Bcs Medical (Shackleton) Ltd

Shackleton Medical Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Shackleton Medical Centre on 24 and 25 September 2018.

Shackleton Medical Centre 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. Shackleton Medical Centre can provide accommodation and nursing care for up to 26 people with general nursing needs and end of life care. At the time of the inspection there were 14 people living at the care home.

We previously inspected Shackleton Medical Centre on 5, 6 and 10 April 2018 and we identified breaches of 10 regulations. These were in relation to person-centred care, need for consent, safe care and treatment of people using the service, safeguarding service users, meeting nutritional and hydration needs, premises and equipment, receiving and acting on complaints, good governance of the service, staffing and fit and proper person employed. The provider was rated inadequate in the key questions of Safe, Effective and Well-led and overall. As a result, the service was placed into Special Measures. We also took enforcement action and issued Warning Notices in relation to person-centred care, safe care and treatment of people using the service, meeting nutritional and hydration needs, good governance of the service and staffing.

At the time of this inspection a registered manager was in post. The registered manager was also a company director. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was developing a new medicines policy and procedure but staff did not always follow the existing policy which resulted in issues with the management of medicines. Adequate checks were also not carried out to ensure records in relation to the management of medicines were accurate.

Risk management plans for risks identified during people's needs assessment were not always in place to provide care workers guidance on how to reduce these risks and ensure people's safety. Processes were not in place to ensure the risk of infection was reduced for people using the service.

The provider had a process for the recording of incidents and accidents but information was not always recorded in relation to the actions taken to reduce the risk of reoccurrence.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible. Policies and systems in the service did not support staff to act in the appropriate manner.

Improvements had been made in relation to staff induction and supervision with some staff still to complete

training identified as mandatory by the provider which was being scheduled.

The provider did not always ensure the security of the premises and safety of people while minimising any restrictions on their liberty. We made a recommendation to the provider regarding this.

The furniture used in communal areas of the home had not been assessed as appropriate to meet people's needs. We made a recommendation to the provider regarding this.

People had access to a GP and other healthcare professionals but where changes to a person's care had been identified the information from the visit was still not been transferred to the relevant care plan so staff had clear information about meeting the person's needs.

Records relating to people using the service did not always provide accurate information relating to the care and support they needed.

Although people using the service and staff felt the service was well-led, we found that the provider's audits and quality assurance checks were still not always effective. The provider continued to breach regulations and in some cases the audits and checks had not identified the areas where improvement was required.

People told us they felt safe when they received care and due to a reduction in the number of people using the service the staff to person ratio had improved. Staff therefore had more time to engage and interact with people using the service.

The provider had made improvements to their recruitment process, the recording and investigation of complaints and the monitoring of DoLS applications.

Personal emergency evacuation plans had been reviewed to provide appropriate and up to date information to enable people to be evacuated safely from the home in case of an emergency. Cleaning and other chemicals were stored in a safe way to reduce possible risks to people.

People told us the care workers were kind and caring and treated them with dignity and respect when providing care. The care plans identified each person's cultural background, personal history and any religious beliefs.

Staff were supported to provide a range of activities for people at the home but activities were not in place for people who were cared for in their bedrooms when they were unable to join other people in the communal areas.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches relate to person centred care (Regulation 9), safe care and treatment of people using the service (Regulation 12) and good governance of the service (Regulation 17). You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to these concerns will be added to the report after any representations and appeals have been concluded. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of 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?

Requires Improvement

Some aspects of the service were not safe.

Staff did not always follow the provider's medicines policy and procedures as appropriate and people were therefore placed at risk of unsafe care.

Risk management plans were not always in place to provide care workers with the information they required to mitigate risks to the person when providing care.

Personal Emergency Evacuation Plans had been reviewed to provide sufficient and up to date information to enable people to be evacuated safely from the home in case of an emergency.

Following an incident or accident information was not always recorded in relation to the actions taken to reduce the risk of reoccurrence

Cleaning and other chemicals were stored in a safe way.

People told us they felt safe receiving care and support. The provider's processes for the investigation and review of safeguarding concerns had been followed.

The recruitment process was robust as appropriate checks were carried out before assessing applicants' suitability for the role.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The provider did not always ensure the security of the premises and safety of people while minimising any restrictions on their liberty. We made a recommendation to the provider regarding this.

The furniture used in communal areas of the home had not been assessed as appropriate to meet people's needs. We made a recommendation to the provider regarding this.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible. The policies and systems in the service supported good practice.

The provider had an induction process, training and supervision for staff and some staff still had not completed the training identified as mandatory by the provider, although there were plans for this to be completed.

Systems were in place to enable staff to monitor people's food and fluid intake if a person was identified at risk of malnutrition or dehydration.

People had access to a GP and other healthcare professionals but where changes to a person's care had been identified the information from the visit had not been transferred to the relevant care plan.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were individually kind and caring when providing support for people using the service. However, the service was not always caring because the provider had not ensured that people were always protected from this risk of receiving unsafe care.

People were supported to be as independent as possible.

People were supported with their spiritual and cultural needs.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People's care plans were not written in a way that identified the person's wishes as to how they wanted their care provided.

The provider did not ensure that care plans were reviewed as necessary so these contained up to date information relating to people's care.

Activities were organised by care workers but these did not always meet people's areas of interest and these were not always arranged for people who stayed in their bedroom.

The provider has made improvements to the way complaints were investigated and responded to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led

The provider had audits and other checks in place but these were not effective because they had not identified or addressed the areas where improvement was required.

People using the service and staff felt the service was well-led.

Shackleton Medical Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 24 and 25 September 2018 and was unannounced.

The inspection was carried out by three inspectors on the first day and two inspectors on the second day.

We reviewed the notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spoke with three people who used the service, one relative, the registered manager, the clinical lead, the care coordinator and three staff. We also looked at records, including six people's care plans, the daily care record for eight people, five staff records, medicines administration records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

During the previous inspection in April 2018 we found the provider was not ensuring that people using the service received safe care and treatment in that the risks to their health and safety were not assessed, identified and mitigated. Medicines were also not managed safely and the risk of the spread of infection was not assessed or controlled. We issued a Warning Notice to the provider requiring them to make improvements by 29 June 2018.

The shortfalls we found with the management of medicines at that inspection included concerns about the storage of medicines, a lack of protocols for 'as required' (PRN) medicines, dirty equipment used for blood glucose monitoring and for crushing medicines, out of date syringes and needles, creams not always being used as prescribed and a lack of care plans for medicines administration. At this inspection we found that although improvements had been made in some areas, there were still some shortfalls to address.

The provider now has a dedicated clinical room where the medicines cabinets had been moved into. We noted that the keys for the medicines trolleys and controlled drugs (CD) cabinet were left on top of one of the medicines trolleys in the locked clinical room and were not being held by the nurse on duty. They told us that was where the keys were to be found. This meant that anyone with the key to the room would have had access to the trolleys and medicines cupboard and showed that the arrangements to store medicines were still not that robust.

The arrangements to ensure medicines were stored safely in the fridge was also lacking. The medicines fridge thermometer recorded the minimum, maximum and actual fridge temperatures. On the day of inspection these were reading as minus three degrees centigrade, fifteen degrees centigrade and six degrees centigrade respectively. The safe range for storing medicines that require refrigeration is two to eight degrees centigrade. The fridge monitoring chart had the minimum and maximum temperatures pre-populated with two and eight degrees centigrade but it was clear from our findings that these were not accurate. A medicine that was identified on the MAR and on the labelling on the container as needing to be stored in the fridge was found in the medicines trolley. The clinical manager said they had realised this and placed it in the fridge during the inspection.

In the clinical room there was a box of several unopened medicines received for a person due to return from hospital. We saw there were also medicines for another person which were due to be returned to the chemist in the same box. The clinical manager separated the two sets of medicines and told us they did not know why this had occurred.

For each person there was a front sheet with a photograph, information about any allergies and the person's diagnoses. For one person who was on medicines for two different medical conditions, neither condition was recorded on the front sheet and there were no care plans to identify the care and support the person required for these medical conditions.

Protocols were now in place for each of the PRN (to be given as required) medicines that were prescribed.

These included the reason to give the medicines, the expected outcome and the dose to be given. For one person for whom tablets had been replaced with a liquid form of the same medicine the protocol had been partly updated to reflect this but needed reviewing to ensure it was clearer. For a person who was prescribed a variable dose of a medicine we saw that staff had not always identified the number of tablets that had been given. There was an additional sheet entitled 'PRN Medication Records' where staff recorded the date, time, dosage, amount given, reason for, witness signatures 1 and 2 and balance left in stock. For one person the records of administration on the MAR did not tally with the records on this chart and where staff administering medicines had found discrepancies in the number of tablets in stock, there was no evidence as to what action had been taken to investigate the discrepancies.

For people receiving controlled drugs (CDs) regularly, the medicines were recorded in the CD book and the stocks were checked and signed for by two nurses twice a day. For one person who was prescribed 2.5ml of one medicine we saw that the records went from 35ml to 30ml in stock even though the amount administered was recorded as 2.5ml. There had been two stock checks and one further administration recorded since then, however the discrepancy had not been picked up. We carried out stock balance checks for three other CDs and these were correct.

Where people were prescribed CDs as 'anticipatory medicines', which were for use if the person's condition deteriorated, we saw the clinical lead had changed the daily checks by two staff to random' checks, which was not in line with the provider's medicines policy at the time of the inspection. The last stock check carried out by two staff was dated 16 September 2018. A check carried out on 18 September 2018 had been initialled by one staff member only. The provider medicine's policy stated that CD's needed to be checked daily and by two members of staff.

Where a cream had been prescribed 3-4 times a day, this had been signed as administered three times a day. For another cream in use there was information provided on the MAR to keep the person away from fire or flames as the product was easily ignited by a naked flame. We did not see a risk assessment or a care plan so the information was available to all staff and not only to those administering medicines. The registered manager was not aware of this risk when we asked about this, despite a safety alert having been issued by the Medicines and healthcare products Regulatory Agency.

The body charts to record the application of topical prescribed creams was not always completed so the area to apply the cream were clearly identified. The dispensing pharmacist also provided charts for people who received medicines via an applied patch, so that the position that the patch was applied each time could be recorded to ensure rotation of the sites on the body. These charts had not been completed and the clinical manager confirmed they had also seen that these had not been completed.
Where people were not given their medicines, the appropriate codes were used to explain the reasons, except in one case where a code was used which was not found on the list of codes identified on the MARs. The clinical lead said an 'O' was used to indicate 'out' had been used. We saw on samples of other MARs that the coding had been used as per the index on the MARs.

One person had two MARs for the same medicines. We saw that for one medicine 84 were recorded as having been dispensed on one MARs and 75 on the second MARs. Some of the medicines had been dropped and destroyed and we saw this had been recorded, which made it more difficult to carry out an accurate stock check on this medicine.

The provider had a medicines audit document in place. The heading stated that medicines audits were done daily, however the administrator told us this was now being done weekly. We saw the quality varied from the form being 'ticked' under each section and no comments to a thorough audit. For example, audits

carried out on 05/08/2018 and 27/08/2018 identified several discrepancies between the expected and actual numbers of tablets in stock. They also identified missing signatures on the MARs. Both recorded that the information had been 'handed over to clinical lead'. An incident report form had been completed for the 27/08/2018, however the 'actions taken/lessons learned section was blank. We asked the provider what action had been taken to address the shortfalls identified in the audit and they said they had not got an action plan for this. We also saw other medicines audits where no action had been recorded as having been taken to address discrepancies in medicines stocks and missing signatures.

For a person on anticoagulant tablets, information including the results of the last blood test and the dose to be given was seen with the MARs. The administration on the MARs tallied with the instructions and stock counts were being carried out and were accurate for the number of tablets in the medicine trolley. However, the additional stock of one strength of tablets in the spare medicines cupboard was not identified in the stock count.
We saw some improvement had been made as risk management plans had been developed for some people who were using the service but we found that plans had not been completed for all the identified risk areas. For example, we saw records for one person identified they were living with a degenerative disease but a risk management plan was not included as part of the care plans.

Some people living at the service had needs relating to alcohol misuse. One person had the mental capacity to make decisions around this, however they were at risk of injury when intoxicated. The staff had carried out assessments of risks, such as using the stairs, but had not taken account of different states of intoxication and therefore the assessment did not accurately reflect or plan for the level of risk for this person.

In addition, the excessive use of alcohol meant that the properties of the person's regular prescribed medicines were sometimes affected. The staff had not carried out an assessment of this risk or consulted with a multidisciplinary team to help mitigate the risk associated with this issue.

We saw the health needs for one person had increased but risk management plans had not been developed following receipt of the updated medical history. The care plans had also not been updated to reflect the changes and provide guidance for staff as to how to reduce possible risks.

At the inspection in April 2018 we saw there was a process for the recording of incidents and accidents but information was not recorded in relation to the actions taken to reduce the risk of reoccurrence. During this inspection we saw actions were still not being recorded.

We saw incident and accident forms had been completed in relation to one person on two occasions when the person had gone out but staff were not aware they had gone out. The person these records related to had been assessed as having the capacity to make decisions about going out and did not require a staff member to accompany them. Records indicated that on one occasion staff were in the process of securing the home at night and they were informed by one person living at the home that this person had left earlier in the evening and had not returned. The person did not have a risk management plan in place or a procedure that informed staff what actions to take if they had not returned at night. Staff also lacked guidance as to what they should do to ensure that everyone who lived at the home was present when the securing the home at night. Also, if the building had to be evacuated due to an emergency there was no record of which people who lived at the home were present and therefore needed support.

Another incident and accident record related to the behaviour of one person. We found that records were not being maintained consistently about the incidents when the person behaved in a way that challenged

the service to enable the staff to review and identify any triggers to the behaviour so options for appropriate support could be considered.

We saw a record which related to an occasion in July 2018 when anticipatory medicines had been left on a sink area in a corridor outside the treatment room. The actions identified included the development of a form to record daily checks of anticipatory medicines at each shift change. This procedure had been changed to random checks but this was not indicated on the form.

The incident record from July 2018 for one person identified a swelling to their hand and no cause was identified. The form included details of the incident but the actions taken section only stated, "Investigation ongoing" but no further information was recorded. The record was completed almost two months before the inspection but there was no record of the investigation and any outcomes.

The staff completed records of the care provided during each shift and we saw the records for one person identified that staff in the ground floor clinic witnessed the person falling outside the building but this was not recorded as an accident and investigated.

Some improvements had been made in relation to controlling the spread of infection but we saw the change to the frequency of cleaning specific equipment had not taken into account the increased risk of the spread of infection. During the inspection we saw a suction device was used to support a person who had a tracheostomy. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe. If necessary, the tube can be connected to an oxygen supply and a breathing machine called a ventilator. We saw at the previous inspection records and nurses confirmed this equipment was sterilised daily but at this inspection we saw the frequency had been altered to Sunday and Wednesday. We did not see a policy in relation to the sterilisation of the suction devices. The suction device was used to remove secretions from the person's airway and the records completed by nurses indicated this was done at least four times a day with one record showing it had been done seven times that day. The records indicated secretions had been removed for the majority of times the suction equipment was used. This meant the suction equipment was sterilised on a Sunday and then used for a minimum of 10 times before it was sterilised again on the Wednesday. Even though there was only one person the suction machine was used with this could increase the risk of possible infection.

During the previous inspection we found the cupboard located at the stairwell in the ground floor which contained electrical panels and cleaning equipment was unlocked. At this inspection we found the cupboard was still unlocked and used to store cleaning equipment. This was an ongoing risk for people living in the service.

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People we spoke with told us they felt safe receiving care living at the home. Their comments included "Oh yeah. I don't think they'll be any problem" and "Yes. I feel safe here." At the previous inspection we found the records of safeguarding concerns did not indicate if any review of the learning from the investigation had occurred. We also found staff had not completed safeguarding adults training and records were not maintained when care worker undertook shopping for people using the service. At this inspection we found some improvements had been made but records did not always provide information about the issue and actions taken.

During the inspection we reviewed the safeguarding records and we found a register of safeguarding

concerns was completed and stated, who the safeguarding concern related to, who it was raised by and an outcome. We saw the outcome was not always recorded on the register form. Safeguarding concerns were recorded on a log sheet which had sections for details of the concern, the investigation including copies of any relevant document and outcomes with lessons learned. We saw some of the forms were not completed in full with information about outcomes and when the issue was resolved.

The care coordinator confirmed that staff no longer did shopping for people living at the home and if any purchases were required an invoice would be produced.

At the last inspection we found people had been having their medicines crushed and administered via a feeding tube and the crushing devices in use had residue in them. At this inspection we saw that people were being prescribed the medicines in liquid or dispersible form, so they could be easily administered and no crushing was required. For another person on laxative medicines we saw that this was now recorded in the care plan with instructions to monitor the person elimination patterns to ensure these worked effectively.

There was a medicines policy dated July 2018 marked final draft. This referred to the NICE guidance for the handling of medicines in social care and relevant associated legislation. We saw competency assessments had been carried out for nurses administering medicines. Although the majority had been countersigned by the nurse being assessed, we found two that were not.

The stocks of syringes and needles we checked were in date. Individual blood glucose monitoring equipment was available for people with diabetes to reduce the risk of cross infection.

A stock check of three other boxed medicines showed that the stock balance tallied with the amount supplied and administered.
At the previous inspection in April 2018 we saw cleaning and other chemicals had not been stored securely and in a safe way to reduce possible risks to people. During this inspection we saw cleaning products were no longer left in sink areas and in the kitchen which were accessible to people using the service. The home was clean and there were no malodours present in the communal areas. Maintenance had also been carried out around the home to ensure the damaged ceiling tiles and exposed electrical wires had been made safe.

We saw, at the previous inspection in April 2018, the Personal Emergency Evacuation Plans (PEEPs) for people using the service did not provide suitable information to enable the person to be evacuated safely from the home in case of an emergency. Improvements had been made to the information included in the PEEP forms since the April 2018 inspection. The new records included if the person had been assessed as having the capacity to make decisions about their care, their medical conditions, how many staff are required to provide assistance and what equipment should be used.

At the inspection in April 2018 we saw the provider did not always ensure a registered nurse was on each shift to provide clinical care. Senior care workers, who had trained as nurses in their home country but were not registered in the UK, were working as nurses at the home. Staff also informed us they carried out a range of non-care activities around the home including preparing and serving breakfasts, restocking of pads, wipes and gloves as well as doing the laundry. Nurses also carried out weekly health and safety checks, answering all telephone calls to the home and minor maintenance works. At the time of the last inspection there were 21 people using the service and the staffing levels were four care workers and one nurse on shift between 8am and 8pm with one nurse and two care workers between 8pm and 8am.

During the September inspection we asked people if they felt there were enough staff on duty to help with their care and they commented "Oh, I think so. These days seems to be, on the whole. At weekends, there's sometimes three to four care staff. Three in the evening. There's always one nurse" and "Staff is enough." A relative also told us "Yeah. It's improved. There was always enough, but I see more now."

Staff we spoke with confirmed the numbers of care workers and nurses scheduled on the day and night shift. When asked if there were enough staff on duty to provide the care people required one staff member told us, "Depends on the work" and they also told us care workers were also "doing the laundry and dish washing at lunchtime, [we] need proper kitchen staff and a laundry worker so we can concentrate on the residents." Another staff member commented "[Enough staff] Yes, any staff shortages, once only this has happened, but not really."

During this inspection, as the number of people using the service had reduced to 14 people this had increased the staff to person ratio. From those 14 people seven required the support of two care workers when they received care. The staffing levels on the rota were four care workers between 8am and 2pm and three care workers between 2pm and 8pm with one nurse on duty between 8am and 8pm. We discussed staffing levels with the provider and they confirmed they would increase staffing if the number of people using the service also increased so there were enough staff to care for and support people.

The registered manager explained a member of staff had been appointed to support with the preparation and serving of breakfast at the home but at the time of the inspection this staff member was on extended leave so the care workers were preparing breakfast and supporting people where required. There was also a housekeeper scheduled to be at the home every day to support with keeping the home clean.

During the inspection in April 2018 we found the provider's recruitment process was not always followed. The provider's recruitment process asked applicants to provide five years employment history and the contact details for two previous employers to provide references.

At this inspection we saw the recruitment records for one new staff member and we saw a completed application form, employment history and two references had been received. A criminal record check had also been completed before the new staff member started work. The care coordinator explained there were now checks carried out to ensure all the required information had been obtained for new staff.

Requires Improvement

Is the service effective?

Our findings

During the previous inspection we found the environment of the building was not designed or maintained to ensure people were kept safe. At this inspection we found that not enough improvements had been made.

We found the size of the lounge area on the second floor had been reduced as a new separate office area had been created from part of the lounge. The seats in the lounge area were the same that were in place during the previous inspection. These were low and might not be suitable for people who found standing difficult as they did not provide a stable base for the person to help them stand.

We recommend that the provider arrange for professional advice and a review of the current furniture, including the armchairs, that people have access to, to ensure these are suitable to meet people's needs.

There was still an issue about keeping the premises secure. Access to the care home was still possible from the dermatology clinic located on the ground floor. The external side door was still being used by people who lived at the home to leave the building or to provide access to visitors but there was no system in place to notify staff the door had been left or held open. The door was also used as a fire exit. There was therefore a risk that intruders might gain entry to the home. The provider later sent a risk assessment to tell us how they would manage such risks. We will check at our next inspection that risks relating the security of the premises are being appropriately managed.

We saw some empty bedrooms on the ground floor. The doors to these rooms were unlocked which meant they could posed a security risk if they were accessed by a person gaining entry to the home or to a person using the service. We informed the care coordinator that these rooms were unlocked and they told us they believed they had been locked following recent deep cleaning, and would ensure they were kept locked.

The fact that the side door to the home could be unlocked also meant that people living in the home, including those who might be at risk, could leave the home, if they come down the lift and leave by the side door, without staff and others becoming aware. This issue had not been addressed in the risk assessment.

We recommend that the provider seek and implement national guidance in relation to how to maintain the security of the premises and safety of people while minimising any restrictions on their liberty.

The bathroom on the first floor had been converted to a secure clinical storage area and we saw people could access an adjustable bath that had been installed in a bathroom on the second floor.

When we inspected the service in April 2018 we identified the induction, training and supervision programme in place for staff did not always provide them with the support and up to date knowledge they required to provide suitable care to people using the service.

During this inspection we saw some improvements had been made in relation to training but not all staff had completed the training identified as mandatory by the provider. People we spoke with told us they felt

the care workers and nurses had the appropriate training and skills to provide the care they required. The care coordinator explained an external training provider had been arranged to provide training identified as mandatory by the provider. The provider had developed a spreadsheet which they used to record when each staff member had completed the various training courses. These included infection control, fire safety, health and safety, basic life support and moving and handling.

The records indicated that, although a number of staff had completed the mandatory training, other staff who provided care had not completed these courses. At the time of the inspection there were 34 staff shown on the spreadsheet provided by the care coordinator who could be scheduled to work at the home. The records indicated eight staff had not completed infection control training, 13 had not undertaken fire safety training and 12 had not completed the health and safety training. In addition, 18 staff from the 34 staff who directly provide care had not completed the basic life support training and 20 had not done the moving and handling training. The care coordinator confirmed that staff were regularly being booked on training and any overdue refresher courses had been identified and would be arranged.

The training spreadsheet also included records for other additional training which was available for example in relation to diabetes and palliative care. We saw a number of staff had completed training in relation to stroke care, emergency response and Parkinson's Disease care as well as diabetes. Other staff had completed training in specific clinical areas. The clinical lead told us an adult tracheostomy care training course provided by a specialist nurse from a local hospital had been attended by five nurses and six care workers in August 2018.

The care coordinator told us The Care Certificate was now being completed by care workers and records showed this. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Records indicated staff had completed at least one supervision meeting with their line manager since the April 2018 inspection but there were no records to show if an appraisal had been completed. The care coordinator confirmed these would be recorded.

During the inspection in April 2018 we identified the provider had not ensured people's care was being provided within the principles of the Mental Capacity Act 2005 (MCA). At the inspection in September 2018 we found improvements had been made in relation the assessment of people to consent to their care.

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

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

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

We saw best interest decisions documents had been developed and completed for people who were assessed as not being able to consent to aspects of their care. There were best interests decision forms

completed in relation to use of bed rails, administration of medicines, living at the home and use of a lap belt when using a wheelchair. Each best interests decision form related to a specific aspect of the care being provided. The meant a process was in place to reduce the risk of people being deprived of their liberty.

During the inspection in April 2018 we saw the records relating to DoLS applications were not up to date. Where the records indicated a DoLS authorisation had been made, copies of the paperwork were not available identifying if any conditions that had been imposed and if there was an impact on how the care should be provided.

At this inspection we saw some improvements had been made in relation to DoLS applications and the use of best interest decisions for people who were unable to consent to aspects of their care while waiting for a DoLS application to be reviewed by the local authority. The provider had introduced a system to track the progress of DoLS applications and when authorisations were received. The records included the date an application was submitted and the care coordinator explained the local authority was contacted every three months to get an update on the progress of the DoLS application and the date of this contact was also recorded.

During the inspection in April 2018 we identified that if a change in a person's care needs was identified following visits from the GP and other healthcare professionals the information was not always transferred to the care plans. At this inspection we saw people could access a range of healthcare professional but we found information was still not being transferred when a change in how care should be provided was identified.

At the inspection in April 2018 we identified that the initial assessment of a person's needs was not always completed in full to enable the provider to ensure they could support the person appropriately. During this inspection we were unable to review initial needs assessments for new people to the service as there had been no new admissions since the last inspection in April 2018.

During the inspection in April 2018 we saw it was difficult for staff to record the food and fluid intake of people using the service and staff were preparing food with specific requirements such as soft or pureed without appropriate guidance on consistency. At this inspection we saw improvements had been made in how specific dietary requirements were provided to people and food intake was recorded.

We spoke with people and asked them for their views on the food, if they had enough to eat and if they could choose what they ate. All but one person we spoke with were happy with the food choices with their comments including "I choose cornflakes and croissants as I like soft. I like rice and chickpea curry. They give menu and I choose", "[The food is] English and Asian. Every Friday is fish and chips.", "I like it. I enjoy it.", "Staff asked me my preferences for food when I first started." One person explained that the food "comes from another house. It's designed for the Asian community. I don't like it. They know that, I've discussed it with them many times." The meals for the care home were prepared by a chef at another care home owned by the provider and transported to the home using special bags to keep it hot. We saw the temperature of the food was checked before it served.

A relative told us "My family member eats every scrap." They said they were worried when their family member moved to the home as the food may not be to the person's taste. The relative also told us there is a roast dinner every Wednesday and fish and chips every Friday with casserole on Sunday. They explained the staff always offer them food as well if they've visiting and stated that staff had encouraged them to have some food so they can stay. They said staff had told them "We'll make you a dinner so you can spend more time with their family member."

The care coordinator confirmed that care workers were no longer responsible for using a hand blender to provide pureed food for people at the home. The chef located at the other care home produced all meals to meet the person's specific dietary requirements and the food was brought to the home ready to be served. This included food that needed to be thickened or pureed meals. Information relating to people's specific dietary requirements including guidance on the consistency of soft foods was displayed in the small kitchen on the first floor of the home. The care coordinator also explained that staff members check with people in the morning to confirm their menu choice for lunch and the evening meal. We saw there was a four-week menu rotation and there was a folder with copies of the menus in the nurse's office but it was not clear which was the current menu for that week. Food and fluid record charts were now kept in each person's bedroom and were completed by care workers. We saw these records included type and amount of food offered and what was eaten as well as the person's fluid intake.

Requires Improvement

Is the service caring?

Our findings

During the previous inspection we saw that even though people felt the support they received from individual staff members was provided in a kind and caring manner the provider had not demonstrated they were always caring as they had not ensured people received a satisfactory level of care.

At this inspection we found that staff were individually caring and engaged and interacted well with people. We however, still found that the service was not always caring because we identified a number of shortfalls with the provision of the service which meant that people could not have received a good service and the support they needed to meet all their needs. In addition, people were still not being protected adequately from risks that could arise as part of receiving a service. For example, the service was not always caring because people might have been placed at risk of poor care as a result of the service's failures to manage medicines appropriately.

We asked people if they were happy with the care and support they received from the staff and we received positive comments which included "I've been here five years. It's ok for me. I don't spend that much time at home. I go out. Happy with it? Yes, on the whole. They know my feelings on it" and "Heaven sometimes. I like the solitude, the quietness." A relative told us "If we weren't happy with the care here, we wouldn't be here."

Staff we spoke with told us they enjoyed working at the home and we saw they knew the people they were supporting well so they could therefore meet their needs effectively. We saw staff were warm and friendly in their interactions with people and relatives. People were addressed by their preferred name.

People confirmed they felt the staff treated them with respect and dignity when providing care and support. Their comments included, "No one has been aggressive to me. The peak of love and care. They've never been anything but kind", "When I've fallen staff always help. I press bell, staff come" and "Yeah. The medical folders [individual care records about personal care and oral intake] are in our rooms and they ask me if it's ok to go in my room and to write in the folder. As long as they tell me I don't mind.". A relative said "They treat him like an individual."

Staff told us they helped people maintain their dignity and privacy when they provided care and would always knock on a person's door before entering, ensure doors and curtains were closed when providing support with personal care as well as making sure the person's body was, "not fully exposed" during care.

People also told us they felt the staff were kind and caring with comments including "Oh yes. And they're friendly. Very, very friendly. Some of them I've known for a good few years. Get to meet new staff? They'll bring them around and introduce them" and "It's nicely and kindly." A relative commented "They're kind to him."

People felt staff helped them maintain their independence whenever possible with one person giving us an example how they were supported to maintain their independence with meeting their elimination care needs because staff made sure they had the necessary equipment to remain independent.

We saw people were supported with their cultural and spiritual needs. People who used the service told us "I go to a church when I want to go" and "I am Sikh. I pray on my own, morning and night-time." The person indicated that staff gave them time for this. Other people confirmed there were parties held for a range of religious festivals and events. They told us "There are parties at Easter and Christmas" and "For Diwali, its celebrated here. Lots of lovely sweets." People confirmed and we saw from menus that people from ethnic backgrounds had the choice of meals that were culturally appropriate for them. We also saw some members of staff spoke the languages preferred by the people living at the home. One person commented "They mostly speak in my language, Punjabi."

Requires Improvement

Is the service responsive?

Our findings

During the previous inspection in April 2018 we found the provider had not ensured that the care plans contained detailed and up to date information to reflect how people wished their care to be provided. We issued a Warning Notice to the provider requiring them to make the necessary improvements by 29 June 2018.

At the inspection in September 2018 we found the care plans in place were the care plans we found at our last inspection and were still not providing current information about people's care needs and how people wanted their care to be provided. The registered manager informed us that new care plans were available but these had not been discussed or agreed with people using the service or their representatives. Towards the end of the inspection we noted that the new care plans were introduced and placed in each person's care plan folder. The registered manager told us staff would start using the new care plans. However, some of these needed to be made more individualised as the same information was on a few occasions repeated in different people's care plans.

Following the inspection, the provider told us they had introduced all new care plans for people and that these had been personalised for each individual.

We saw blood glucose monitoring records included the frequency that the tests were to be carried out. However, the instructions were not always followed. For example, for someone whose record stated to be done, twice weekly and when required we found that in September 2018 the tests were not done as a minimum of twice weekly, which meant the person could have been placed at risk of complications associated with high or low blood sugar levels.

The system for weighing and recording weights for people using the service was inconsistent. Staff noted the previous month's weight if someone refused to be weighed. We saw the records for one person which indicated they should be weighed weekly because of a history of weight loss and the records for three people which stated they should be weighed fortnightly. In the clinical room a list was on the whiteboard which listed those people who were meant to be weighed fortnightly but did not include the person who was meant to be weighed weekly. Records on this person were also not consistent. The 'resident of the day' file indicated the person had refused to be weighed, yet on the same date a weight was entered on the care plan. The weight recording may not have been accurate as this person whose weight had been declining over several months showed a 2.7kg increase in weight in one week. The increase in weight had not been questioned. We also saw the records for two other people where the previous month's weight had been inserted because the person had not been weighed that month. This meant staff could not have accurately monitored people's weight as the records were not always up to date to identify if the person was at risk of malnutrition.

Where a change in a person's support needs was identified as part of the monthly review of care plans this information was not always updated. The change in need was recorded on the review form but this was not transferred to the care plan therefore staff would have to check two documents to ensure they had the

current information about each person's support needs.

The care plan monthly review records for one person stated in June and August 2018 that the person was unable to communicate but in September 2018 the care plan review record stated that the person could vocalise their preferences but there was no reason identified for this change. The care plan for activities created in May 2018 stated that the person liked to talk with staff. This meant the information provided for staff regarding communication with the person was not accurate to enable the staff to meet this person's needs.

We saw the records for one person indicated they had been assessed by a nutritionist and the outcome of the visit were recorded on a multidisciplinary notes form. The notes indicated staff should continue to ensure the person received meals which were fortified, to offer nutritional milkshakes daily and offer the person's snacks throughout the day. The care plan review record stated staff should read the multidisciplinary record from the assessment. The care plan for nutrition created in May 2018 did not indicate the person should be on a fortified diet and encouraged to eat snacks.

The records for one person indicated in June 2018 a dentist had identified they required dental work and a copy of the dental report was included in the person's care folder. The care coordinator explained the person had stated that they did not wish to proceed with any dental treatment but this was not recorded in the care plan. There was also no guidance for care workers provided in relation to oral care to enable them to assist the person to reduce the risk of infection and any further deterioration which could impact their ability to eat.

We saw one person's records relating to their risk of developing a pressure ulcer stated a catheter was used but the moving and handling risk assessment indicated that a catheter was not in place so the records were not consistent.

The records for one person stated they lived with diabetes and there was a diabetes care plan in place but the dietary information sheet, completed in February 2018 and reviewed in September 2018, made no mention of the diabetes and listed sweet foods including cakes as the person's favourite food. This meant the records did not provide accurate guidance for staff in relation to the management of diabetes.

We saw care plans had been developed to identify people's wishes in relation to how they wanted their care provided at the end of their life but some of these were brief and lacked information.

The above was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in some people's care plan folders and a list of who had them in place was in the nurse's office. These helped to ensure that people's wishes in relation to resuscitation were respected should the situation arise.

At the previous inspection we saw the times people could visit were restricted and structured activities were not organised regularly. We issued a Warning Notice to the provider requiring them to comply with the regulation by 29 June 2018. During this inspection we found the provider had made improvements in relation to these issues.

The care coordinator confirmed that there were no restrictions on the times people could visit people living at the home and the sign that was displayed showing the visiting times had been removed.

During the last inspection we saw the range of activities was limited for people who required support to go out or received their care in bed. At this inspection we saw there had been some improvement in relation to activities provided in the home. We asked people if they enjoyed the activities and what they get involved in. They told us "Not really. They do activities here in the morning, but I'm not always here. I did go to a couple of bingo sessions", "Sometimes I play bingo when I think to" and "There is bingo, ludo and dancing. I like all of these. Yes, I choose which one I like and I tell the carers." A relative we spoke confirmed "They have a lot. Getting them out in the sun, ludo, BBQ and soft ball games. They also told us that when they recently visited the home there was a singing session in the lounge, "It was lovely". The relative stated that care workers were playing songs for each person in the lounge and there was one person who was being given a head massage and when they played Kenyan drumming music for him "he came to life when they put his music on – he loved it".

The care coordinator told us the conservatory was now being used as an activities area and there had been a BBQ held recently which was well attended. They explained staff now had more time to spend with people and were encouraged to organise activities every day. We did note that as part of each person's care plan there was a list of their interests and hobbies but the activities which were provided did not link with these identified interests. In addition, there were no activities planned for people who were cared for in their bedroom and could not join other people in the communal areas. We saw where people could undertake activities outside the home they were able to. During the inspection we saw an exercise session attended by five people which was run by two care workers. We saw the people involved were enjoying the activity and were supported to take part as much as they were able and comfortable to do so.

At the previous inspection in April 2018 we identified that the provider did not have a robust system in place to address the management of complaints and to identify any learning from the outcomes of any investigation to improve how the service was provided. During this inspection we found improvements had been made to the management of complaints. People using the service told us they knew how to make a complaint. Their comments included "I don't complain. I would tell a carer or my family" and "I have no complaints." One person told us they had verbally raised concerns in the past but these had not been followed up by the provider. During the inspection we saw a complaints log was now used to record the complaints and the outcomes. We reviewed the records of the complaints received and we saw these included details of the concern, the outcome of any investigation, copies of any correspondence with the person who raised the complaint and what actions were taken to reduce the risk of reoccurrence. Therefore, the provider had improved their complaints management system and was responding to and resolving complaints appropriately.

Requires Improvement

Is the service well-led?

Our findings

During the inspection in April 2018 we identified the provider's quality assurance processes were ineffective and did not provide the necessary information to enable improvements to be made. At this inspection we found the provider had introduced new quality assurance processes but these did not always provide information that was necessary for the provider to identify issues where action was required.

We saw an audit of care plans had been started and two care plans had been reviewed on 13 and 17 September 2018. There was a standard template for this, which contained space for an action plan for improvement and a prompt to feed back to staff. Staff had started to complete the forms for two people's care plans, but many questions were left answered. This was because the new care plans had not been introduced and the audits were being carried out on the old care plans which had been found to be lacking. The registered manager explained new care plans had been developed since the last inspection but these had not yet been agreed with the person using the service and/or their relatives where required and were not being used by staff at the time of the inspection.

Other checks had not identified that the service was not always responding to people's needs appropriately. For example, the governance arrangements had not identified that people's weights were not being adequately monitored to make reliable judgements about people's weights. Where people's condition, such as when they had diabetes, needed to be monitored regularly, the governance systems in the home had also not identified that the monitoring was not taking place as planned.

Checks on medicines administration and storage were previously being completed daily but the clinical lead confirmed these checks were now carried out weekly against what is stated in the medicines policy. We found issues with the management of medicines which had not been identified during the audits carried out by the provider so remedial action could be taken.

Some checks were carried out but these might not have been very relevant. For example, checks were carried out on window restrictors but these were to identify if they were fitted and not if, more relevantly, they were in working order and in use to reduce the risk of a person falling from a window.

The provider had records which indicated the hoists and slings should be checked weekly but we saw from the start of August 2018 until the inspection began these checks had only been recorded five times out of the seven times they should have been checked. Other records were not maintained accurately and in a consistent way. Information on the same person recorded in different places in the care plan sometimes was in contradiction. For example, in one place there was information that a person had capacity and then in other records there was information the person did not have capacity.

We saw in the daily records of care we looked at that where information had been recorded in error it had been crossed out and amended the staff member had not signed or initialled the record to indicate who had made the alteration.

We saw records relating to a person's care were not always consistent and accurate . During the inspection we saw the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form for one person which indicated the person had capacity. We also saw other documents including the care plan related to the person's end of life wishes which stated they did not have capacity to make decisions. This meant there was no consistency in the records relating to the person.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

A folder system had been introduced for staff to record the daily information in relation to food and fluid, pressure relief mattress check, change of position, personal care and continence care. The folders were kept in people's rooms and staff completed them throughout the shift. We saw in one folder an issue with a pressure relief mattress not functioning correctly had been identified during the daily checks and there was evidence that the issue had been rectified.

A range environmental checks were completed including Legionella monitoring in June 2018 showing no legionella found and the extractor fans were cleaned monthly. We saw records of monthly water temperature checks of hot and cold water for all taps.

We saw weekly checks were completed in relation to the fire alarm system and fire doors to ensure they were working correctly. Records indicated the portable defibrillator was checked daily and we saw the nurse on duty do this during the inspection.

The registered manager explained there had been a dedicated clinical lead allocated to the home but they had recently left the service so this role was now covered by the existing clinical lead in addition to supporting the provider's other care home. The registered manager told us they ensured staff knew who was responsible for the day to day management of the home every day.

We asked people for their views of the registered manager and staff at the home and they told us, "They're alright. They're approachable. There's three of them. Do I see them regularly? It just depends. Don't see each one each day" and "They are nice." Relative told us "[The clinical lead] pops in and comes to see people. Very nice, very responsive. The registered manager will always say hello. He has a little banter with my relative." The relatives also commented about the care workers and nurses and they said "The girls are lovely. I can hear them laughing, with residents and with each other, which is important. They'll come and join in the conversation with us and also always give us space. I've never heard them speak abruptly. It's home. We wanted [person's name] to be where they would be known as opposed to a very large care home."

Staff gave us positive feedback about the management and the way the service was run and their comments included "Always the management is good. They're very understanding. If we tell them we need something, they will help us. If we inform them if there is a problem they will explain what we need to do and support. If we're not happy, we will say something", "I feel it is good. There is management and team-working. I have any problems I talk to the care coordinator and she changes things. The atmosphere is good. If have a concern, I speak to a long-standing member of staff, or talk to the care coordinator or the manager" and "Management is very supportive. I like the management first as is very supportive. I like colleagues. The care coordinator is very supportive, supports career development to be a nurse in this country."

A Resident of the Day system had recently been introduced at the home. Each resident was given the chance to choose the food they would like that day. The focus on the person meant that the key worker would

ensure their cupboards and drawers were tidied, their care record was checked and any omissions highlighted for action and they were weighed. There was a standard template for recording the outcomes of the resident of the day process. Most people we spoke with appreciated this although it was noted that one person did not want a sign on their door drawing attention to this. This system provided an opportunity to fully audit a person's records and to identify anything that may be lacking so this could be addressed. For example, records showed that there was a need for updated risk assessments in relation to malnutrition and developing a pressure ulcer care plan for one person. Another showed a person's DNACPR plan was due a review. There was evidence that these issues once identified, had been completed within a couple of weeks of the review.

Since the last inspection the registered manager and senior staff have been working closely and in a collaborative manner with the local authority and the Clinical Commissioning Group to monitor the quality of the service to identify improvements to how the service was run and to implement these.

We saw a newsletter was displayed in the office area which had been circulated to people using the service and staff. It included a profile of a staff member, information on staff changes and who was the employee of the month in September 2018.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences. Regulation 9 (1) (a) (b) (c)

The enforcement action we took:

We issued a Warning Notice requiring the provider to comply with the Regulation by 31 January 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not ensure care and treatment was provided in a safe way for service users. The risk to health and safety of service users of receiving care and treatment was not assessed and they did not do all that is reasonably practicable to mitigate any such risks. The registered person did not ensure the proper and safe management of medicines. The registered person did not assess the risk of, prevent, detect and control the spread of infections. Regulation 12 (1) (2) (a) (b) (d) (g) (h)

The enforcement action we took:

We issued a Warning Notice requiring the provider to comply with the Regulation by 31 January 2019.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Treatment of disease, disorder or injury	The provider did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity Regulation 17 (1)(2) (a) The provider did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. Regulation 17 (1)(2) (b)

The enforcement action we took:

We issued a Warning Notice requiring the provider to comply with the Regulation by 31 January 2019.