Life Care Corporation Limited

Life Care Corporation Limited

Inspection report

29 Cressingham Road
Reading
Berkshire
RG2 7RU

Tel: 01189868944

Date of inspection visit:
29 April 2019
30 April 2019

Date of publication:
01 October 2019

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

Life Care Corporation Limited is a 'care home' which is registered to provide care for up to 41 older people, some of whom may be living with dementia. 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 home is divided into two units in a large detached building. At the time of the inspection the service was supporting 39 people.

People's experience of using this service:

Risks to people's safety and well-being were not always managed effectively and this placed people at risk of harm. The provider failed to consistently ensure people at risk of malnutrition and pressure ulceration were managed in a safe way.

Medicines management was not always safe. Where people were prescribed 'as required' (PRN) medication, the service did not have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.

Care plans were not regularly reviewed and amended when people's needs changed or if new information came to light. Records were not always kept up to date.

People were not always kept safe from risk of harm in the event of an emergency as individual personal emergency evacuation plans were inaccurate and equipment for signalling for support was not always accessible to people.

We found that there were limited activities on offer to people living in the home. People were not supported to enhance social and recreational pursuits.
The design of the premises was not suitable for the needs of the people with dementia. Equipment was not available to support people who are diagnosed with dementia to maximise independence.

We observed some caring interactions between staff and people that they supported. However, some interactions were not undertaken in a kind and compassionate way.

People were kept safe from the risk of being supported by unsuitable staff, because the service had adequate recruitment processes in place. Staff were up to date with training that the provider deemed mandatory.

Staff were trained in protecting people from abuse. Staff knew how to report abuse and were knowledgeable about safeguarding and identifying the signs of abuse.

The provider was working within the principles of the MCA; however, staff didn't always understand the principles of the Mental Capacity Act (2005). Staff did sought permission from people before supporting them.

Staff were provided with personal protective equipment and understood the importance of infection control. However, some areas of the home were found to contain hazardous items which did not promote safety, infection control and prevention.

Rating at last inspection:
The service was inspected in September 2016 and report published (October 2016) and was rated good. We conducted a focussed inspection in June 2018 due to information of concern. We looked at the domains safe and well led, and the service was rated Good in these domains. This inspection report was published (July 2018).

Why we inspected: This was a planned unannounced inspection based on the rating at the last inspection

Enforcement:

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

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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

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? The service was not safe. Details are in our Safe findings below.	**Inadequate**
Is the service effective? The service was not effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below	**Requires Improvement**
Is the service well-led? The service was not well-led Details are in our Well-Led findings below.	**Inadequate**

Life Care Corporation Limited

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. 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:
This inspection was carried out by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Life Care Corporation Limited is a care home which provides personal care and support for up to 41 people. Some people residing in the home were living with dementia and other health related conditions.
At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:
This inspection was unannounced and took place on 29, 30 April 2019 and 10 May 2019. The Inspection site visit activity started on 29 April 2019 and ended on 10 May 2019.

What we did:
Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspection. We looked at the PIR and

at all the information we had collected about the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection:
We undertook a 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 spoke with the registered manager, operations manager, the deputy manager, senior care staff, care staff, events coordinator, housekeeper and the kitchen assistant and cook. We spoke with 12 people who use the service and three relatives or friends of people that lived in the home.
We looked at eight people's care records and associated documents such as medicine records. We looked at records of accidents, incidents and complaints received by the service.

We looked at audits and quality assurance reports completed by the management team. We looked at recruitment records, staff supervision and appraisal records.

After the inspection additional information was gathered, which included, the operations manager quality assurance audit, Life Care policies and procedures, Life Care training matrix and next of kin and residents' feedback and two professionals' feedback.

Inadequate

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

● Risks to people were not always managed safely. People's risk assessments were not reviewed on a regular basis to ensure they were kept up to date and reflected any changing needs. People's care plans and assessment of need summary were not reviewed on a regular basis to ensure they were kept up to date and reflected any changing needs. Risks associated with people's weight loss was not always managed in a safe way. There was some inconsistency in care plans regarding whether people's assessed needs were being met. For example, one person's "Hydration and nutrition care plan" stated they should be weighed weekly. However, we looked at this person's care records and found that they were not always being weighed weekly. We reviewed this person's Malnutrition Universal Screening Tool (MUST), this is a tool which is used to establish people's risk of malnutrition. We found that between 7 February 2019 and 26 April 2019 this person had lost ten kilograms in weight. The MUST completed by staff during this time stated they were at "Low risk" of malnutrition. This was incorrect, given the amount of weight lost in a three-month period the person would be considered to be at "High risk". We looked at whether the person had been referred to any specialist professionals and found that the GP and dietician had been contacted, however, following a referral to the dietician the food monitoring plan needed to continue with the referral was blank.

● We looked at another person's MUST scoring tool and found that it was incorrectly scored. Due to the incorrect scoring, and inaccurate level of risk highlighted in the person's care plan, there was a potential risk this person's needs would not be met as staff did not have the information required to mitigate and manage this risk.

● The incorrect MUST scoring tool was brought to the attention of the management team, who acknowledged that the scoring was incorrect. During the inspection the scoring was changed by a member of the management team.

● We looked at one person's care records who was at high risk of pressure ulceration. They had not had their Waterlow score reviewed since being discharged from hospital on 3 April 2019 despite their care needs having changed. Waterlow is a tool used to identify and determine if a person is at risk of developing a pressure ulcer and provides guidance on preventative measures that should be taken.

● In addition, where appropriate risk prevention was identified this was not always followed by staff to ensure people's risk of pressure ulceration was managed in a safe way. For example, a person had a pressure relieving mattress in place. The person had a skin integrity care plan which stated, "Staff to ensure the air mattress is functional and set to the correct setting for their weight." We checked the setting during inspection and found it to be set at a weight of 100 kilograms. The person weighed 47.9 kilograms. Their care plan stated they should be repositioned every four hours. We looked at their repositioning chart which highlighted that the person had not been repositioned in line with their care plan. One entry highlighted that they had not been repositioned for 12 hours. We looked at whether this was an omission in recording, however, when we spoke with staff we could not be assured that appropriate action had been taken to mitigate these risks in line with the person's care plan. This meant that the person was at risk of developing

pressure ulcers as staff were not following their care plan to mitigate such risk.
● One person had been identified as needing a hospital bed, air mattress and pressure cushion. There was a repositioning chart in place which instructed staff to support the person to reposition every four hours. In their skin and integrity care plan it stated that they could independently "reposition in bed and on the chair". When speaking with staff members, they confirmed that the person could not reposition themselves and needed assistance. There was a potential risk this person's needs would not be met by new staff as care plans were incorrect and did not provide guidance to mitigate and manage this risk.
● One person's "weight chart" showed they had increased in weight by 11 kilograms in 1 month. We asked a member of the management team regarding this high increase in weight in such a short period of time. They informed us, "A few people's weight is wrong". They went on to say, "I didn't think the scales were working correctly". When asked if this would be addressed they stated, "I was going to look next week". The management team did not identify the impact this increase could have had on the people when monitoring risks. After the inspection the registered manager provided evidence that the weighing scales were calibrated on an annual basis. However, on the day of inspection no action had been taken to investigate the concerns regarding the weighing scales.
● People were not always protected from risks associated with their health and care provision. Care plans were not individualised. For example, one person's care plan had another person's name written at the top and referenced two people's name through this. The management team could not confirm whose care plan this was. There was a potential risk that staff were providing care to people that did not meet their needs.
● People were at risk of not being able to call for help in an emergency. For example, during the inspection we saw two call bells tied up and not at the level they should be to ensure people had access to them to signal for support if they should need it. One call bell tied up was in the lift. When we asked a member of staff why the call bell was tied up, they did not know that the cord was meant to hang down. We observed an emergency button in a communal hallway that had laundry piled up in front of it which meant it was barely visible and difficult to access.
● It was found during inspection that people's personal emergency plans (PEEPs) were incorrect. These were not up to date and contained information on people who were no longer residing at the home. Room numbers for people were incorrect. These plans did not always contain detail of how many staff people would need or what equipment should be used. At the time of inspection, we could not be assured that the service had full oversight of people's safety in the event of an emergency. Following the inspection, the registered manager informed us that all individual PEEPs had been reviewed to ensure they reflected people's individual needs in the event of an emergency.

The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
●People did not always have their medicines managed in a safe way.
● Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine. This meant that people may not always get their medicines when they needed them.
● We found that when a person's PRN medication had been changed the PRN protocol had not been updated to reflect this.
● Where medicines had been administered to people, the system in place for recording this was not always effective. For example, the amount of PRN medicine the provider had in stock did not match that recorded by the provider in their stock check records. This meant the provider was unaware of the total amount of medication they had in stock and therefore some medicine errors related to administration may not be

identified in a timely way.
● We found a prescribed cream in a communal bathroom. The name of the person who the cream was prescribed for had been crossed out in pen. We asked the registered manager who the cream was for and why it was left in a communal bathroom and they informed us the person no longer resided at the home and it was no longer used. They removed the cream.

The registered person failed to protect people from the risks associated with the unsafe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Preventing and controlling infection
● On the second floor we found accessible cupboards were not locked despite them containing items that may cause risk of harm. Inside these cupboards we found items such as a cigarette end, an empty sandwich pack, an oven cleaning product and an open bottle of perfume. We informed the registered manager who was unaware of what was in these cupboards. On the second day of the inspection the registered manager informed us that the cupboards had been emptied.
● We saw that the home was free of malodour throughout the duration of our inspection.
● Personal protective equipment (PPE) was available for staff, such as disposable gloves to use to help prevent the spread of infection.

Staffing and recruitment
● We observed during the inspection there was enough staff deployed to meet people's needs, however staff and relatives did not always feel the current levels were sufficient. The registered manager stated they had recently put in a new staffing structure, where there were eight staff on per shift both wings of the home.
● One relative stated, "I wouldn't think they've got enough staff. I think people do need help and they haven't got time to give it to them. They get there, eventually."
● One staff member stated, "I feel residents are safe to a certain extent, when there is enough staff. I feel staff on the floor do care, but new staff recruited have never worked in care". They said, "New staff wouldn't go out of their way to make sure people are safe."
●Another staff member stated, "I feel there is and there isn't enough staff. The additional staff and extra staff don't have great English-speaking skills and we won't get them to write care plans".
● People were kept safe from the risk of being supported by unsuitable staff because the service had adequate recruitment processes in place. Required staff recruitment checks with the Disclosure and Barring Service were carried out. Additionally, value-based interviews were designed to establish if candidates had the appropriate attitude and principles.

Systems and processes to safeguard people from the risk of abuse
● Care staff had received training in safeguarding vulnerable adults. Staff we spoke with were able to describe signs of potential abuse and how they would report any concerns they had. People we spoke with told us they felt safe. One person stated, "There's no danger. There's nothing to be afraid of here."

Learning lessons when things go wrong
●There was oversight of accidents and incidents. Accidents and incident forms had been completed and investigations and actions had been undertaken to prevent reoccurrence. Where actions were identified these had been followed up. For example, one person's mobility had decreased following a fall to the back of their head and they needed to move to the ground floor.

Requires Improvement

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

Requires Improvement: 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.

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

- On both days of our inspection, we observed the dining experience of people at lunchtime. We observed that there was not enough seating available for everybody to enjoy a dining experience, should they wish. For example, one unit only had enough seating for six people despite there being more than six people who may wish to sit at the dining table.
- We saw that some people were being served their meals in armchairs. We did not know if this was people's preference as during this time not all people were offered the opportunity by staff to sit at the dining tables. One person was observed calling out to staff asking if they could, "come and have dinner". It was observed that this person was not attended to whilst people had already been seated at the dining tables and were being served their lunch.
- There were no menus available on tables. Kitchen staff told us that there were no weekly menus. This meant that it would be difficult for people to know what food options were available for that week. Following the inspection, the service provided us with examples of menus they stated were available for people, which set out food options for people and in a format that was dementia friendly.
- We asked staff about the food provided. There were mixed views about the quality of food from staff. One staff member stated, "The food in the cupboard is a lot of junk and there hasn't been a menu in place for over four months and sometimes the same meal can be given twice in a day". A second staff member spoke with us about the food and said, "I feel it is nutritious".
- We observed that people who required support during mealtimes were not always supported in a timely way. For example, during lunch one person was served their food but did not attempt to eat it. After a period of ten minutes we asked the registered manager if the person needed support during meal times. The registered manager went over to the person who told them that they were waiting for them to cut up their food before they could eat.

The registered person failed to provide person centred care to people that was appropriate, and met their needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Some people we spoke with told us they enjoyed the food provided. One person was asked if they had enjoyed their lunch, they said "It was alright. I've already had the cherry pie. I could have had the rice if I'd wanted." A second person stated, "The food is pretty good on the whole. I've never had a bad meal. Some are better than others."
- A kitchen staff member stated, "I know who the people are on a pureed diet, and if a person is diabetic we would offer them food with less sugar or smaller amounts".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

● We looked at whether the design of the premises was suitable for the needs of people living with dementia. Research has shown that an environment which is dementia friendly can support people who are diagnosed with dementia to maximise independence. For example, signage and adaptations for people with dementia can be a very effective memory aid when used in buildings where people living with dementia or memory loss live.
● At the time of inspection 20 out of the 39 people living at the home were living with dementia. The registered manager stated in their provider information return (PIR) that, "We carry out Kings Fund evaluation of the premises". However, during the inspection we were not provided evidence of this assessment and actions taken. We found that not all the doors had dementia friendly signage, for example, toilet and bathroom signs were not of the size a person with dementia would be able to recognise. The signage to guide people where to go when coming out of their bedroom was minimal. All wall colours were the same throughout the building, which meant it would be difficult for people living with dementia to distinguish the differences between rooms. Following inspection at the factual accuracy stage, the service provided a Kings fund assessment tool, where they scored themselves on a number of areas. However, the score that they gave themselves did not always reflect our findings on inspection, for example the door signage issue.
● Some of the bedrooms in the home were behind secondary doors which did not identify whose rooms were there. The doors were not easily distinguishable from other doors that led elsewhere, for example, one led to a stairwell and another door of the same colour on the opposite side of the corridor led to two people's bedrooms.
● We noted there was a lack of equipment that could support people with dementia in their day to day living and promote their independence. For example, crockery and plates were not in contrasting colours to their surroundings to aid recognition. We noted that some toilet seats did not always stand out against the décor in the bathrooms. Best practice guidance states to ensure good colour contrast on sanitary fittings makes toilets easier to find and see, helping people to maintain continence. At factual accuracy we were informed that the service was 'rolling this out in a staged manner'.

● People's preferences were not always taken into account in the decoration of the service. Throughout the service, including the bedrooms, rooms were decorated in the same style. There was no evidence regarding how the service had engaged people in the decoration and design of the premises. People's bedrooms were not decorated in a way that was personal to them. Many did not have any of their personal items in them. There were no pictures or photos. One relative told us that they had been told by the staff that this was for "cleanliness".
● Some people had names on their doors to enable them and others to identify it was their room. However, we looked at one room, where there was no name on the door. When going into the room it had no sign of personalisation so much so that we could not be sure whether the room was vacant or not. We took the registered manager to this room and they too were unsure if anyone resided there. This was followed up by the registered manager who confirmed that it was a person's room who resided in the home.
● There was an adjoining hallway between the two wings which we were told was used for the hairdresser. The registered manager stated the hairdresser came twice a week. The hairdressing equipment was packed into a corner behind a screen. There was a wardrobe in the hallway which had staff belongings in them that were overflowing from the wardrobe. It was not clear how this room could be utilised as somewhere for hairdressing. The walls were bare and did not lend itself to an enjoyable hairdressing experience for people who used the service.

The registered person failed to provide suitable premises for the purpose for which they are being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

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

● The registered manager told us that the district nurse came in every day, and the community psychiatric nurse visited monthly.

● One professional stated, "The service supports people… they liaise with other agencies to promote quality care."

● We saw evidence in people's daily notes that some referrals had been made to healthcare professionals such as GPs, dentists and chiropodists. However, one person's care records stated a referral had been made to the speech and language therapy team (SALT) in February 2019 due to the person having issues with eating. The SALT team requested that the service needed to provide two weeks' evidence of food intake for this to progress. It was found during inspection that the form for evidence had been placed in the file and no recording was evident. This meant that the person was at risk of not having access to the support needed.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

● Not all staff were aware of who had a DoLS in place. One staff member stated they had received training in DoLS, however stated, "I'm not sure who is subject to DoLS, but would know where to find this".

● A second staff member stated, "I don't know the in's and out's of MCA".

● Not all files had evidence that people or relatives, where appropriate, had consented to their care and treatment.

● We cannot be assured the service was working within the principles of the MCA. Staff could not evidence that they understood the restrictions on people's liberty and authorisation conditions.

Staff support: induction, training, skills and experience

● The provider did have an effective system to ensure that staff received appropriate training. We looked at the staff training matrix and all training the provider deemed mandatory was in date.

● Staff induction was in line with the requirements of the Care Certificate developed by Skills for Care. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period.

● Staff received formal supervision every eight weeks to discuss their work and how they felt about it. Staff said they found these meetings very useful.

● Once a year staff had a formal appraisal of their performance over the previous 12 months.

● All staff spoken with confirmed that they received supervision.

Requires Improvement

Is the service caring?

Our findings

RI:□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; equality and diversity

● People were not always supported in a caring way. We observed at a meal time one person's food being cut up without asking their permission. People's mouths and hands were wiped without asking permission or by giving an instruction, "Give me your hand." A tray of food that was sat on an unheated trolley from 12:05 was only taken to someone's room at 12:35.
● We observed four people being given one to one support, but only one person was spoken to by a carer whilst it was being done. This was not a person-centred approach and people were not asked if support could be given.
● People's equality and diversity needs were not identified and set out in their care plans.
● We saw several caring interactions between staff and people, however staff did not consistently speak to people in a respectful way. For example, a person was calling out from their room. When a carer went to respond, although they knocked on the door first, on entering they asked, "What do you want?".

The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

● However, one relative stated about their family member receiving care, "I would say they are looking after [person] very well. I've no complaints. The staff are lovely".
● Staff had received online training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care
● It was found that not all people's files contained a consent form around decision making or where a form was I place that they had not been signed by the person or appropriate representative as part of a best interest decision. This was brought to the attention of the registered manager who stated, they were in the process of getting them signed and redoing consent forms.
● One relative stated, "A next of kin meeting takes place but it's the same people that come. I have suggested they look at different times, but I was told this is the times we work, so it hasn't changed".
● It was not clear if people were given the opportunity to have a say in the design and colour of their home. One person stated when asked about the design of the home, "I've not been asked".

Respecting and promoting people's privacy, dignity and independence
● One person stated, "Noticing that I need a pad change can take time, but when it's noticed it's done straight away". A second person commented, "The care people [staff] are pretty good. You get the odd one that's dodgy, they can only say one thing, go to your room".

- During our inspection we saw staff always knocked on people's doors and waited for permission to enter.
- All personal care was carried out behind closed doors to maintain people's privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

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

RI:□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

- The service had an activities coordinator. However, there was only one for both east and west wing. The registered manager stated there should be an activities coordinator for both wings, although during the inspection it was evident that there was only one activities coordinator for both wings and staff members confirmed that there was only one person undertaking this role.
- During the inspection we observed that limited activities were available for people. We observed throughout the duration of the inspection people sleeping in chairs in the communal areas. People mainly sat in the lounge and slept. It was not always clear from records what activities they had participated in which met their individual needs and social preferences to ensure they avoided isolation. Armchairs were placed on the outside perimeter of the communal rooms which did not support socialisation and reduced the opportunity for interaction.
- One person stated, "I should have activities, but I don't". They then stated, "I would like some exercise activity, but I haven't seen any exercises taking place".
- People were not involved in developing the activity provision with the activity coordinators. One relative stated, "There isn't entertainment like there used to be. They used to involve families, but they don't anymore".
- Staff told us that there was no service car available for trips to the community which would help with activities. One relative stated, "One thing this establishment seems to struggle with is activities, there's a trip to the Garden Centre once a year if you're lucky, the ball throwing activity that had been taking place this morning was not normal practice".
- One staff member stated, "We have Hollywood dancers and golden toes, which are different types of dance that come to the service once every two months".
- People were asked if they were able to plan their own day. One person stated, "That's one of the points that really annoys me. After the evening meal, at about six pm they say, I'm going to put you to bed now, they come in at six in the morning with clean clothes and say it's time to get up". A second person stated, "At 9:15am [person's preferred time] a lady comes to my room and says it's time to get up. They help me to wash and dress."
- People were asked what they did for entertainment. One person stated, "They don't seem to do much, we sleep and sleep and sleep." A second person stated, "I feel like a prisoner walking up and down. I hope I'll find a door that I can open and escape."

The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Meeting people's communication needs:

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and, in some circumstances, to their carers. We found the provider did not always met these standards.

● When asking the registered manager how they work with the accessible information standard, they stated, "If a client cannot hear very well we would write it down". This did not demonstrate how the service would meet people's communication needs, as some people may not be able to read.

● It was not clear how the service would communicate with people who had difficulties with reading or hearing. Care plans did not highlight individual preference for communication or ways to present information to people.

● Information on walls was presented in small font on white paper. People who struggled with their eyesight would not be able to see this.

We recommend that the registered manager develops their understanding of the accessible information standard and it is implemented.

Improving care quality in response to complaints or concerns

● The service had received one formal complaint and two concerns since July 2018.

● Where a complaint or concern had been raised, the appropriate investigation and action had taken place. We did see evidence of how complaints were managed.

● Staff knew what to do if a complaint was made and relatives and people confirmed they knew the process to make a complaint

End of life care and support

● At the time of inspection there was no one receiving end of life care. The registered manager stated they were able to support people at end of life care or palliative care.

Inadequate

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

Inadequate: 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager as required.
- Quality assurance processes in place were not always effective. Quality audits had been completed in March 2019. These focused on ten different areas, including medication, health and personal care and safeguarding. The audits looked at findings and future plans to progress. However, they failed to highlight issues that were found during the inspection. For example, the audits did not identify errors related to medicine management and risk management of areas such as weight loss or pressure care.
- Some other processes were in place to ensure the quality of the service provided. This included a quality management audit checks, that focused on areas including medication, staff and training and health and personal care, which were provided for March 2019. However, these audits had also not been effective in identifying the issues and risks that were found during our inspection.
- The registered provider failed to ensure that people's care records were accurate and up to date. The registered manager did not have an accurate understanding of all risks associated with people. The inconsistent documentation meant that information was not always reflective of people's needs, and this had not been appropriately picked up by the registered manager. Accurate records were not always maintained or did not accurately reflect the support people were being offered. This neither demonstrated good care nor highlighted how changes to people's needs were being managed. There was a risk that any new staff coming to work at the service could provide ineffective and unsafe care, by following insufficient and contradictory care plans.
- The registered provider did not have adequate oversight of people's personal emergency evacuation plans as at the time of the inspection these were not accurate or up to date. When we raised this with management team, they were unaware that they were incorrect. Following inspection feedback, the registered manger emailed an update which stated, "PEEPs have been updated reflecting the correct rooms and we have plans to implement a fire bag and also an emergency bag".
- The provider undertook audits which focused on the health and social care act regulations and allowed the provider to score the service out of 100%. These audits were found to be ineffective. For example, the health and safety audit scored the home 92%. We found evidence that there were hazardous substances that were not kept in a locked area and which had not been picked up in the audit.
- The registered manager did not have any medication audits in place until March 2019. This meant that they were not continually assessing medication safety or able to identify areas for improvement.
- The provider undertook a relatives and resident's questionnaire to gain feedback on ways to improve the service. The last one was completed in March 2019. The information was collected by ticking one of five

points. There was no written feedback obtained or clear guidance for how trends would be identified, and how this would feed into any service improvement. Following inspection at factual accuracy stage the service stated, we carry out feedback at next of kin and staff meetings to improve quality of service provided.

The registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● The registered manager ensured that notifications were sent to us when required. A statutory notification is information about important events which the service is required to tell us about by law

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

● Where there was evidence that people and relatives were involved in feedback, it wasn't clear how this was used when making decisions about people's care or how it drove service improvement.

● The service held relatives and residents' meetings. One relative stated, "Relatives meetings are held four times year, but they are not very well attended. Lots of things are put forward. Not too many are acted upon". We did not see evidence of how the registered manager drove improvements following feedback.

● Staff said the managers asked what they thought about the service. One staff member stated, "Yes the manager is approachable" Another staff member stated, "They are open to ideas, but they don't really listen to them."

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

● We saw evidence that when incidents occurred, the registered manager acted in line with the duty of candour and had informed people and relatives.

● All staff spoken with said they would recommend the service to a member of their family.

● One person stated, "They are always ready to listen to and answer any questions."

Working in partnership with others

● Although the service engaged with partnership agencies, adequate communication was not always found to happen. For example, where regular correspondence was needed for the purpose of support needs for individuals, if was evident that it had not always taken place.

● People's care plans contained records of visits or consultations with external professionals. Those seen included district nurses and occupational therapists.

● One professional stated in feedback, "Some improvement in the quality of the mental capacity assessments would be beneficial. The manager was however proactive in seeking advice, and open to suggestions".

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person failed to provide person centred care to people that was appropriate, and met their needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The enforcement action we took:

We served the provider with a notice of decision on 14 August 2019 where they have no contested this

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served the provider with a notice of decision on 14 August 2019 where they have no contested this

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person failed to provide suitable premises for the purpose for which they are being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The enforcement action we took:

We served the provider with a notice of decision on 14 August 2019 where they have no contested this

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served the provider with a notice of decision on 14 August 2019 where they have no contested this