

Northfield Care Limited

Northfield House

Inspection report

Folly Lane
Uplands
Stroud
Gloucestershire
GL5 1SP

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30 August 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Northfield House is a residential care home which can provide accommodation and personal care to 25 older people. At the time of the inspection 20 people were receiving care. The home cares for older people, some who live with dementia. People are accommodated in one adapted building which has a sensory style garden and car parking.

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

At the last inspection in September 2018 we inspected the key questions Is the service safe? and Is the service well-led? We found the provider needed to make improvements to their quality monitoring system, people's care records and how they sought and acted on feedback from people, relatives and professionals.

During this inspection we found the provider had met the actions outlined in their action plan, forwarded to us following the last inspection. However, their quality monitoring system was still not always ensuring effective and continuous monitoring of the service and improvement was still required to the quality monitoring of the service and maintenance of some records. Some areas of shortfall were not getting identified and addressed in a timely manner such as, the provision of staff supervision in accordance with the provider's policy, consistent and effective auditing of care plan and risk assessment content, the monitoring of staff competency checks and some areas of cleaning and safety management. Although, to date, this had not impacted on people's care and treatment, people's safety was potentially at risk if shortfalls in service compliance and improvement progress continued to not be successfully identified and addressed.

We had received concerns that people's health and welfare had been, and continued to be, neglected and that the management of the home supported poor practice. We followed up specific incidents, which had been reported to us. We therefore looked at the management of medicines, the general management of the home and the overall workplace culture. We found that best practice had not always applied; when responding to changes in people's health and wellbeing and in record keeping. A lack of communication and team working had contributed to how two of the situations reported to us, had been responded to. This had contributed to a delay in people being medically reviewed. Staff actions were not the only contributing factor in this delay, ambulance waiting times and waiting to access GP advice also contributed. Ensuring staff had appropriate training, support and guidance was important so they were able to respond to changes in people's physical and mental health effectively. There was evidence to show that action had been taken to improve staff knowledge and to ensure they had appropriate guidance. Current legislation; processes required under the Mental Capacity Act and Deprivation of Liberty Safeguards were followed. No-one in the home was being 'wilfully imprisoned'. Action was taken by the registered manager, at the time of these incidents, to investigate and address shortfalls in practice. We found managers were not supporting poor practice.

Improvement to the quality monitoring of the service and the processes behind ensuring necessary action

was taken for continuous improvement was therefore needed. For example, making sure that all support arrangements and processes were in place to ensure best practice was consistently maintained. To ensure changes in workplace culture and performance were identified and effectively addressed and, to ensure the adopted management systems and processes helped managers to remain compliant with regulations and ensure the provider's policies and procedures are followed.

We recommended the provider seek immediate advice regarding their quality monitoring processes. You can also see what action we have asked the provider to take at the end of this full report.

People's health and social care needs were assessed. Risk had been assessed and care was delivered in accordance with people's needs and preferences. In two people's case risk assessments had not been reviewed following changes in their health. We recommended that the provider review their processes for reviewing risk assessments.

There were arrangements in place for people's health needs to be assessed and supported by external professionals and specialist practitioners where required.

There were enough staff in number and skill to meet people's needs. Despite a large turn-over of staff in the last year, and further staff absences just prior to the inspection, action was being taken to staff the home appropriately and recruit new staff. Appropriate training was provided, and managers ensured care was led by experienced and knowledgeable staff.

People were supported to take their medicines as prescribed. Action had been taken to reduce the numbers of medicine recording errors, which potentially put people at risk of errors associated with their medicines. This action had been successful with no errors in the weeks leading up to the inspection taking place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests. The services policies and procedures supported this practice as did the training provided to staff. Legislation protecting those who lacked mental capacity was followed.

Measures were in place to reduce the risk of cross contamination leading to the spread of infection. The monitoring of cleaning needed to improve so that managers could be assured that the standard of cleanliness, both around the home and in the kitchen remained adequate.

Despite the lack of consistent formal staff supervision meetings, there was support and advice available to staff whilst they cared for people. Senior staff monitored the practical care provided to people and promoted a whole team approach to caring. Relevant staff training had been completed and arrangements were in place to develop staffs' learning and development further. Staff felt supported and able to raise concerns.

We observed people receiving caring and compassionate care; staff were attentive to people's needs and feelings. Staff knew people well and worked collaboratively with people and their representatives to ensure care was provided in a way which supported people's wellbeing. Elements of the 'Butterfly' model of care had been adopted, meaning staff were supported to focus on people's individuality and their feelings. Staff also worked with external health and social care professionals, and commissioners of care, to support people's wellbeing and easy access to the home.

People were supported to eat and drink enough and, in a way, which suited their individual needs.

People were provided with help to enjoy social activities and activities which more personally meaningful.

People's dignity and privacy was met, and people's diverse preferences were understood, respected and met. The involvement of people's representatives, relatives and friends in people's care and social activities was valued by the staff. There were no restrictions on visiting and where appropriate and safe to do so, people were supported to go out from the home as and when they felt able to.

Information was provided to people and their representatives in a way which met their needs. People's communication needs were met.

People's end of life preferences and wishes were explored, and staff worked alongside other professionals to support a dignified and comfortable end of life. This included the person's preferred pastoral support.

Managers were accessible to people and their relatives, so they could talk with them when they needed to.

Work had been done on promoting an open and relaxed workplace culture so both people's and staffs' wellbeing was maintained. At the time of the inspection staff and managers were working as one team to provide better outcomes for people. Staff spoken with were positive about the atmosphere in the home and how they as a team were being led and supported. There were arrangements in place for managers to formally communicate with people, relatives and staff and to obtain and listen to their feedback. Complaints were investigated and responded to.

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 the service was Requires Improvement (report published 20 November 2018).

Not enough improvement had been made to the service's quality monitoring processes and the provider remained in breach of regulation. This service has been rated Requires Improvement for the second time.

Why we inspected – This was a planned inspection based on the previous rating and in response to concerns raised about the service.

We have found evidence that the provider needs to make improvements. Please see Is the service safe? and Is the service well-led? sections of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Northfield House

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

The inspection was completed by one inspector and an assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information sent to us by the provider about events, accidents and incidents which have involved people who use the service. We gathered information and feedback from commissioners of the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and used the Short Observational Framework for Inspection

(SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, deputy manager, six care staff and the person responsible for the maintenance of the building.

We reviewed a range of records. This included three people's care files which included risk assessments, care plans and records related to the Mental Capacity Act. We also reviewed other risks assessment associated with choking and people's behaviour. We reviewed eight people's medicine administration records and other records related to the management of medicines. We reviewed three staff recruitment records and other associated electronic records. We reviewed records related to when staff had supervision and what staff training had completed. We also reviewed a selection of electronic and paper audits, including improvement plans, minutes of staff meetings and returned questionnaires from relatives and staff. We reviewed complaints records and two policies and their procedures.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- During the last inspection we found people's care records did not always provide enough information about how people should be supported to stay safe. The provider's action plan stated all risks assessments and care plans, to include, the measures in place to reduce risks would be reviewed and updated by December 2018. During this inspection the registered manager and deputy manager told us that since the last inspection all risk assessments had been transferred to the home's electronic care records system. When this took place, they were also reviewed and updated.
- The risk assessments we reviewed during the inspection had been reviewed since the transfer. The deputy manager, who was responsible for the on-going reviewing of risk assessments, told us reviews did not take place monthly but certainly when people's health or circumstances altered. We found in two people's cases this had not happened. One person no longer lived in the home, although we had looked at their care records in retrospect following a review of the falls audit. For the second person, through observation and by talking with staff, we evidenced that in practice, measures were in place to reduce risks to this person and these measures remained appropriate for the person's needs.

We recommend that the provider seek advice, from a reputable source, about the review of people's risk assessments to ensure they remain adequately reviewed.

- Staff carried out daily visual health and safety checks and along with regular maintenance and servicing arrangements this ensured the building and its equipment remained safe.
- The fire alarm system was checked and serviced by a specialist fire safety company. The maintenance person confirmed they checked the fire alarm points randomly each week and we saw records of this. They also visually checked firefighting equipment to ensure it was in working order.
- Staff and training records told us they had completed fire safety training and had been shown what to do in the event of a fire. Two staff told us they had attended a fire drill. There were no records of fire drills since 2016. The registered manager told us that when fire bells sounded, due to a fault or for other reasons other than a fire, these occasions were used as staff fire drills. Records were kept of when fire alarms sounded but not that they had been used as a fire drill. Consequently, there was no record of which staff had attended these or any record of how the drill had been responded to. The registered manager had not been aware of this lack of record. They informed us that the home had not been visited by the county's fire safety department since they had been in post and they would contact them and ask them to review the current fire safety and fire drill arrangements. We said we would follow this up with the county's fire safety department.

Using medicines safely

- We saw that action had been taken, since the last inspection, to ensure appropriate guidance was in place for the use of medicines prescribed to be used occasionally and for medicines administered covertly (hidden in food or drink when people lack mental capacity to agree to take their medicines).
- Action had been taken to address repeated recording gaps on people's medicine administration records (MARs). Following administration of people's medicines staff were required to sign the MARs to provide a clear audit trail of what medicines had been administered and, to record where medicines had not been given (including the reason) or if they had been refused. Recording errors potentially put people at risk of errors occurring with the administration of their medicines due to inaccurate records being held. We reviewed eight people's current MARs which showed they had been appropriately completed. There had been no errors in the last couple of weeks prior to the inspection and the MARs continued to be monitored before each medicine round to ensure staff had appropriately signed the MARs.
- People received support to take their medicines as prescribed. Medicines were stored safely and according to manufacturer's recommendations. Measures were taken to ensure people's medicines were available when needed. There had been some problems in ensuring GP surgeries and the supplying pharmacy communicated effectively about people's prescriptions. Staff were aware of the issues and followed up people's prescriptions to ensure the medicine order and delivery was completed.
- Staff responsible for administering people's medicines had been provided with relevant training. The registered manager told us they observed staff administering medicines, but they were not sure if senior staff completed medicine competency checks on staff. Records to support this best could not be found for us to review at the time of the inspection.
- Medicines requiring additional checks and records were stored securely. The stocks of these medicines are required to be recorded in a specific register held by the home (guidance on this is available to providers by the Care Quality Commission). The stocks of these medicines for two people were not recorded in the home's register. This meant that the home was storing these medicines, but staff were not checking or making a record of the stock balance as they were with other similar medicines. The registered manager told us action would be taken immediately after the inspection to rectify this.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. There had been a large turn-over of staff in the last year including staff absences so new staff had needed to be recruited. Some had already been recruited and we saw candidates arriving for interviews during the inspection. Whilst waiting for gaps in staff positions to be recruited to arrangements were made to cover these with help from existing staff and the use of agency care staff.
- The registered manager ensured there were enough staff with the right skills and experience on duty each shift. Both the registered manager and deputy manager shared 'on call' responsibilities. The staff we spoke with all agreed staffing numbers had improved and they had time to meet people's needs. They confirmed, in the event of unplanned staff absences such as staff sick leave, agency staff were used, and both managers helped to care for people.
- One person told us they had a quick response from staff when they rang their call bell. They said, "Staff are usually around."
- Although some necessary recruitment records were not initially found in the staff recruitment files reviewed, these were later found showing that safe recruitment practice was followed.

Preventing and controlling infection

- Cleaners were employed to clean the home. A recent unplanned complication with cleaning staffs' leave had resulted in an absence of cleaning staff for four days. The registered manager told us this had been an unusual circumstance and they and the care staff had completed priority cleaning.

- One person told us their bedroom had not been cleaned for a week. When we asked the registered manager about this they told us it would have been cleaned however, the cleaning records supported this person's feedback with no cleaning for this person's bedroom having been recorded.
- The stair carpet was observed to be marked and we asked when this had last been cleaned but managers were unsure. We looked at carpet cleaning records going back to May 2019 and these did not record any carpet cleaning having taken place. Managers had not been monitoring when carpet cleaning took place or the records.
- We observed staff reducing the risk of cross contamination by wearing protective aprons and gloves when supporting people with personal care or when helping them with their food.
- Care staff managed the laundry and soiled laundry was managed separately to reduce risks of spreading infection.
- We reviewed cleaning records for the kitchen including records of other tasks, such as fridge and freezer checks and found these had been inconsistently completed. The registered manager told us they were confident the kitchen was being cleaned although the records did not always support this. The registered manager had introduced new simpler records for kitchen staff to record completion of their cleaning and other tasks on. These showed an improvement in record keeping but remained inconsistently completed. The registered manager told us they had frequent meetings with the cook to discuss this and to monitor the situation.

Records relating to some areas of management of the home and processes which keep people safe were not being consistently maintained. This puts people at risk of potentially receiving a poor quality and unsafe service. The home's auditing processes had not always identified some of these shortfalls. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff had received relevant training and knew how to recognise potential abuse and report any concerns they may have. Managers adhered to the local multi-agency safeguarding procedures; they reported safeguarding concerns and shared relevant information with appropriate professionals to help safeguard people from abuse.
- Staff told us they felt able to challenge poor practice and report their concerns to the registered manager. Where poor practice had taken place, the registered manager had acted to address this.

Learning lessons when things go wrong

- Staff told us they felt able to discuss things that did not go to plan with the registered manager. They confirmed there had been time for discussion and reflection on such situations, so lessons could be learnt, or care adjustments made. This had taken place following an incident involving one person's distressed behaviour which one member of staff told us had been helpful for their learning. It had taken place during the time medicine recording errors were taking place and factors contributing to this were examined and action taken to address these. It had also been carried out after staff had not communicated effectively when a person's health had deteriorated, action to address this had also followed.

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 not inspected. At this inspection this key question has been rated a Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to moving into the home. One person told us they had been visited and assessed by a member of staff, before they moved into the home. This had included a discussion about what help they required and about their preferences and wishes.
- Staff worked in collaboration with other agencies and professionals to ensure care and treatment was provided in line with best practice guidance. This included assessment and review of people who lived with dementia and mental health needs to ensure they received timely and effective adjustments in their support and treatment.
- Reviews of people's medicines had been completed by pharmacists who worked with GPs. This checked that best prescribing practice had been adhered to and risks associated with polypharmacy (the prescribing and need for multiple numbers of medicines - often seen with older people) were identified and managed.

Staff support: induction, training, skills and experience

- The home's training record showed staff completed regular training in subjects relevant to their work. Both, computer based and face to face training was provided. Staff who were new to care and those newly employed completed induction training and the care certificate. This gave them the knowledge and skills to deliver care to a basic recognised standard, including an understanding of the provider's policies and procedures. All newly employed care staff worked with more experienced care staff until they were confident and competent to work alone. One member of staff said, "When I first started I had lots of training online and I was shadowing for a week with lots of other carers or seniors, because I was a bit unsure." This member of staff confirmed that when they had requested additional support, this had been given to them.
- On-going training arrangements were in place to keep staffs' knowledge and skills up to date and staffs' 'care' competencies had been checked earlier in the year.
- The provider's staff supervision policy stated staff should receive formal supervision three monthly. Staff supervision records showed that this had not been happening for most staff.
- Staff however confirmed they felt well supported through other means and told us they were able to get advice, guidance and feedback from both managers or more experienced staff as they worked with them. They confirmed their learning needs were met and they could access additional 'on-line' training courses as needed. The registered manager was aware of staffs' individual performances, development needs and where needed had organised additional support for staff.
- The registered manager said, "I speak with new staff and monitor them, my door is always open, and they know they can ask any question, however stupid it may seem." Staff confirmed this happened in practice.

One staff member said, "I can go to (registered manager) and ask anything."

- Learning and support was also provided by the registered manager, as the home's qualified dementia lead, providing 'bite size' learning sessions on dementia. As some staff had left and taken their skills with them, training was being organised for other staff to become, for example, dementia link workers (DLWs). Once qualified DLWs hold the skills to be able to promote and support person-centred care for those who live in their service with dementia. DLWs help to bridge the gap between staffs' theoretical training and the practical skills required to improve outcomes for people who lived with dementia. Some staff had also been assessed as competent by the external trainer, to support on-going best practice in safe moving and handling, once staff had received their initial training in this subject.

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

- Most people required staff support to ensure they ate and drank enough. Some people had complex needs related to their swallowing abilities and loss of cognitive ability.
- People at risk of choking or who had swallowing difficulties had been assessed by speech and language therapists (SLTs). Staff followed recommendations made by the SLTs which included safe positioning before eating or drinking and the provision of texture altered food and drink.
- We observed staff using verbal and non-verbal prompts to help people eat and drink. Visual prompts were used to help people who found making choices difficult. One person said, "The food is good, you are asked in the morning and there are three options (for lunch). Tea it is usually sandwiches, ice cream and jelly."

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with visiting healthcare professionals, such as community nurses and mental health community practitioners to meet people's health needs. People had access to a GP, NHS dental and optical services when required.
- Access to support to live healthier lives was provided. This was seen in the support given to one person to manage their blood sugar levels and the management of their diabetes. Rehabilitation support was being organised for another person, so they may gain their strength and confidence again to be able to return to their own home.
- Staff used NHS 111 and the emergency services (paramedics) when needed.

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

- The home's design provided a secure but domestic style place for people to live in. There was easy access to all areas in the building and to the garden for people who lived with dementia and additional physical disabilities.
- The secure garden had objects and planting which could be seen from inside and which provided visual and sensory stimulation when outside.
- Written and pictorial signage helped people locate their bedrooms, toilets and bathrooms.
- Communal bathrooms, toilets and people's private bathrooms had adaptations which helped them use these more easily. This included call bells, disability hand-rails and specialised hoists for helping people to bathe.

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

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

People can only be deprived of their liberty to receive care and treatment 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.

- Where people had been assessed as lacking mental capacity to make independent decisions, about where they lived and about the level of supervision applied, staff had made appropriate applications to the supervisory body (local authority) for DoLS.
- We reviewed records related to authorised DoLS. Where conditions applied, these had been met.
- Where applications had been made for DoLS but where people had not yet been assessed by the supervisory body, decisions made on behalf of people, in relation to their accommodation, level of supervision, care and treatment were made in their best interests. Records showed that people's legal and professional representatives and GPs had been involved in this process.
- Guidance for staff was recorded in people's care plans about what support people needed to make daily decisions and choices. We saw staff supporting people to make a range of daily choices and decisions.

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 not inspected. At this inspection this key question was rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- One person said, "Staff have been very welcoming. They do look after me and they are attentive." This person confirmed that staff gave them privacy and their dignity was maintained during the delivery of their personal care. They had been asked if they preferred a male or female member of staff to provide this; they had not minded either.
- We observed staff to be caring and compassionate towards people. Staff knew people well and were 'in tune' with how people felt at any time. We observed staff altering their interactions and approach to meet the needs of people at the time. This was seen when staff supported people's wish to be independent, to be left alone or when people started to show signs of anxiety or distress.
- Staff also used appropriate levels of banter and fun when interacting with people; laughter was often heard between people and staff.
- People were shown respect, they were referred to by their preferred name and treated as individuals with differing needs, abilities, beliefs and preferences.
- Information about people was kept secure and the need to maintain confidentiality and professional boundaries had been discussed with staff.

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

- We saw staff giving people time to express their views and listening to what people had to say. One person was unwell during the inspection. Staff visited them in their bedroom on a regular basis to offer reassurance and to check on them, but they also respected the person's wish to be alone and to rest.
- Staff showed patience with people who sometimes changed their minds about what they wanted to be involved in and the level of support they were able to accept. Where care was required but declined, staff respected this and often returned later to provide support at a time people were able to accept it.
- People's religious preferences were respected. We were also told that people's cultural preferences would also be respected and supported where required.
- Where people could no longer express their views, choices or preferences, and where it was appropriate to do so, staff worked in collaboration with people's relatives, to try and ensure people's care was provided in a way they would wish it to be.

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 not inspected. At this inspection this key question was rated as Good. This meant people's needs were met through good organisation and delivery.

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

- People's care was planned around their needs and preferences. The home followed some elements of the 'Butterfly' model of care; delivering person-centred care, focusing on people's feelings and supporting people to feel that they matter.
- Since the last inspection care plans had been further developed using an electronic care records system. They were stored electronically and were also available for staff in paper form.
- To help personalise electronically produced care plans information was sought from people and their relatives. The Alzheimer's document 'This Is Me' was used to help people and family members share important detail, which helped to personalise people's care and the interactions staff had with them. This included life history details, what and who was important to people, what made people happy and what distressed them. The provider information return (PIR) also stated that plans were being made to better capture this information from relatives who were not able to regularly visit the home.
- Guidance for staff in relation to people's behaviours was not always recorded in people's electronic care plans. Separate Red, Amber, Green (RAG) behaviour charts had been developed and gave information and guidance to staff on how to positively manage different stages of people's behaviours. These were stored with the paper copies of people's care plans for easy staff access.
- Arrangements were in place for staff to receive verbal information, about people's care and to receive updates about their health each time they came on duty. The practical delivery of people's care was monitored to ensure it continued to meet people's needs.
- Most people required the support of their legal representatives or designated relatives to be involved in the planning and reviewing of their care, on their behalf. Where needed, independent advocates were used to support people in their care choices. People's representatives and appropriate relatives were able to review aspects of their relative's care at any time with staff.

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 communication care plans gave staff information about how people communicated and how they needed or liked to be communicated with. People's protected characteristics were taken into consideration when communicating with people, such as Age, disability, race and cultural upbringing. Staff ensured people had working hearing aids and clean glasses on to assist with effective communication.
- Most people were unable to retain information for any length of time and found written information

difficult to understand, so information was predominantly given verbally and often repeated. Appropriate language and phrasing was used to assist understanding. Staff also used gestures, facial expression and pictures when they communicated with people and when they wanted people to understand the information they needed to give them.

- Information for people and their representatives could be provided in a format which suited their needs, such as; Easy Read, large print. Email, SKYPE and the telephone were all used to support better communication, between people and their relatives and staff.

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

- The home had been trying to recruit an activities co-ordinator to suit their model of care for some time.

Despite this, arrangements were made for staff to have the time to be able to support people with social activities and spend time with people on a one to one basis. We observed a baking activity where a large group of people were supported by several staff to enjoy the activity together. The equipment used had been chosen to represent the time that people may remember when cooking in their own homes, for example, vintage style food scales were used instead of digital scales.

- We also observed people enjoying individual and meaningful activities on a one to one basis with staff. One person was supported by a member of staff to browse through and discuss information, which was of interest to the person, by staff using an electronic tablet device.

- People were supported to access the wider community; some people had been to the theatre and local cinema. The garden was enjoyed by people to relax in and to enjoy summer activities such as potting flowers.

- Contact with families, friends and others in the community was encouraged and supported. Links had been made with a local school and some intergenerational activities had taken place; singing and painting together.

Improving care quality in response to complaints or concerns

- Arrangements were in place for people, relatives and other visitors to the home to raise a complaint. The provider's complaints procedure was displayed. Three complaints had been received since the last inspection. They had been investigated and action taken in response; not all action taken had been fully recorded. Actions had included money reimbursement and staff disciplinary action.

End of life care and support

- Where staff had been able to have a conversation with people or their relative's about end of life preferences and wishes, these had been recorded for staff guidance at the appropriate time.

- Arrangements were in place with GPs, community nurses and the pharmacist to support people's end of life needs.

- Some staff had visited a local funeral director to get a better understanding of the funeral director's role and how the deceased person's body was cared for up until their funeral. This helped staff in the home to be better able to answer questions relatives may have at this time.

Is the service well-led?

Our findings

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

At our last inspection the provider had failed to operate a robust quality monitoring system to ensure shortfalls were identified and action was taken to drive improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant the service management and leadership remained inconsistent in the way necessary service improvements were identified and addressed.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. We found no evidence that this had impacted on the quality of care and support people received, however processes were not in place to sufficiently monitor the service and records relating to the management of the service were not always well maintained. This potentially placed people at risk of receiving poor and unsafe services. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the provider seek advice and guidance, from a reputable source, in relation to improving their quality monitoring processes. The provider confirmed soon after the inspection that they had acted on this recommendation and had sought advice. We are unable to report on the outcome of this as this action was taken after the inspection. We will follow up on this, in the future, with the provider.

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

- The provider's quality monitoring system was not always effective in identifying shortfalls and driving improvement. This was seen in the following areas: a cleaning audit had been completed in July 2019, as part of that carpet cleaning had not been effectively reviewed. When asked, managers were unaware of when the stair carpet had last been cleaned. Insufficient arrangements were in place to monitor cleaning. One person fed back to us that their bedroom had not been cleaned for a week. Cleaning records recorded no cleaning activity for this person's bedroom for the week, but the registered manager was unaware of this.
- The registered manager told us fire drills were completed with staff. On the electronic health and safety audit, 'Yearly Fire Drills' were recorded as completed. We asked to see a record of completed fire drills, so we could see if all staff had attended these, and the evaluation of staffs' response to these fire drills. When we examined relevant records with the registered manager they were surprised to see that the names of staff who had attended had not been recorded and neither had an evaluation of the drill itself. They were therefore also unaware of who had attended fire drills. The last recorded fire drill, with staff names and evaluation recorded was in 2016. These records had obviously not been quality monitored.
- The registered manager was unable to tell us which staff had been provided with formal supervision (a

meeting between staff and registered manager to review the staff member's learning needs, progress and performance, as required by the provider's staff supervision policy every three months) without entering each individual staff member's electronic supervision log. Once we had completed this it was apparent the provider's policy on staff supervision had not been followed. The registered manager expressed surprise at the length of time some staff had not received formal supervision. This shortfall had not been raised as an action to be completed in the last service improvement plan. Some staff had not had supervision meetings for a year, some for nine months.

- Electronic medicine audits were seen for May through to June 2019 recording the numbers of recording errors on people's medicine administration records (MARs). We were informed that June to July 2019 had yet to be completed. These audits went back to 2017. The registered manager told us they also completed their own more regular audit of medicines which had recorded a gradual drop in recording errors, but they could not find these to show us. Random checks had been completed by the registered manager on the register kept for certain medicines. These checks had not identified shortfalls in the monitoring of two people's stocks of specific medicines. A lack of checking processes carried out on these medicines meant staff and managers in the home could not be sure that the correct number of medicines remained in stock; these medicines are at high risk of being stolen and abused. There had been a lack of quality monitoring regarding staffs' medicine competencies as the registered manager was unsure if senior staff completed these or not.
- The registered manager told us about the actions they had taken in response to complaints received, although not all actions had been recorded as is required in the management of complaints.
- The nominated individual carried out a quality monitoring visit to the home most months. An improvement action plan was generated following these visits. There was a lack of evidence to show that actions recorded on the improvement plan and recorded as completed by the home managers, had been consistently checked as completed by the nominated individual on their next quality visit. Several actions were seen in previous improvement plans as not 'signed off' by the nominated individual showing the audit process as not fully completed.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager showed us a new audit tool for quality monitoring care records; care plans and risk assessments. It was planned that a percentage of these would be audited each month.
- There were plans to develop the deputy manager's skills further; this would include skills to be able to complete staff supervision meetings.
- Some actions on the improvement plan, involved staff training which had been completed.
- Accident and incidents were recorded, and an audit completed of these to identify any possible trends or patterns, which may indicate a need for changes in the management of these to reduce recurrences.
- The registered manager kept the nominated individual up date with information related to people's care, risks and the business overall by completing a daily report and speaking regularly with them on the telephone.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Satisfaction questionnaires had been sent to relatives, representatives, people's friends, staff and visiting professionals in March 2019. Four questionnaires had been received back from families. Feedback was positive apart from one dissatisfied comment about cleaning which was addressed by the registered manager with staff and the relative. Staff comments were also largely positive although one questionnaire returned more recently was not. The registered manager told us she had yet to talk with this member of staff

to learn more about what was behind their feedback.

- An invite to a cheese and wine evening had been organised as another way of bringing relatives together and staff being able to seek feedback but none of these had been accepted.

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

- Staff spoken with told us a person-centred culture was promoted and supported; they had enough time to spend with people and be able to meet people's needs as and when needed. We observed this during the inspection.
- The registered manager discussed with us some of the challenges they had experienced and actions they had taken to maintain an open and positive workplace culture. This had involved some changes in staff, recruitment of new staff and a focus on team building and communication. The registered manager said, "Whatever position you're in you can challenge something. It's important for the staff team to understand this."
- Staff spoke of there being a positive workplace culture, comments included "When I came for interview I was looking around and it felt good - good atmosphere and good vibe everyone is very friendly", "It's a nice place to work, friendly, you are included" and "(Registered Manager) is amazing, very supportive, always on the end of the telephone if needed."
- We observed people being included and their contribution being valued and celebrated.

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

- The registered manager was aware of their responsibility to be open and transparent in situations where something had not gone to plan. This had been the case following a concern reported by one person.

Working in partnership with others

- The staff had good working relationships with local commissioners of care and worked collaboratively with them, so people could access the support of the home when needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality monitoring systems and processes were not always effective in assessing and monitoring the services performance against necessary regulations and the provider's own policies and procedures. It did not effectively ensure people were protected from potential risks which may arise from operating the service and always lead to improvements being made in a timely manner.</p> <p>Records pertaining to the management of the service were not always accurately maintained.</p> <p>Regulation 17(1)(2)(a)(b)(d)(ii)(f).</p>