

Bcs Medical (Shackleton) Ltd

Shackleton Medical Centre

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service:

Shackleton Medical Centre is a care home that 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 12 people living at the care home.

People's experience of using this service:

The provider had not always developed plans about how individual risks to people would be managed. During this inspection we saw there had been some improvements in relation to the development of risk management plans, but we saw plans were still not in place for everyone with identified risks.

The provider had not always updated care plans, risk assessments and risk management plan following accidents and incidents. This meant the provider could not ensure the learning from the investigation into incidents and accidents was used to reduce the risk of reoccurrence.

Medicines were not always stored safely. There had been some improvements to the administration and recording of medicines.

The provider had recruitment procedures, but these were not always followed to ensure new staff had the appropriate skills for their role and they were working while respecting and having regard to any conditions issued as part of a work visa.

Staff did not always complete training identified as mandatory by the provider. Nurses had not always completed training to meet the specific needs of people using the service.

Although there had been some improvements to the format of care plans, the information provided in the care plans was not always accurate or up to date. This meant there was a risk people may not receive the care they required to meet their needs. We also saw meaningful activities were not being provided for people living at the home to help them lead as fulfilling a life as possible.

The provider had introduced new systems and processes for auditing the service, but these still did not always provide information to enable them to identify areas which required improvement.

People told us they felt safe living in Shackleton Medical Centre. The provider had procedures to investigate and respond to any concerns raised regarding the care provided.

There were appropriate numbers of care workers deployed around the home to ensure people's support needs were met.

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

People were able to access a range of healthcare professionals to support their care needs.

People were happy with their care and felt their privacy and dignity were respected as well as being encouraged to be as independent as possible.

People knew how to raise a concern or complaint regarding the care they received.

Rating at last inspection: At the last inspection the service was rated Requires Improvement. (Report published 19 January 2019) The service was previously rated as Inadequate following an inspection in April 2018.

Why we inspected: The inspection was scheduled in line with the enforcement processes as we issued the provider two warning notices following the inspection in September 2018 requiring them to comply with the Regulations by 31 January 2019.

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

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

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

For more details, please see the full report which is on the CQC 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?

Inadequate ●

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and a member of the medicines team on the first day of the inspection. Two inspectors carried out the inspection on the second day.

Service and service type:

Shackleton Medical Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The registered manager was also a company director. 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:

The inspection was unannounced on the first day and we informed the registered manager that we would be returning for a second day.

What we did:

Before the inspection we looked at all the information we held on the provider. This included notifications 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.

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.

During the inspection we spoke with the registered manager, the two deputy managers, the deputy manager from another care home associated with the provider and five members of staff. We also spoke with a visiting healthcare professional. We spoke with four people using the service and one relative during the inspection. We reviewed the care records for five people using the service, the employment folders for four staff members, training records for all staff and records relating to the management of the service.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection we found a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider had developed risk management plans for some people, but these had not been completed for everyone with an identified risk. In addition, we found actions identified following incidents and accidents being reported were not recorded. We issued a Warning Notice to the provider requiring them to comply with the Regulation by 31 January 2019. At this inspection we found sufficient improvement had not been made and the provider was still in breach of Regulation 12 and not always providing safe care and treatment to people using the service.

- We saw a record of an accident which indicated one person had experienced a fall from a chair in their bedroom. The record had been completed but the summary of the accident stated, "Resident found conscious on the floor". The actions taken/lessons learned section of the form stated "Staff members instructed to complete incident and accident form as soon as possible once detected. Next of kin and management to be informed straight away – after contacting emergency services (if required)." The form did not include any information on what actions taken following the accident for example monitoring, observations or if the reason for the fall was identified. This meant it was unclear what had been done to ensure the person was safe and reduce the risk of reoccurrence.
- We reviewed the care plan and risk assessments for the person and we saw there were no risk assessments or risk management plans in relation to falls and how to reduce the risk of reoccurrence, particularly when they moved from a chair without support as the care plan identified the person had a history of falls. The deputy manager confirmed risk assessments in relation to falls were not completed for people using the service but they would now introduce them.
- During the last inspection we saw 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 risk assessment carried out by staff in relation to the use of the stairs, which had not taken account of different states of intoxication, had not been updated and therefore the assessment did not accurately reflect or plan for the varying level of risk for this person. The risk assessment was last reviewed in January 2019.
- 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 their care plans to help manage the impact of the progression of the condition on the person's safety. This meant care workers were not provided with guidance on how to support the person appropriately.

- During this inspection we found a fuse box was located in an upstairs bathroom and could be accessed by people using the service as the door on the cupboard was not secured. This meant people were at risk of having access to the main fuse box and there was a risk that the electrical supply to the home may be affected.

- There were also a number of urine bottles left on the floor in bathrooms around the home, but the deputy manager confirmed there was no one at the home who used them. This was an infection control risk.

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

- We saw each person had a personal emergency evacuation plan (PEEP) in place which provided detailed information on how to support the person if they needed to evacuate the building in case of an emergency.

- During the last inspection we saw the provider's arrangements to clean specific equipment had not taken into account the increased risk of the spread of infection. 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 a person breathe. If necessary, the tube can be connected to an oxygen supply and a breathing machine called a ventilator. The provider had changed the frequency of cleaning of the suction machine, which was used a minimum of four times a day, to twice a week. At the inspection in April 2019 the deputy manager confirmed the equipment was now cleaned every day to reduce the risk of the spread of infection.

- At 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 locked.

Using medicines safely

At our last inspection in September 2018 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because we were concerned that the management of medicines was not always safe. We issued a Warning Notice to the provider requiring them to comply with the Regulation by 31 January 2019. This had improved however the provider was still in breach of Regulation.

- Medicines to be disposed of were not stored securely or placed in appropriate pharmaceutical waste bins. On the day of inspection, we found open cardboard boxes which contained medicines for return to the pharmacy. This presented a risk as the medicines had not been stored securely or appropriately.

- Medicines were administered by nurses, but we were not assured that all of them had been trained in medicines administration. For example, there had been no competency assessments or up-to-date medicines training for four nurses and the clinical lead.

- We found that although there were separate charts for people who had medicines such as patches, ointments and creams prescribed to them (such as pain relief patches), these were not in place on the day of inspection and were not being used to record the administration of these medicines.

- Current fridge temperatures were taken on most days but did not include minimum and maximum temperatures. During the inspection (and observing past records), the actual fridge temperature was found to be in the appropriate range of 2-8°C. However, the maximum temperature on the day of inspection was

14°C. The fridge monitoring chart had the minimum and maximum temperatures prepopulated with 2°C and 8°C but it was clear from our findings that these were not accurate. Furthermore, we saw that temperature readings for the fridge and room had not been completed on two days in April 2019 during the night-time, as per the provider's policy. This meant that we were not assured that the conditions in which medicines were stored were being adequately monitored to help ensure that medicines were being stored appropriately and safe to use.

- Controlled drugs were appropriately stored in accordance with legal requirements, with twice daily audits of quantities done by two members of staff. However, there was no CD denaturing kit in place in the event that a CD had to be appropriately destroyed for waste.

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

- People received their medicines as prescribed and in a caring way, including controlled drugs. We looked at eight MAR charts and found these were signed appropriately when medicines were administered. There were appropriate records made of the medicines that were destroyed and there were suitable arrangements in place for their collection by the local community pharmacy.
- We saw that all prescribed medicines were available at the service and this assured us the provider had made suitable arrangements about the provision of medicines for people. Medicines were stored securely in locked medicines cupboards or trolleys, and immobilised when not in use, apart from medicines for waste.
- A recent improvement made by the provider included ensuring that drug safety alerts had been appropriately actioned. For example, following a safety alert about a potential fire risk for patients using paraffin-based skin emollients, we saw evidence that the provider had received, disseminated and actioned this alert appropriately.
- We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

Staffing and recruitment

- The provider had recruitment procedures, but these were not always being followed.
- We saw two applicant's had restrictions on their visa in relation to their ability to work. We saw the details of one applicant's residence permit which stated they could only work 20 hours per week during term time. We saw the work rotas indicated that the new staff member had worked in excess of 20 hours during a week on a number of occasions. We also saw the records for a second applicant which indicated there were restrictions placed upon their ability to work in the UK but there was no record of what these restrictions were. This meant the provider could not ensure their employment met the restrictions identified in the work visa.
- The deputy manager confirmed applicants were asked for five years work history and contact details for two references from recent employers. We saw one application form contained no work history or reason for this section of the form not being completed but we saw a reference had been obtained from a person who stated they had employed the applicant. The records for another member of staff employed at the home showed two references had been requested from their home country but only one had been received but they had started working unsupervised at the home or without a risk assessment. The references for a third

member of staff had not been obtained by the provider but copies were given by the applicant. There was a discrepancy in the information relating to the applicant's qualifications and previous experience provided in the references and the application form.

- Two members of staff who worked at the home also had full time roles for another organisation. There were no checks in place to ensure their shifts at the home did not follow straight after one with the other provider to ensure they had an appropriate break between shifts so they could carry out their roles in a safe way.
- There was no record of the new staff members completing any shadowing of an experienced staff member to ensure they had appropriate skills and knowledge to provide appropriate care.
- As the recruitment procedures were not always followed it meant the provider could not ensure applicants were suitable to work with people living at Shackleton Medical Centre.

The above was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At the end of the inspection there were 11 people receiving care at the home and one person in hospital. The deputy manager told us seven people living at the home required the support of a minimum of two care workers during personal care. As the number of people using the service had reduced to 12 the staff to person ratio had increased but the number of people requiring support of two care workers had stayed at the same level. There were three care workers and one nurse on duty between 8am and 8pm with two care workers and a nurse on duty overnight. We did note there were times during the inspection we saw the nurse or the care workers were not available to provide support as they were busy elsewhere in the home but people we spoke with thought there were enough staff.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living and receiving care at the home. The provider had a policy to investigate and respond to any concerns raised about the care provided. We saw records for concerns that had been identified and these included notes of investigations and photographs when necessary.

Preventing and controlling infection

- The provider had appropriate systems in place for preventing and controlling infection. Training records indicated nurses and care workers had completed infection control training. We saw staff were provided with personal protective equipment and this was accessible around the home.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- The provider had training in place, but this did not always provide staff with the support and up to date knowledge they required to provide suitable care.
- The training records showed that from the 12 nurses employed by the provider there were no records that eight of them had completed tracheostomy training and nine nurses had not completed PEG training. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through a thin tube that has been passed surgically through the skin and into the stomach. There was a person using the service who required these specific aspects of care. The records for one nurse, who had recently started working at the home and was the only nurse on duty on the first day of the inspection, had only completed training for basic life support, use of a defibrillator and medicines since starting the role. The training records also showed they had completed Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act 2005 (MCA), infection control, health and safety and fire training courses in November 2018 before they started their employment with the provider. This meant the provider had not ensured the nurses had received appropriate training to meet the needs and to provide safe care to people using the service
- The deputy manager provided the current training records for 12 nurses, 21 care workers and four housekeepers that worked at the home. They also confirmed which training courses had been identified as mandatory by the provider. The mandatory training included safeguarding, COSHH (Control of Substances Hazardous to Health), food hygiene, moving and handling and infection control.
- The records indicated only four care workers had completed COSHH training with no housekeeping staff either completing the training even though they use cleaning chemicals as part of their role. The moving and handling training records showed eight nurses and nine care workers had not completed the training. This meant staff had not always completed training which related to their role.
- We looked at the records for four staff that had been recruited since the previous inspection and we saw there were no records of shadowing a more experienced staff before taking on the role unsupervised. The provider's process required new staff to complete a period of shadowing experienced staff.
- We also looked at the profiles for four staff who regularly worked at the home. The documents included a photograph of the person and a section to list their training. We saw the profile sheets stated mandatory training had been completed but no information identifying what training had been undertaken and when.

One of the profile sheets indicated it had been last updated in December 2018. This meant the provider did not have accurate information to confirm the training completed by agency staff.

The above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We saw new staff completed an induction programme and staff completed regular supervision with their line manager.

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

- People we spoke with said "Meals are ok", "Could do with a cook here and would help the nursing staff and carers. If I don't like the food, they will offer something else or I will order a pizza for myself and I bring friends back for lunch, they make them welcome. It's an Indian home so I ask for a sandwich or pizza, but they do have food in, you can have a choice" and "I like Indian food [it is] served two or three times a week. Indian food, rice and dahl...rice is life food. I tell the chef I want my Punjabi dish, chapatti and she makes it for me, a cornflour chapatti and saag (an Indian dish)."

- We saw there was a food preference form completed for people identifying their likes and dislikes, but this information was not always reflected in the food they were offered. Food and fluid records were completed where a person was identified as being at risk of losing weight or dehydration. There was a list of the dietary requirements for people using the service in the nurse's office which included consistency of food, diet type, if they required support to eat and when the person was last seen by the community dietician, so staff were provided up to date information on people's dietary needs.

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

- People we spoke with confirmed they were supported to see the GP and other healthcare professionals. There were copies of letters and discharge information kept as part of people's care plans, but we saw the information provided in these documents was not always updated in the care plans and risk assessments.
- During the inspection we spoke with the tracheostomy specialist nurse from the community nursing team who confirmed they regularly visited the home. They told us there was good communication with the staff at the home.

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

- During the last inspection we identified some areas of the home were not appropriate to meet people's needs and aspects of the building were not secure. We made recommendations in relation to obtaining professional advice regarding appropriate furniture and how to maintain the security of the premises and safety of people while minimising any restrictions on their liberty. During this inspection we found there had been improvements.
- We saw there were armchairs in the lounge which were higher to provide a more stable base for a person to help them stand. The deputy manager explained the tables in the open area in the top floor had been removed which reduced the available space for people to sit and take part in activities as new tables were being ordered.
- Key pad access had been added to the external side door which was used by people living at the home to access or leave the building. A call bell system has also been installed so visitors could notify staff they required access. This meant the door, which was also a fire door, was now secure and access to the building

could be more controlled. The bedrooms which were not currently in use had been deep cleaned and the rooms locked to restrict access and areas not in use on the ground floor were also secured.

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

- An assessment of a person's care and support needs was completed before they moved into the home. During the inspection we reviewed the assessment of a person who received care during a respite stay at the home. The needs assessment has been appropriately completed and provided information on the person's care needs, health, personal care and mobility.

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

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The deputy manager explained they completed a mental capacity assessment if they felt a person may not have capacity to consent to aspects of their care. A mental capacity assessment had been carried out for specific decisions such as use of bedrails, personal care, medicines and use of a lap strap when using a wheelchair. Best interest decisions were also recorded when it was identified the person was unable to consent to that aspect of their care.
- The provider had a process to record when a DoLS application had been made and the local authority were contacted every three months to check to monitor the progress of the application.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- During previous inspections in 2018 we saw that even though people told us they felt the support they received from 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 that was also safe and appropriate.
- At this inspection we again saw staff interacted and supported people in a kind way and understood how people wanted their care provided. We found the service was still not always caring because we identified a number of repeated shortfalls in the provision of the service. This meant people could not have received a good service and all the support they needed to meet all their needs in a safe way. People were still not being protected appropriately from risks that could arise as part of receiving care and support and from unsafe recruitment processes. For example, the service was not always caring because people might have been placed at risk of poor care as care plans and risk assessments did not provide up to date information and there were still issues relating to appropriate management of medicines.
- People were happy with the care they received from care workers and nurses. Their comments included "I'm well looked after. It's comfortable here" and "They come, and they help you. Staff are good and find clothes when they are lost. It's proper, they treat me kindly. They listen to me, yes, they are kind. They treat me nicely and they listen to me."
- The care plans included information on the person's religious and cultural needs. A care worker told us "I speak Hindi and Punjabi, some residents speak this. There is a shrine for Hindu people and we celebrate Diwali. Take the shrine downstairs where they can pray. We also celebrate Christmas, Diwali and Halloween. It's in the care plan what religion they are." One person told us they enjoyed when visitors from the church came to the home. Another person commented they wanted to visit the Gurdwara but had been unable to do this as they felt this was sometimes due to a lack of staff availability. We saw the menu included a range of meals to meet the cultural preferences of people living at the home but sometimes the options available for a meal were not suitable for everyone at the home. We discussed this with the deputy manager who confirmed they were reviewing how people were supported to access religious organisations and the community. activities were provided. During the inspection the deputy manager introduced us to a person who was organising regular visitors to the home from a local church.

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

- We saw where the person had been identified as being able to consent to their care had signed their care

plans to confirm they reflected their support needs. Where a person did not have the capacity to consent to their care, the care plan had been signed by a relative or a representative on their behalf.

- During the inspection we saw people we supported by staff to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- People felt staff respected their privacy and dignity as well as supporting them to be as independent as possible. Their comments included "I do like it here. Really pleased with my room and how it looks. They encouraged me and put up pictures for me. There is a family touch here you can make your own", "Yes, I like some staff more than others, but that is natural. All good" and "Yes, there is respect and kindness, they knock on the door, she helps me."
- We spoke with staff about how they maintain people's privacy and dignity when providing support. They told us "They can feel if you care, I'm not rough but gentle, talk with people. Sit and talk with everybody. They ask about staff and some look for me" and "We try not to disturb them. We close the door. Knock before we enter. Tell them what we are supposed to do."
- People were supported to be as independent as possible for example people, if able to, were supported to access the community on their own. A care worker told us "We encourage them [to be independent]. If I know they can help themselves I encourage them. If they can walk or eat their breakfast themselves. I show them their shirts, so they can choose themselves."

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection we found a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) 2014 in that the care plans did not provide current information about people's care needs and did not reflect how people wanted their care provided. We issued a Warning Notice to the provider requiring them to comply with the Regulation by 31 January 2019. At this inspection we found sufficient improvement had not been made and the provider was still in breach of Regulation 9.

- During the inspection we spoke with one person who told us they had curry for their lunch, but they commented they felt it was spicy. Relatives told us when curry was on the menu the care workers provided yoghurt to mix into the curry to reduce the spice. We looked at the person's dietary information form completed in February 2019 which states the person dislikes spicy food. This meant the information identified in the care plan was not being used to provide food which met the person's preferences.
- We saw where letters had been received from the NHS identifying changes to a person's health and support needs this information was not reflected in the person's care plans. For example, we saw the care plan and risk assessment for one person indicated they were living with a degenerative disease and diabetes, but letters received from the NHS during March 2019 indicated the person did not have these conditions. A malnutrition risk assessment which indicated the person had diabetes was completed on 20 March 2019 by a nurse at the home, but the NHS had confirmed the person did not have diabetes on 8 March 2019. The care plans and risk assessments were providing inaccurate information relating to the person's health needs which meant there was a risk people may not receive the care they required to meet their health needs.
- Where a person had been identified as having reddened skin when personal care was being provided this information had not been recorded in their skin integrity care plan or in the risk assessment, so this area could be monitored to prevent deterioration. For example, we saw the skin integrity care plan for one person dated 19 March 2019 but we saw photographs had been taken on 26 March identifying areas of reddened skin but there was no information on what action had been taken to help manage this issue. The skin integrity care plan which had been reviewed on March and April also did not contain information about reddened skin and stated there were no issues with the person's skin. This meant appropriate guidance for care workers was not provided on how to support the person to manage their skin condition when this had deteriorated.
- We saw the care plan for one person who received food, fluids and medicines via a PEG. There was guidance for nurses which was last reviewed in 2017 which indicated the total amount of fluids to be administered each day including nutrition and water to clear the PEG. The nurses recorded the amount of

fluids administered each day. We saw the records of fluid intake regularly exceeded the maximum amount of fluid that should be administered. Either the care plan had not been updated or staff were not following the person's care plan in relation to the intake of fluids.

- We spoke with people about the activities which were provided at the home. One person commented "I want to go to the Gurdwara on a Sunday. I have not gone for a long time. I said last time at festival I wanted to go but no one takes me. They said they were short staffed. This Sunday I want to go." We saw some people were able to go out without assistance and could access activities in the community. The deputy manager confirmed the care workers were responsible for organising activities in addition to their other care tasks. They told us there was not a programme for activities, but care workers would try to organise activities whenever possible. This meant that if a person was unable to access activities in the community, meaningful and stimulating activities were not provided in the home to meet their interests and needs.

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

- We saw a new format for the care plans had been introduced which included possible risks, an outcome, how people wanted their care provided and how staff can support the person to receive the care they needed. Each person using the service had a care plan in the new format and the deputy manager explained they were continuing to review the care plan format to ensure it provided appropriate guidance for care workers.

Improving care quality in response to complaints or concerns

- People using the service and relatives were aware of how to raise a concern or a complaint. One person commented "I would feel safe making a complaint. If anyone upsets me I would say or go to the registered manager or deputy manager." The provider had a complaints policy which had been regularly reviewed. There was a complaints log that was used to record the complaints and the outcomes. At the time of the inspection no complaints had been received since our previous inspection.

End of life care and support

- We saw the care plans for some people included information relating to their wishes as to how they wanted their care to be provided at the end of their life. There was information provided in the summary pages for some people about their wishes for end of life care for example we saw the records for one person stated they wished to receive care at the home if their health deteriorated and the care plan for another person indicated they wished to be resuscitated.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Continuous learning and improving care

At our last 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 or where issues were identified they had not taken action to make the necessary improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We issued a Warning Notice to the provider requiring them to comply with the Regulation by 31 January 2019. The provider was also breaching this regulation at our inspection in (first inspection when they were rated inadequate) and they had not been able to make the necessary improvements for more than (period of time). At this inspection we found sufficient improvement had not been made and the provider was still in breach of Regulation 17.

- At this inspection we found the provider had a range of new quality assurance processes, but these were not being used effectively to monitor, assess and improve the quality of the service and they did not always provide information required for the provider to identify issues where improvements were required so these could be addressed.
- We saw the records of the emergency lighting tests indicated that in December 2018 the emergency lighting in in some parts of the home was not working. The emergency lighting checks which were completed in January, February, March and April 2019 all identified the lights were not working and required repair, but it had not been completed. The record indicated the registered manager was aware of this issue, but we found that the emergency lighting has not been made good where it was defective, and this has been the same for four months. This meant the registered manager had not ensured that when concerns and areas for improvements were identified they were responded to and resolved in a timely manner for the safety of people who live in the home, staff and visitors.
- A member of the administration staff carried out weekly checks on the records kept in people's bedrooms where care workers recorded personal care, food and fluid intake, catheter care, pressure relieving mattress checks and if the person had been repositioned in bed. We saw detailed notes of the checks were made identifying where information was missing from the records or where care workers or nurses had not completed the records in full but there were no actions recorded to demonstrate how these issues were resolved. This meant where issues with recording information were identified there was no learning and corrections made to prevent reoccurrence.
- We saw an audit of the care plans was carried out in March and April 2019, but the information had not

been reviewed with actions identified where necessary to address shortfalls and with identified timescales for completion. This meant where information that was not accurate or up to date was identified, no action was being taken to help correct the mistakes and make the necessary improvements.

- Checklists were completed in relation to the recruitment process, but these did not identify that information relating to conditions associated with some staff's rights to work in the UK had been noted to ensure these could be taken into account when planning rotas, so the conditions were complied with.
- The provider did not always ensure people were protected from risks while receiving care and treatment in the service as care plans and risk assessments were not always completed or up to date for example falls risk assessments. Risk management plans were also not always developed to provide care workers and nurses with appropriate information to reduce possible risks when providing support.

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

- The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider including controlled drugs, the medicines trolley, omitted doses and discontinued medicines on the MAR charts on a daily and monthly basis.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with told us they liked the registered manager and the deputy managers. One person said "The manager is a good man. He speaks good Punjabi, has a chat with me. If I had a problem I would tell the manager." Relatives we spoke with thought the senior staff were good. One relative told us they felt the deputy manager had a nice manner on the phone when they spoke to him. They felt the only drawback of the home was that there was no big room where they can sit together and socialise." Another relative told us they felt their family member was safe and cared for and their room was clean and tidy but sometimes they could not always find a member of staff when they were at the home as they were busy.

- Staff we spoke with told us they felt supported by the senior staff at the home. Their comments included "Yes, the deputy manager is perfect, even if you do something wrong he speaks to you so nicely- he gives you more confidence", "Yes, they are very friendly. I am very comfortable here. I'm very happy here. The management is nice. Free to speak with them. They are very confidential" and "The deputy manager, I find him very supportive. He asks everyday are you ok? He is a good listener."

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

- The registered manager for the home was also a company director for the company which owned the home. During the inspection the registered manager explained he had appointed two deputy managers. One deputy manager was also the registered manager at another home owned by the provider. The second deputy manager had been working at the home as a senior care worker. The two deputy managers were taking the lead on identifying and implementing the improvements around the home.
- The registered manager had appointed a clinical lead for the home who worked as a bank nurse at the home two days per week. The registered manager explained the nurse will continue working as a nurse for the two shifts per week and will cover the clinical lead role during these shifts.

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

- The provider obtained feedback from people using the service, relatives and visitors as well as visiting professionals. Feedback forms had been completed by healthcare professionals including a podiatrist and a physiotherapist as well as social workers. Some of the comments we saw related to the reason for their visit for example the outcome of an assessment but where they recorded their views on the home and staff we saw their feedback was positive. Feedback received from relatives and visitors to the home was also positive.

- We saw the agendas for staff meeting in March and April 2019 but there were no minutes available as a record of the meeting and for staff who were not able to attend the meeting and for others to show what was discussed. There were notes from a staff meeting in January 2019. There was a handover meeting for care workers and nurses at the start of every shift.

Working in partnership with others

- The registered manager and the deputy managers had been working closely with the local authority and Clinical Commissioning Group to monitor the quality of the care provided, identify areas for improvement and how these could be implemented.