such as assisting people to eat.

Improvements were seen in how the service assessed people's capacity to consent, but we found further improvements were still needed to ensure the views of relevant people were sought. People were however 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.

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 Inadequate (published 10 April 2019) and there were multiple breaches of regulation. At this inspection we found that whilst some improvements had been made, the provider remained in breach of six regulations.

Why we inspected

The inspection was carried out to assess if improvements had been made following our previous inspection in April 2019. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive, and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarence Lodge on our website at www.cqc.org.uk.

Enforcement

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 continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

The overall rating for this service is 'Inadequate' and the service therefore 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 of 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?

Inadequate ●

The service was not 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

Clarence 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

One inspector, one inspection manager, and one Expert by Experience carried out this inspection. 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 service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a new manager who had been in post since July 2019. They had applied to be registered with the Care Quality Commission, and this was still in progress.

Service and service type

Clarence 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.

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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who used the service, and three relatives about their experience of the care provided. We carried out observations of people receiving support and staff interactions. We spoke with the manager, provider, care home consultant, and three members of care staff who worked at the service. We looked at six care records in relation to people who used the service. This included medicines records. We also looked at three staff files, as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed and administered safely. This was a breach of regulation 12 (Safe care and treatment) 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.

- There was a system for ordering and giving people their medicines as prescribed, however this was not always effective. For example, one person did not have their eye drops administered for 10 days as they were out of stock and had not been obtained.
- Medicines were given by staff and recorded on Medicines Administration Records (MAR). A recent internal audit of medicines showed multiple errors were identified. It showed there were missed signatures on MAR for some oral medicines which meant the service could not be certain people had received their medicines as prescribed. The care coordinator told us that where they identified gaps in the MAR, staff had been asked to complete them later. This is not safe practice.
- MAR showed daily stock counts of medicines. However, we also found the figures noted on the MAR did not always match the quantities of medicines remaining in stock. This meant the records of medicine administration were unreliable and these medicines may not have been given to people as prescribed.
- There were gaps in records for the administration of topical medicines, such as creams and emollients. The records did not confirm that they had been applied as intended by prescribers.
- There was written guidance to help staff give people their medicines which were prescribed to be administered 'as required' (PRN). However, one person who required additional PRN pain relief, at times, was unable to tell staff when they were in pain. There was no system in place or written information about how staff would recognise and assess their signs of pain.
- The manager told us there was an on-call system to ensure people received their medicines by a trained member of staff at night if needed. However, one member of night staff said they had access to medicines when they had not been assessed for their competency to handle and give medicines safely; they told us they did administer PRN medicines if required. This staff member was not on the list of staff authorised to administer medicines.
- A new medical room was in place to enable better storage and control of medication and an enhanced facility for visiting outside professionals.

Assessing risk, safety monitoring and management

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

All risk assessments had been reviewed and rewritten to provide more information. However, we still found inaccuracies within these. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- One person experienced high blood pressure, and their risk assessment stated their blood pressure should be taken weekly. The risk assessment included symptoms of high blood pressure but there was no guidance on what the person's blood pressure readings should be, or when to escalate to a medical professional.
- Another person was assessed as being at very high risk of pressure ulcers developing. We observed the person wearing pressure relieving boots, despite their care plan stating the district nurses had advised they were not to wear these boots as they could cause the heels to worsen. The manager said the nurse advised to use the boots if any concerns were noted, but the care plan was not clear on when to use them, for care staff to document why they have been used and when to escalate concerns.
- One person usually had less than 1200mls of fluid and staff were to encourage them to take an extra 1000mls of fluid per day. Fluid charts for five days showed drinks were only offered three times between 8am and 3pm and sometimes only twice in the afternoon. On one day they had only been offered drinks five times between 8am and 10pm and only took 1050mls of fluid, which was well below the amount advised.
- We found a room was unsecured which contained painting equipment, including brushes sitting in liquid. We also found the hairdressing room to be unsecured which contained shampoo. This posed a risk to people living in the service who may mistakenly walk into the rooms and ingest liquids, which could be harmful.
- Equipment such as hoists and bath lifts had been serviced to ensure they were safe to use.
- There was a fire risk assessment in place, and evacuation equipment. People had personal evacuation plans. Water systems were monitored to ensure the risk of legionella bacteria was as low as possible.

Staffing and recruitment

At our last inspection the provider had failed to ensure staffing levels were adequate 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.

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

- The provider had not ensured appropriately skilled staff were deployed at all times. The two night staff on duty were not clear on protocols for administering medicines at night. The manager told us these were in place, however, staff we spoke with were not clear on what these were.
- A staff member whose main role was as a cook, had covered care shifts and the training matrix showed they had not completed relevant training in several areas.
- Four people told us they did not feel there were sufficient staff on at night. One person said, "To be honest they ought to have three on at night, if there was an emergency it would be hard. They can take a while at night; they might be changing someone's bed. They have a lot of [staff] who don't turn up, then they have to find someone, and that can be awkward. We get staff who don't know the rooms." Another said, "I don't bother with the alarm myself, as it hasn't been answered when I have rung it." A third told us, "At night they could do with one more. There are times, quite a lot of times, when there is no one about."

- Despite the provider using a dependency score to calculate staffing levels, the layout of the building further impacted on staff's ability to respond promptly. When we arrived at 7am, five people were already up. A staff member said, "[People] start getting up at 3am, then 4am, then lots get up at 6am." The day shift did not start until 8am. Therefore, there were only two staff available to respond to and monitor people's safety until 8am. This was not sufficient to ensure people's needs were met and people were kept safe.
- At 9.45am we heard one person shout out, "[Person] has hit me in the face." No staff were present in the lounge area. A staff member who was sitting in the dining area heard the commotion and went in to guide the person out of the lounge. We also observed one person having their breakfast at 10.40am. They said, "I'm starving I've not had my breakfast yet; I'll put salt and pepper on the flowers soon!"

At our last inspection the provider had failed to ensure that robust recruitment checks were in place. This was a breach of regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found some improvements had been made at this inspection, the provider remains in breach of regulation 19.

- One person was working in the service on a voluntary basis. We found that no checks had been carried out to ensure the person was suitable to be working with vulnerable older people. The person had been working in the service for several weeks.
- A new member of staff's employment history started in 2015, and the gaps in employment history before that had not been explored, which is a requirement.

Preventing and controlling infection

- We found some areas to be unclean. For example, a contaminated toilet brush in one communal bathroom, and faecal matter on one commode seat. We also found some flooring in the service to be worn, which meant cleaning may not be effective.
- Seven staff had still not completed infection control training, and five staff had not completed food safety training. This was highlighted at the April 2019 inspection. Care staff regularly worked in the kitchen and served food, so this training was relevant.
- Personal protective equipment such as gloves and aprons were available to staff.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to identify the types of abuse they could come across and who they would refer concerns to. One staff member said, "I have the contact numbers I need to report concerns. They are also on the front at the door. I would also contact CQC if I needed to."
- The majority of staff had completed safeguarding training. However, the training matrix showed four staff had not completed recent safeguarding training. Further training sessions had been planned.
- The manager had notified us of one safeguarding referral as they are required to do.

Learning lessons when things go wrong

- Lessons had not always been learned, for example, ensuring people were suitable to be working in the service, and ensuring risks were being mitigated as far as possible.
- The new manager had implemented some new systems to help support reviewing and auditing of the service and documentation. However, the effectiveness of these was still to be determined; some audits had still not identified the discrepancies we found and care plans still contained inaccurate information.

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 Requires Improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to ensure people's nutritional and hydration needs were being met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) 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 14.

- People's nutritional needs were assessed and outlined in their care plans. However, when we looked at people's food intake records, we found that people's dietary needs were not always followed.
- One person's nutrition care plan stated they should be encouraged to have fruit instead of biscuits, and to be offered a healthy diet to encourage weight loss. Their food charts showed they regularly ate a high calorie diet. During the morning, we observed staff hand the person a packet of biscuits and told them to take however many they wanted. The person's BMI (body mass index) had been in the 'obese' category since January 2019.
- Following the inspection we asked for clarification on when a referral to the dietitian was made as mentioned in the person's care plan. The manager was unable to find this information. They told us they would speak to the GP surgery and make the referral if needed. This meant the person's need to see a dietitian may have been delayed. One person said, "I try to eat healthy, but its only just recently they have started getting in fruit. I haven't been too well, and I've put on all this weight."
- Another person was a diabetic, and their nutrition risk assessment stated they should have a healthy well balanced low sugar diet with lots of fruit and vegetables to help control their blood sugar levels. Their food charts also showed that staff were not following their assessed needs, and they often had snacks of low nutritional value and desserts.
- The last meal of the day was served at 5pm, this was a long time to wait until the following morning when breakfast was served. One person said, "I have my bowl of porridge about 8am. I wake up when they come in as I smell it. I am usually hungry, I have tea about 5pm, and it's a long time to go until 8.15am." Another said at 10.37am, "I'm starving hungry, haven't had anything to eat since.... can't remember the last time."
- We saw one person ask for bacon for their breakfast, but they received tomatoes on toast. They told us, "I don't mind the food, it's alright. We have asked for bacon and they don't have that, all the money we pay, and they don't have bacon."
- A food chart showed that one person who was diabetic, ate lunch at 12pm, and no other food was documented until 9.45am the following morning. On another day they had supper at 4.30pm and didn't eat

again until 8.45am. This could cause blood sugar levels to become unstable. We heard several people telling staff they were hungry in the morning; there were no snacks available that people could help themselves to if they felt hungry.

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

- Care records now contained more detailed information relating to people's medical history, personal care, medicines, mobility, nutrition, and communication. However, we continued to find inaccuracies within care plans as outlined in other areas of this report.
- The service had not ensured guidance was being followed. For example, with people's dietary needs. Some guidance wasn't available, such as how to assess people's pain levels.

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

At our last inspection the provider had failed to ensure that procedures relating to consent were followed correctly. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Though some improvement is still needed, sufficient improvement had been made at this inspection and the provider is no longer in breach of regulation 11.

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.

- The deputy manager told us one person was now being cared for in bed in their best interests, but there was no best interests decision seen for this.
- Best interests decisions for administration of medicines showed no consultation with other relevant parties such as a GP or pharmacist.
- Best interests decisions were in place for several aspects of people's care, such as managing medicines, and delivering personal care, and included who was involved as part of the decision making process. However, in most cases this only included the manager, care home consultant, and provider. We did not see any involvement from family members.
- In one case we found a care plan stating that as the person's next of kin did not have Power of Attorney they could not make a decision on their behalf. Family are entitled to be involved in this process to give their views, and therefore the service had not understood the process which ensured relevant people were involved.
- Since our last inspection, the manager had implemented a 'mental capacity matrix' which recorded the number of DoLS applications which were pending and authorised. There was one authorised DoLS in place.

- Staff were observed to give choice to people when delivering their care. This included where they wanted to be and how they wished to spend their time.

Staff support: induction, training, skills and experience

- At our previous inspection in April 2019, we found improvements had been made with regard to observed practice and supervision of staff which were being completed, however, where further training had been identified, there were not always timescales for completion. We also found this to be the case for appraisals; where areas for improvement had been identified they did not always include a date to be completed by. This did not support management to monitor any failure to comply with set actions, or give staff an understanding of expectations.
- At this inspection we found that appraisals were being conducted with staff. Development needs had been identified (including training, reading policies, taking on new responsibilities, and reading care plans) but there was no date by which this should be completed, or discussion around how staff would achieve their development needs. For example, how they would access particular training.
- Staff had not received supervision sessions, as appraisals were being prioritised. Dates were however set for staff supervisions.
- Some staff had still not received training in safeguarding, first aid, dementia care, food safety, and infection control. A selection of training sessions were however booked between August and November 2019.

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

- There was communication with community based professionals, but the system of handover of information between staff on a daily basis needed improvement.
- It was unclear if a dietetic referral had been made for one person who was gaining weight. The manager was unable to confirm this.
- Moving and assisting requirements had not been updated in one person's care plan following discharge from hospital. Another care plan was not clear on when to use pressure relieving equipment following district nursing input.

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

- At our previous inspection in April 2019, we reported that improvements were required to ensure that good practice in dementia care was being followed, such as designing and decorating premises in a way that supports people. For example, doors, seats, and handrails being in a contrasting colour.
- We did not find significant improvements in relation to this, but the provider had drawn up a maintenance list for a painter who was working their way around the service to decorate areas most in need. One person said, "They have painted the place up, it's nice, I like it."

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 Requires Improvement. At this inspection this key question has deteriorated to inadequate. 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

- Due to some of the wider failings in the service, people living at the service did not always benefit from a caring culture. For example, the provider had not considered people's day to day experiences. They had put new systems and processes in place, but the outcomes for people were still poor, as reflected in the feedback from people throughout this report.
- We received mixed feedback from people about the approach of the staff, some of which indicated improvements were required. One person said, "Some staff are lovely, some are bloody awful, rude." Another said, "They are all fairly mediocre, some of them know what they are doing. They are polite and that, one or two think they own the place." A third told us, "I really just like ladies. I don't mind some men, there is one I don't like. I don't complain, it would annoy him more. You have to have who comes." A fourth said, "Staff are very nice. I have a laugh and a joke with them."
- Mostly our observations of staff interacting with people was positive. However, we observed some less than positive interactions. One person was being supported to eat in their room by a staff member, the food was being placed in the person's mouth at a rapid pace, and there was no interaction from the staff member. Similarly we observed another person being assisted to eat; there was no interaction from the staff member other than to tell them to stop wiping their face on the bedding.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was sometimes not upheld. One person said, "Sometimes before lunch they [staff] take us all to the toilet, before going through [to the dining room]. You have to wait your turn, so sometimes you go in your pad." Another said, "If we want to go to the toilet, we ring the bell. If I ring it too much they stand at the door and say 'not you again'. I say I thought you were here to do what we want, and they walk away."
- Care plans contained more detail on areas of their care they could attend to independently. One person said, "At 2.45am I sit on the side of the bed and they wash my legs and back, I do the rest. I pick my clothes; I get dressed and by 3.45 I'm down here. I have a strip wash every day. I've done it all my life. I have a shower a couple of times a week, more if they can fit me in."

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

- People received a survey in April 2019 to give their views. The provider completed a summary action plan which stated the survey showed people were happy, and the actions from this survey were to implement an activity grid. However, negative feedback was also received, such as one person feeling management did not always give them enough time, and another saying staff took longer to come when they needed the toilet. Neither of these comments had been fed into the overall action plan to show people they were

listened to and any comments they made would be acknowledged and action taken.

- For those people living with dementia there was no evidence of the service sourcing regular feedback, for example, through the use of advocacy services.
- A new 'key worker' system was being implemented so people had a named worker who was responsible for ensuring their needs and views were regularly discussed. We saw in people's bedrooms, photographs of the allocated staff member.
- People were able to voice their opinions and views. Recently, people had been asked for their food preferences during a 'resident meeting'. The volunteer working in the service had also asked people about their favourite activities so they could plan an activity schedule. One person said, "We do have meetings every so many months and they ask us what games we'd like and stuff."

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; 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.

At our last inspection the provider had failed to ensure people received person centred care and that people's care plans had not been updated to reflect their current needs. People were also not provided with meaningful activity. This was a breach of regulation 9 (Person centred care) 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 9.

- People's care plans did contain more personalised information but did not always contain consistent and accurate information to ensure the care delivered was person-centred. For example, in the care plan summary for one person it stated they had a history of urine infections and had long term antibiotics, but there was no evidence of this medicine being prescribed.
- One person was unable to communicate if they were in pain, and there was no detailed guidance for staff about how to recognise signs of pain or any pain assessment tools. The care plan said the person needed pain relief 30 minutes prior to personal care. Night staff gave personal care on the morning of the inspection and there was no evidence that pain was assessed, or additional pain relief administered. Night staff were not trained or authorised to meet this need.
- Some information which was no longer relevant had not been removed from care plans. For example, one person had a risk assessment for hypertension which was reviewed in June 2019. It stated that blood pressure recording should be taken weekly. We were advised by the deputy manager this was no longer required but had not been removed from the person's care plan. This was also not identified in the care plan audit.
- One person's care plan stated they experienced constipation, and if they did not have a bowel movement for three consecutive days to raise this with the GP. The bowel chart showed it was three days since a bowel movement. Staff informed us the person, "Takes them self to the toilet," so they were not always aware of if the person had their bowels open. The care plan did not reflect this so staff could ask the person and identify any potential risk.
- One person had been discharged from hospital with new instructions for moving and handling. The person had been back at the service for over two weeks. Their risk assessment had not been revised to include the new guidance, which put them at risk of being moved inappropriately.
- There was little evidence of consultation or involvement of family in care planning. Including family

members can help to give a broader view of how care should be delivered by people who know the person well.

- The provider had implemented an 11am to 6pm shift to cover activity sessions with people. Activity logs were in place to document what people had participated in. However, when we looked at these records, we found that this was still not meeting people's individual and specific needs.
- One care plan stated the person found it difficult to participate in activities and staff should spend one to one time with them to reduce social isolation. Records of activity showed between 18 July and 21 August 2019 only two one to one sessions had taken place. A relative told us, "I don't think staff spend a lot of time with [name], some sit here and do their paperwork."
- Other entries included 'watching television' or 'asleep during activities' and 'had conversation with staff'. There was little else documented, such as how long the activity lasted, how the person contributed, and if they found it meaningful. Additionally, some records showed activity was not offered on a daily basis. Some records showed a gap of 10 days with no activity logged. One person told us, "They [staff] don't play games with us every day. I like to play bingo." Another said, "They have been trying new things, they have a dog come in on a Wednesday, and a man comes and sings, I read my paper and watch the telly."
- We observed the activity in the morning which involved a card game. One member of staff sat with several people for a few minutes, leaving them an item to colour in. In the afternoon a pat dog visited which people seemed to enjoy.
- One person had planted some vegetables in raised beds outside, but this looked as though it needed attention. The person liked to tend to this themselves when they felt able to do so.
- One staff member said, "Whoever comes in on the 11am to 6pm shift does the activities, but isn't dedicated to that role, it hasn't got a title. If staff are really busy they help. It's been okay lately, done quizzes, spoken to people in their rooms, but this usually happens when you are [repositioning] someone or doing bed changes, that's when you get a chance to talk to them. Sometimes you get a full hour of activity other times not, if someone was [incontinent] that takes priority over activities." We could therefore not be assured that the provision of activity was meeting people's individual needs.
- People did not regularly access the community. One person said, "We do activities sometimes, we play bingo, throw hoops on things, a man comes in and sings. We sit out the front when the sun shines, and if there is enough of them [staff], they take the odd one of us out."

End of life care and support

- The service had not implemented end of life care plans for all people. Care plans contained a new template which was to be completed. However, we found these were blank. Where care plans contained a section on people's end of life needs, we saw these were basic. For example, one made just made reference to having a funeral plan, another said, 'Key worker to sit with the person and have a discussion regarding their wishes at the time they become poorly'.
- The service had not explored people's preferences and choices in relation to end of life care in the event of a sudden death occurring.
- One end of life care plan stated this was to be given to family members to advise what the person would want. However, the person had lived in the service for several years and this had not been addressed.
- Given the majority of people living in the service were older adults, this information was important to ensure people's wishes and preferences were known and respected.

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.

- People's care plans included a section on the most effective methods of communication. This took account of people's sensory needs, such as whether they wore glasses or hearing aids.
- Guidance was available for staff on how best to speak with people, such as maintaining eye contact, phrasing of questions, and speed of speech.
- Care plans were in a basic written format but the manager told us this could be provided in large print if needed.
- Instruction for fire evacuation and keyworker information was in large print format on people's bedroom doors.
- The manager told us they planned to make contact with organisations who could train staff in different forms of communication, such as sign language.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. The manager had maintained a complaints log, with details of a recent complaint from a relative which was resolved.
- We asked people if they knew how to complain. One person said, "I got no complaints, if I do I have it out with the [staff]. It's things like they don't come so quick when you want the loo, some do, some don't, they can't all be the same."
- We noted in one person's room that the procedure for raising a complaint was out of date and included the previous manager's details. This was however rectified following the inspection.

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 Inadequate. At this inspection this key question has remained the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found the provider had been unable to make sufficient improvements to comply with Regulations and implement a robust governance system. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some new systems had been introduced to improve governance of the service, not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

- At our last inspection in April 2019, the service was rated inadequate overall for a third time, and therefore at this inspection we expected significant improvements would have been made and the provider be compliant with all regulations. However, we found repeated breaches of six regulations.
- Though the service had implemented some new processes and systems, they had not considered the outcomes for people and if the changes were improving people's lives on a daily basis. Feedback we received from some people indicated that this was not the case.
- There was a new manager who had been working in the service since June 2019 and had made an application to be the registered manager. Whilst some improvements had been implemented, we continued to identify areas of concern.
- There were quality audits and spot checks being completed, but shortfalls in the service had not always been identified through these processes. We were therefore not assured the processes in place were sufficiently robust.
- The provider and management team had been working with a privately appointed home consultant since May 2019. They were assessing progress via the action plan which was put in place by the previous care consultant. The provider told us that advice from the new home consultant had been given for all areas of the service. However, with the home consultant support in place, areas of concern remained.
- The new manager had worked on completing the action plan, and with input from the home consultant had added sections to the plan to incorporate additional areas for improvement.
- The provider had not completed their 'provider visit form' since March 2019. They told us they had been in the service regularly but was, "Busy doing other things in the service."
- Some staff felt overwhelmed by all the new processes and documentation. One staff member said, "It's getting better with the new paperwork system, but it keeps changing and there are lots of changes all at once. I can understand why, but there are teething problems. New systems should be explained to us

properly. I told them I didn't understand fluid charts but painting the front door seems to be the priority. It confuses me."

- The provider assessed dependency levels and satisfied themselves that staffing levels were sufficient. However, they had not routinely asked people for their views on the staffing levels, or considered how many people wake early. Several people told us that they did not think that nights were sufficiently staffed, and at certain times of the day, which impacted on their dignity.
- The provider had not ensured voluntary staff working in the service had disclosure and barring checks to ensure they were suitable for the role.

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

- Further work around the development of person-centred care provision was required. Whilst changes to care records had been made, these still lacked some detail to reflect changes in risk and presentation. Some documentation wasn't dated so it wasn't clear if the assessed risk was up to date.
- From speaking with staff, and members of the management team, clearer expectations around performance were being given to staff, and 'champion' roles [staff with increased knowledge in a subject] had been allocated. However, based on inspection findings, further improvement was still required to ensure staff were accountable.
- Some staff were still overdue training; though this was planned, we found this to be the case at the April 2019 inspection.
- The provider had not ensured voluntary staff working in the service had disclosure and barring checks to ensure they were suitable for the role.
- The new manager understood duty of candour, and gave us examples where information had been shared with external agencies.
- New staff appointments had been made, which included a new manager, care co-ordinator and cook.

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

- A newsletter had recently been produced by the home consultant advising people of changes happening in the service. We asked people if they were aware of the changes taking place. One person said, "There could be better communication regarding management changes." Another told us, "We have a new manager; I don't know who the man is [home consultant]. It's got better in some ways. If I try to get a bit of money it can take a few days. I once asked for £25, [manager] said I'll be back in a minute and she never came back." A relative told us, "We were not told the manager had changed, one day we would come in and they had left. We had no idea there was a new manager."
- Feedback surveys were issued to people annually to ask for their views. The last one was completed in April 2019, and the provider attached an action plan. However, the action plan had not addressed all feedback, such as staff taking longer to help them to go to the toilet, and management not always able to give them time. These comments were not explored further within the action plan.
- The provider continued to work with the local authority and clinical commissioning groups to help them make improvements. However, findings from this inspection show sufficient improvements had not been made, despite this support.