

Veecare Ltd

# Sevington Mill

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection was carried out on the 27 June and 02 July 2018. The inspection was unannounced on 27 June 2018 and announced on 02 July 2018.

Residential accommodation and personal care were provided for up to 50 older people. Sevington Mill is a family run 'care home.' People in care home services receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation spanned two floors and some rooms had on-suite facilities. A lift was available for people to travel between floors. There were 38 people living in the service when we inspected. Some people had memory loss or health issues associated with ageing.

We carried out our last comprehensive inspection of this service on 08 December 2017 and we gave the service an overall rating of 'Requires Improvement.' The service was rated 'Inadequate' in the well led domain for the second consecutive comprehensive inspection. We placed the service in 'special measures' on 25 April 2018. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, the service will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

At our last comprehensive inspection of this service on 08 December 2017 we found some improvements. However, we found two continued breaches of the legal requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014 from our previous inspection on 27 March 2017. The first continued breach related to Regulation 12, safe care and treatment - there was a continued failure to risk assess people's mobility, nutritional needs and infection, safely manage risks from fire, the environment and manage medicines safely. The second continued breach related to Regulation 17, good governance - the provider had not ensured that effective governance systems were in operation to identify shortfalls and make improvements to the quality and safety of care. Accurate records had not been kept in relation to people's care.

At our last comprehensive inspection of this service on 08 December 2017 we also found a further three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. These were in relation to Regulation 9, person-centred care - planning for end of life was not recorded; Regulation 10, dignity and respect - people's right to privacy and to be treated in a dignified way were not always upheld and Regulation 11, need for consent - people's capacity to give consent and make their own decisions had not been assessed.

Following the comprehensive inspection on 08 December 2017, we issued a requirement notice in relation to Regulation 9, person-centred care. In relation to Regulation 10, dignity and respect, Regulation 11, need for consent, Regulation 12, safe care and treatment and Regulation 17, good governance, we imposed a condition on the providers registration requiring the registered person to undertake monthly audits of the service and send a written report to the Care Quality Commission. At the time of this inspection the provider had met the condition.

At our inspection on 08 December 2017, we also made a recommendation about the recording of complaints.

The provider sent us an improvement action plan telling us how they intended to meet the legal requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014. They told us they would meet the regulations by 01 August 2018.

At this inspection we found some improvements had been made. The provider was now meeting Regulations 9 and 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider has acted on our recommendation. However, at this inspection we found continued breaches of the Health and Social Care Act Regulated Activities Regulations 2014 in relation to Regulation 11, need for consent, Regulation 12, safe care and treatment and Regulation 17, good governance.

There was not a registered manager employed at the service. A registered manager is a person who has registered with CQC 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. However, the registered provider had recently employed an experienced manager who intended to register as the manager of the service. The manager and the registered provider were based at the service.

The provider had been making improvements to the service, for example they had employed a manager with experience of managing services rated as good. They had also changed the management structure in the service to gain more management oversight.

There were policies in place for the safe administration of medicines. Staff were aware of these policies and had been trained to administer medicines safely. However, we found that there were still errors with the management of medicines.

Environmental infection risks were assessed and control protocols were in place and understood by staff to ensure that infections were contained if they occurred. However, risks relating to infections that may relate to people's individual catheter care needs were not fully assessed and minimised.

There were adaptations within the premises, but some parts of the grounds and some parts of the service were not properly maintained. We made a recommendation about this.

The provider had made improvements to the assessment and recording of people's capacity and gaining consent under the Mental Capacity Act 2005, however, best interest decisions were not always recorded. Staff understood their responsibilities in preventing abuse.

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.

Staff had received training in relation to the management of challenging behaviours and about the needs of the people they were caring for. Staff were supported to develop their skills and experience.

Since our last inspection the system for managing incidents and accidents had been improved. Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent incidents or accidents happening again.

General and individual risks were assessed and management plans were implemented by staff to protect people from harm. The risk from infection from waterborne illness [Legionella] had been minimised.

The manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care.

The provider had reviewed key policies including those that covered contingency planning in the event of foreseeable emergencies.

The provider had a system in place to assess people's needs and to work out the required staffing levels. End of life care plans were developed with specialist support. However, accurate records to monitor people's health and wellbeing were not always kept.

People had access to food of their choice, snacks and drinks. People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Staff were welcoming and friendly. Activities were planned to keep people mentally active and maintain skills or hobbies. People and their relatives described staff as friendly and compassionate. Staff delivered care and support calmly and confidently.

Staff upheld people's right to privacy and to choose who was involved in their care. People's right to do things for themselves was respected. People, their relatives and health care professionals were often asked about their experiences of the service.

There were policies about equality, diversity and human rights, and to guide people if they wanted to make a complaint about the service.

Safe recruitment practices had been followed before staff started working at the service.

The management and staff delivered care in line with the provider's care ethos.

During this inspection, we found three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of the report.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Medicines were not administered and recorded in line with guidance.

Systems and policies were in place to manage risk. Risk assessments were used to minimise general and individual risks however infection control risks related to people's care were not well managed.

Staff understood how to reduce the risk of abuse.

Recruitment for new staff was robust and sufficient staff were deployed to meet people's needs.

Incidents and accidents were recorded and investigated.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not always monitor people's health and welfare by keeping accurate care records.

The application of the Mental Capacity Act 2005 was being reviewed, but had not been fully completed.

People's needs were assessed. Staff referred people to health services when needed.

People were supported to eat and drink to maintain their health.

The premises had been adapted to support people's mobility needs.

Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

### Is the service caring?

**Good** ●

The service was caring.

Staff communicated effectively with people and treated them with kindness and respect.

People's privacy and dignity was respected by staff.

Staff showed concern for people's well-being in a caring and meaningful way and responded appropriately to their needs.

### Is the service responsive?

**Good** ●

The service was responsive.

People were provided with care when they needed it and a person-centred care plan was developed around their needs.

Information about people was updated so that so that staff were aware if people's needs changed.

People were encouraged to participate in activities.

People and their relatives knew how to raise concerns and complaints.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Potential risks and the quality of the service were monitored through regular audits, but these were not yet fully effective.

The provider and manager were working with external professionals to improve the quality of the service.

The management team and staff were clear about the values of the service.

People and their relatives were asked about their experiences of the service.

# Sevington Mill

## Detailed findings

### Background to this inspection

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

This inspection took place on 27 June and 02 July 2018. The inspection was unannounced on 27 June 2018 and announced on 02 July 2018. The inspection team on 27 June 2018 consisted of two inspectors, and an expert by experience. The expert-by-experience had a background in caring for elderly people. One inspector returned to the service on 02 July 2018.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. We checked that the provider had followed their action plan.

We observed the care provided to people. We spoke with eleven people and three relatives/friends about their experience of the service. We spoke with six staff including the provider, new manager, one senior care worker and three care workers.

We looked at records held by the provider and care records held in the service. These included six care plans, daily notes, safeguarding, medicines and complaints policies. We also reviewed staff recruitment records, the staff training programme; medicines management, meetings minutes and health and safety quality audits.

We asked the manager to send additional information after the inspection visit, which included staff training records and copies of the staff supervision planner. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

People described a service that was safe. One person said, "I feel quite safe." Another person said, "I feel safe because there is always someone around and I can always have support to do things." One relative said, "I feel my loved one is very safe here."

At our previous inspection on 08 December 2017, we found the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. There was a continued failure to safely manage risks and medicines administration. We asked the provider to take action to make improvements. At this inspection we found there had been improvements to the information in people's care plans about the management of risks, but further work was required. Medicines management had improved. However, we found that sufficient improvements had not been made to the management of risks and medicines. We found that the provider continued to be in breach of Regulation 12.

Since our last inspection there had been improvements to the environment which helped reduce risk. For example, an outside pond had been risk assessed and covered to minimise the risks of people falling into the water. However, two people living on the first floor were at risk from the open access to the top of the stairs. A person with a visual impairment and another person who often had urine infections and became disoriented could easily access the stairs. We spoke to the provider about this on the first day of our inspection. On the second day of our inspection we saw that a risk assessment had been completed about the stairs and all of the stair landings on the first floor had been protected by gates. These gates could be opened, but provided a reduction in the risk that people may accidentally fall down the stairs.

At our last inspection we had concerns about the management of catheters and that the risk of infection was not managed effectively. At this inspection staff told us they now had a better understanding of catheter care. One member of staff said, "We have had nurse training in catheter care, they showed us different catheters, and how to prevent and identify infections." We saw one person's care plan stated they were at high risk of urine infections. However, there was no guidance in the care plan for staff to check flow, colour and odour of urine. No output chart was in place or fluid intake monitoring chart was in use. The person's falls risk assessment had not been updated to account for their higher risk of falls if they had a urine infection. This meant that the management of risk had not been fully met.

The failure to ensure the management of potential infection was a continuing breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection we had concerns about the management of medicines and that people had not been given their medicines as prescribed. Since that inspection the service had reviewed their medicines management systems. At this inspection people told us their medicines were well managed. One person said, "Medicines are always on time, [the] doctor comes twice a week. I have creams for my legs which I do myself." We found that the provider's medicines policy was based on current guidance for safe medicines management in care homes. The policy covered the ordering, receipt, storage, administration, recording, and disposal, as well as special arrangements for controlled drugs. Staff received training and updates



about medicines safety. Staff administering medicines had been observed by the manager to check their ongoing medicines competency. One member of staff said, "We get medicine competency checks, the head of care and home manager watches us do meds." We observed a medicines administration round and this was completed competently.

There was a policy about the safe management of 'As and When Required Medicines' (PRN), for example paracetamol. The risks posed by medicines had been assessed. For example, if creams were required a body map showed staff where they needed to be applied. Medicines were stored safely and securely in a locked clinical room. Fridge and room temperatures were recorded by staff daily and were within normal temperature ranges so that medicines would remain safe and effective. People had small medicines storage cabinets in their bedrooms. These were used to store creams that could be accessed by staff. However, on the first day of our inspection we saw that a steroid cream had been left on top of a person's bedroom medicines cabinet, rather than being locked away. Leaving the creams accessible that should be locked away posed a risk that others could access them. We discussed this with the manager and the cream was put into the cabinet. On day two of our inspection the creams had been stored safely.

Medicine administration records (MARs) were used to show the right medicines had been administered to the right person, at the right time, in the correct dosage and had been appropriately signed by staff. However, the MAR's had not always been signed by staff to show that the medicines had been administered correctly. There were some handwritten entries on the MAR that had not been double-signed by staff to check them for accuracy.

The senior care staff were responsible for administering medicines and we observed they were doing this safely. We observed staff talking to people discreetly about their medicines or asking if they needed pain killers. Medicines were given with water and medicine pots were cleaned appropriately. Liquid medicines were dated once started and medicines were stored in hygienic conditions. Medicines management audits had been completed.

The failure to ensure the correct management of prescribed medicines was a continuing breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Pre admission assessments were in people's care plans which included actions and control measure to protect people from potential harm. Risk assessments were in place relating to both general risks, such as slips, trips and falls and fire safety, and the risks to individuals using the service. These personalised risk assessments included, personal hygiene routines, risks to people's skin and pressure areas and the risk from falls. Falls risks assessments gave a risk score to show if people were at high, medium or low falls risk. For example, one person had a risk score of medium and a detailed risks management care plan was in place. Moving and handling assessments were in place. When people needed moving using hoisting equipment their care plan gave details of the hoist sling size they needed.

The fire detection systems and lifts were regularly serviced. Records of the premises and equipment checks were audited. For example, gas safety checks. Records confirmed both portable and fixed equipment was serviced and maintained.

Risk assessments were now in place about the management of potential violence and aggression. People's care plans records showed that these assessments were kept under review. Care plan records showed how staff had responded to a person who was shouting and waving their hands, staff had calmed the person verbally. Appropriate records about what happened before, during and after the incident were kept. These would assist others who may be involved in the person's care, such as the mental health team, to make an

informed assessment of the person's needs. Assessing potential risk from the environment and to individual people and taking action to control them minimised the risks.

Personal emergency evacuation plans (PEEP's) were in place. These identified the individual support and/or equipment people needed to be evacuated in the event of an emergency, for example a fire. Staff received training in how to respond to emergencies and fire practice drills were carried out to help keep people safe. Staff said, "We get fire practice. They set off alarm, we gather outside, sign names, some people evacuate on drill." The provider operated an out of hours on call system so that they could support staff if there were any emergencies. Staff told us they understood how to respond in the event of a fire. The risk of harm from fire was reduced.

The provider had an incident management policy and recording system to provide information about how incidents were investigated and acted upon and whether or not they met the criteria for reporting to CQC or the local authority safeguarding team. There had been 13 recorded incidents in June 2018. Incidents were audited monthly to highlight trends with actions taken to minimise risk recorded. Falls were monitored, referrals to the falls team had been made and people at risk from falls were assisted by staff. For example, we observed two staff walking with a person who was using a walking aid, assisting them safely to the garden. Learning from the incidents had helped reduce the number of falls. Investigating and learning from incidents reduced the risks of incidents/accidents reoccurring.

Infection control risks were managed through staff training, premises maintenance and cleaning practices. For example, by deep cleaning rooms. One person said, "The cleaning and laundry is good." Another person agreed and said, "Good cleaning, the laundry is ever so quick." There were no lingering smells, the toilets and other areas looked clean. Cleaning staff told us how they followed the cleaning schedule and that their work was checked by the manager. One member of staff said, "We do deep clean curtains, floors, carers write in a communication book so that accidents and spillages are deep cleaned. We have a carpet cleaner in the sluice room." We observed gloves and aprons were widely available. Clinical waste was disposed of appropriately. Legionella risks were managed by the regular testing of water systems, flushing of taps and water temperature monitoring. This had most recently been completed in March 2018. Maintaining hygiene, water quality and following good infection control practices reduced the risks of cross infection or exposure to waterborne illness.

There were some areas of the service that were becoming dilapidated. For example, in places the gutters had become blocked with weeds and the garden benches had flaking paint or varnish on them and the wood was becoming rotten in places. We discussed this with the provider. They said, "We are spending money all the time on the premises, we have been replacing carpeting." We saw that some areas of the service had new carpeting. We noted that the grassed area was uneven in places which could be hazardous to people with poor mobility. However, we saw that people who used the garden were encouraged by staff to stay on the flat paved areas.

We recommend that the provider produces a maintenance plan that covers all of the maintenance that is needed and when these will be addressed in order of priority.

The provider had a contingency planning policy. This detailed how people would be protected from the risk of service failure, due to foreseeable emergencies, so that their care could continue. For example, the policy included emergency phone numbers, places to go and the location of shut off points for mains services. Although the service was staffed around the clock, the provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time.

People were protected against potential abuse. The service had a safeguarding policy which set out the definition of different types of abuse, staffs responsibilities and the contact details of the local authority safeguarding team, to whom any concerns should be reported. Staff received training in safeguarding. Staff we spoke with were confident they could challenge any poor practice within the service and report it appropriately. Staff had read and understood the provider's whistleblowing policy. There were information posters about preventing abuse and whistleblowing shown on various notice boards throughout the service. A member of staff said, "At team meetings and supervisions managers check our understanding of safeguarding or direct us to the right place for info."

There had been no recorded safeguarding notifications since our last inspection. However, the manager was aware that any safeguarding issues needed to be reported and investigated under the 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway.' (This document contained guidance for staff and managers on how to protect and act on any allegations of abuse).

People were protected from the risk of receiving care from unsuitable staff. The provider's recruitment policy was followed by the management. This protected people from new staff being employed who may not be suitable to work with vulnerable people. All applicants for jobs had been checked against the Disclosure and Barring Service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. Before employment, all job applicants were asked to explain in full any gaps in their employment history. New staff could not be offered positions unless they had provided proof of identity, written references, and confirmation of previous training and qualifications.

Based on a dependency tool, staff were deployed in appropriate numbers to keep people safe and meet their assessed needs. People's dependency levels were reviewed at least monthly as part of their care plan reviews. For example, one person's dependency levels had increased at meal times as they needed more assistance. There had been an increase in the staffing levels since our last inspection with an additional member of staff available during the day. However, on the first day of our inspection we noted that when people pressed their staff call bell, the calls were not always answered in a timely way.

The new manager told us that there was a problem with how the staff were deployed to answer the call bells. On the second day of the inspection, staff had been allocated to answer call bells on each floor. This had improved the response time to call bells. The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night and at weekends. In addition to care staff the service also employed cleaners, catering staff, laundry assistants, an activity coordinator and maintenance staff. This gave care staff the time to concentrate on meeting people's needs.

There were enough staff available to walk with people mobilising with their walking frames if they were at risks of falls and we observed there were enough staff to double up when they were moving people using equipment such as hoists. This provided additional safety for people.

## Is the service effective?

### Our findings

People told us the food was good. People said, "The food is fine but my appetite is not what it was, plenty of choice, if you don't like the main course you can have jacket potato or omelette." Another person said, "Drinks are regular, I have a jug of water in my room at night which is usually empty by morning." Another person said, "Food is reasonable you get a choice, the trolley comes around with tea and coffee."

People received medical assistance from healthcare professionals when they needed it. One person said, "Doctor has been to see me a couple of times." Another person said, "The doctor comes regularly." Another person said, "The chiropodist comes and cuts my nails every six weeks."

A relative said, "Contacted straight away when mum had a fall and the ambulance was called. I was at the hospital before the ambulance." Another relative said, "GP comes twice a week so no problem with the doctor, also the district nurse comes regularly."

At our previous inspection on 08 December 2017, we found the provider was in breach of Regulations 11, 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The principles of the Mental Capacity Act 2005 (MCA) were not adhered to. Care and treatment was not delivered in line with evidence based guidance and legislation. The registered provider had failed to ensure that accurate records were maintained. At this inspection we found that the provider continued to be in breach of Regulation 11 and Regulation 17.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection we found there had been improvements in the application of the Mental Capacity Act 2005, (MCA) and seeking consent. Records showed that staff had started to identify whether or not people had capacity to make and consent to some specific decisions about their care. The management understood when an application should be made and how to submit it. A log of DoLS applications and renewal dates was held and monitored by the manager. DoLS applications had been made to the local authority supervisory body in line with agreed processes to make sure that people were not unlawfully restricted. Staff had received training about the MCA. This had improved staff knowledge about completing mental capacity assessments and the level of information about this in people's care plans had improved. However, we found that not all of the MCA records had been reviewed. Some recorded decisions were still based on a generic list of seven care or treatment decisions rather than individualised and specific care and

treatment decisions. We also found that where people's records showed people did not have capacity to make a decision, for example, if they required bedrails to stop them falling out of bed, the best interest decision for these had not been recorded. The new manager told us they were aware that there was some conflicting information in people's MCA and Deprivation of Liberty Safeguards (DoLS) assessments and that they were working to change these.

The failure to ensure that the principles of the Mental Capacity Act 2005 were followed was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At our last inspection we found that care and treatment was not delivered in line with evidence based guidance and legislation. Since our last inspection the service had been receiving guidance about dementia from an NHS professional. Staff said, "We have had a dementia course and we have been asked if we want more dementia training and have said yes."

People who were at risk from pressure ulcers developing or from pressure or skin tears were identified. At the time of this inspection, no one was suffering from pressure ulcers. Pressure area care was being managed by staff using prescribed creams, body repositioning and air flow mattresses to minimise the risks of ulcers developing. However, during the inspection we found that none of the air flow mattress pumps were set at correct levels according to people's weight; those people were at risk of skin wounds and breakdowns. We discussed this with the manager on the first day of our inspection. On the second day of the inspection the manager and care coordinator had checked all of the settings were correct and had set up an audit process for the on-going checks of mattress pressures.

There was guidance about diabetes management and where needed medical assistance had been sought. For example, one person's records showed they had experienced very high blood sugar levels, but the person's GP had been informed and action was being taken. However, in two other people's diabetes records, the blood sugar parameters had not been documented by staff to show at what point the blood sugar levels were too high or too low and at what level staff should seek medical assistance.

Food and fluid monitoring records were not effective. For example, one person had lost weight, they had been seen by a dietician and given a daily fluid target of 1000mls. However, the person's fluid records showed that they were often drinking a lot less than this. Staff told us that the person drank well, but the fluid charts had not always been completed to reflect this. The person continued to lose weight however staff had not consistently recorded the person's food intake. We found only one food chart, dated 26 June 2018, which showed only cheese and biscuits had been eaten all day. This meant that the records would not support the dietician to properly assess the persons nutritional and hydration needs.

People did not have accurate records relating to their care. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People were provided with menu choices for the day in both written and pictorial formats. People told us they had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. During our inspection we saw the majority chose to eat in their bedrooms. One person was enabled to sit at a private table so she could enjoy lunch with her visiting husband. Staff wore hair nets and aprons when serving the meals. One person said, "Food is good, we get plenty to drink, I don't like milkshake but most days they bring apple juice." On the first day of the inspection the choice for main course was savoury mince or chicken salad. The sweet trolley was brought round the tables and a choice of raspberry sponge and cream, yoghurt or ice cream was offered. A relative said, "I've just had lunch and it was delicious, I've eaten here several times and never had a bad meal."

We observed juice and water was available for people to help themselves to in the lounge and hot drinks were taken around on the trolley in the morning. Care plans included nutritional risk assessments to make sure staff had the guidance they needed to provide people with the right support. The cook met with people to discuss their food preferences.

Staff completed training to improve their skills and understanding of people's needs and how to deliver care. Staff had now received training in relation to the management of challenging behaviours. Training included, infection prevention and control, first aid and moving and handling. Training records confirmed that staff had attended training courses or were booked onto training after these had been identified as part of their development. Training gave staff the opportunity to develop their skills and keep up to date with meeting people's needs.

New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. New staff worked through the Care Certificate standards. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff were encouraged to complete a (QCF) Diploma in health and social care. The manager checked how staff were performing through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. Supervision is a process, usually a meeting, by which an organisation provided guidance and support to staff. Staff told us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings.

The manager undertook an assessment with people. The assessment checked the care and support needs of each person so the manager could make sure staff had the skills to care for the person appropriately. At the assessment stage people were encouraged to discuss their lifestyle preferences as well as their rights, consent and capacity. The manager also assessed people's dependency levels to capture how much staff care was required and how independent people could remain. This was translated into the number of care or social contact hours people needed. The manager involved people and their family members in the assessment process when this was appropriate.

The assessment led to the development of the care plan. Individual care plans set out guidance to staff on how to support people in the way they wanted. This gave staff information about the care people needed and how this would be delivered. People had choices in relation to their care. Care plans included people's preferences about personal care and personal hygiene needs. The care plans made reference to promoting independence and helping to maintain people's current levels of self-care skills.

The manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP, the community nursing team and occupational therapists. Referrals to other health professionals were done in a timely manner.

Areas in the service were adapted for wheelchair access, for example there were ramps to access the garden. People living on the upper floors could access a lift to move between floors. There were adapted bathrooms and people had a choice between bathing or showering. This provided people with comfortable living accommodation.



## Is the service caring?

### Our findings

People described their care positively. One person said, "Staff are wonderful, nothing is too much trouble." Another person said, "Feel at home here." Another person said, "They [staff] take a lot of care in getting to know you."

The service encouraged people to maintain family links and friendships. Relatives and visitors told us that they were able to visit their family members at any reasonable time and they were always made to feel welcome. A relative said, "From day one all the staff introduced themselves and made us feel welcome, they have made an effort to get to know mum and help her feel at home." Another relative said, "The night staff leave mums medication till last so they can stay and have a chat, they all have a great sense of humour, as does mum."

At our previous inspection on 08 December 2017, we found the provider was in breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. People's right to privacy and to be treated in a dignified way were not always upheld.

At this inspection we found the provider was meeting Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

During this inspection staff were respectful and caring towards people. We walked around the service at various times throughout the inspection, checking that people had call bells and drinks within reach. When staff were with people providing personal care, we noted staff closed people's bedroom doors to protect people's privacy. People told us that staff were good at respecting their privacy and dignity. One person said, "Staff always knock every time." Another person said, "Staff are very careful and discreet, [for personal care] always draw the curtains."

Staff were aware of people's preferences when providing care. People's care choices in relation to staff were respected. These preferences were recorded in care plans and a member of staff said, "The girls [staff] are really good. There are no male staff on the night team so that we can meet people's gender care preference for female care."

People's rooms had been personalised with their own belongings, some people had their own bedding. One person said, "I've got my own pictures, photos, radio and stereo." People's religious needs were considered as part of the care planning process. On the first day of the inspection visit the local church brought holy communion to those who wanted it. People told us they were asked about their preferences including their religion when their care was planned.

Staff told us they tried to build good relationships with the people they cared for. Staff were polite and cheerful, and they tried to create a friendly atmosphere. We observed polite friendly interactions with people by staff, staff were gently guiding people using walking frames. For example, staff were gently explaining to people what to do. One member of staff said, "We are going to move you from the wheel chair to the

armchair, slowly pull yourself up and hold on to your walker."

We observed a person being hoisted in the lounge. The two staff spoke to the person calmly and explained what was happening next. Staff listened to people, answering questions and taking an interest in what people were saying. When speaking to people sitting down, staff got down to eye level with the person so that the person could clearly see them and staff used eye contact and caring gestures. Staff used people's preferred names when addressing them.

We observed people making choices in relation to their care. One person said, "We can do as we like, get up when I like, go to bed when I like." Staff encouraged people to do things for themselves if possible. For example, we observed a person using the telephone to call their daughter. Staff told us how they encouraged people to wash themselves during bathing. One person said, "I have a bath every Thursday morning, I wash myself, just need the carers to help me in and out."

We spent time in the communal areas of the service. We observed the cook going around to people asking what people would like and offering salad for main meals. We observed a visitor and two people sitting with them chatting. We observed two other people sitting together, one was reading the daily paper as they chatted to the other person. They were joined by another person and they continued chatting. A member of staff told us these three people were friends. At 10am the activities co-ordinator started to offer people opportunities to participate in some activities. People chose if they wanted to join in the activities or not.

There was a policy for the protection of people's human rights. Staff told us that they were working with an external consultant to make sure the staff team could fully understand and implement the policy. People were involved through residents and relative's meetings. When possible, people had signed their consent to care plans.



## Is the service responsive?

### Our findings

People told us that they were happy living at the service. People said, "They know me very well and are always happy to listen to me." Another person said, "My friend here has been very ill so I miss the company, for someone to talk to but the staff are very good and they talk to me."

A relative said, "Communication is excellent; they phone if any problems, when mum had a patch at the top of her leg they called the doctor straight away. They used the hoist to get her up when she had a fall."

At our previous inspection on 08 December 2017, we found the provider was in breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. People did not have effective end of life care plans in place. At this inspection we found the provider was meeting Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection there were improvements in care plans in relation to end of life planning and care. For example, some people had funeral plans in place. This work was ongoing, and staff were being supported by two external health and social care professionals to work on care plans and end of life care. A GP also visited the service twice a week to review people's health needs and end of life care planning.

At our last inspection we made a recommendation that all complaints are recorded to show the nature of the complaint, how it was investigated and the outcome.

At this inspection there had been no new complaints. However, the provider now had a policy that included the information and processes we had recommended. People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. One person said, "I know who to go to, I would complain to the manager if I needed to." Another person said, "Never had to make a complaint but if I needed to I would. I would ask to see a senior." Relatives knew how to complain, one said, "Mum was supposed to have an operation but they forgot to stop the medication. Luckily, they told me just as we were taking her out the door to the hospital, so the operation could not go ahead, but it was addressed straight away and they apologised."

Peoples care was based around their needs and choices. Care plans were personalised to the individual and gave clear details about each person's needs and how they liked to be supported. Sections included information about peoples' childhood, family, familiar places and previous occupations. Staff told us how they responded to a person with visual impairment. They told us they used an imaginary clock face to assist the person with their independence. For example, when meals were served the meat would be at 12 o'clock, vegetables at 3 o'clock and so forth. This meant the person could manage the meal themselves. Care plans contained information on a range of aspects of people's needs including mobility, communication, emotional wellbeing and specific dementia support.

Plans were reviewed and updated monthly or as and when people's needs changed. For example, when people's mobility changed or they needed more prompting to manage personal care. People met with staff

to discuss their care. One person said, "They update my care plan regularly." Another person said, "I've got a care plan." Where people were not able to be involved in these reviews, records showed that care had been discussed with relatives and professionals where appropriate and decisions made were based on people's life history and previous preferences.

To promote wellbeing and reduce isolation an activities coordinator met with people to discuss what activities they would like to do. Activities were available and people were able to choose if they wished to join in. Some people chose to stay in their bedrooms and the activities coordinator visited them there.

One person said, "The activities leader always comes in for a chat, but I don't join in with the activities, I like watching TV and reading my books." A record was kept of when people chose to participate in activities. Pictures and photographs displayed key events on the notice board and planned activities were displayed. This included social, physical and one to one activities. News letters were used to share information with people. These were freely available for people to read. The in-house activities were supplemented by external visiting entertainers. One person said, "We have a chap who comes in and plays the guitar." Another person said, "Twice a month we have a lady who does musical exercises, she is very good." People told us that they enjoyed the activities. One person said, "I like 'play your cards right' and the word game."

## Is the service well-led?

### Our findings

People told us they were satisfied with the management of the service. One person said, "We are having a residents meeting on Friday."

A relative said "I attend the meetings and suggestions seem to be actioned." Another relative said, "I have been introduced to the new manager."

A health and social care professional said, "Generally, I feel that the leadership has improved and the new manager is making good progress. She is extremely approachable and listens to concerns with interest."

Staff said, "The new manager is trying to make it better, we are starting to improve things. For example, we now have a working file in people's rooms." These files contained key information about risk and the persons key day to day health and care monitoring records.

At our previous inspection on 08 December 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider had not ensured that effective governance systems were in operation. At this inspection we found that changes to the quality auditing systems needed to become embedded. The provider acknowledged they still had more work to do to meet their action plan and for their new management team and systems to become fully effective.

There have been five previous CQC inspections dating back to June 2015 where breaches of regulation were identified. The overall service rating has been Requires Improvement for more than two consecutive inspections.

At this inspection we found that the registered provider could not consistently meet their legal duty to comply with the Health and Social Care Act 2008 Regulations. We found continued breaches of Regulations and the registered provider was unable to demonstrate that they were appropriately assessing, auditing and managing risk to the health, safety and welfare of people living at the service. The registered provider's governance systems had not identified the continued and new breaches of fundamental standards and regulations we found at this inspection. At this inspection we found this was still the case.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The provider told us the new manager had already started to make changes, for example by reviewing care plans and risk assessments. Since our last inspection the manager and staff team had been working with the nurses from the clinical commissioning group to improve care plans and the management of medicines. An NHS consultant was assisting the service to improve dementia care and end of life care. Other auditing was being undertaken by an independent consultant. A member of staff said, "CQC have come in when they are trying to change things around. The consultant has been assisting with improvements to how we meet the new equality, diversity and human rights guidance and consent forms and MCA [are] being improved."

The manager worked closely with social workers, referral officers, occupational therapists and other health professionals to make sure people received appropriate care. For example, the manager worked closely with a consultant from the local hospital and GP's to assess people's care needs. Referrals to the most appropriate services for further advice and assistance were made when required. For example, to the Mental Health Community team.

There was not a registered manager employed at the service. A registered manager is a person who has registered with CQC 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. However, the registered provider had recently employed an experienced manager who intended to register as the manager of the service. The manager and the registered provider were based at the service.

People told us they had been meeting the new manager. One person said, "The new manager has been round and introduced herself." Another person said, "I have met the new manager, she came to answer my buzzer as there was nobody else."

Staff told us that the management team encouraged a culture of openness and transparency. Relatives we spoke with were confident in approaching the management team with any problems if they had any. Staff told us that the manager had an 'open door' policy. This meant that staff could speak to them if they wished to do so and the manager worked alongside staff as part of the team. A member of staff said, "[We] attend team meetings, we go over whistleblowing with the manager making sure its correctly reported if not dealt with in the home."

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked.

The provider's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. Meetings were advertised and took place for people who used the service and their relatives.

There was a range of policies and procedures that were now specific to this service governing how the service needed to be run. Policies and procedures were available for staff to read and they were expected to read these as part of their training programme. The policies were updated with new developments in social care. For example, medicines policies followed guidance issued by the National Institute for Health and Care Excellence.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed their rating on their website and conspicuously displayed their rating in the service.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider had not ensured that the principles of the Mental Capacity Act 2005 were adhered to when assessing people's capacity to give consent and make their own decisions.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured medicines and infection control risks were managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to maintain accurate, complete records in respect of each service user and operate effective systems or processes to assess, monitor and improve the quality and safety of the service.</p>