

Legacy Care Ltd

# St Peters Court

## Inspection report

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Essex  
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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

St Peters Court is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

St Peters Court is registered to accommodate up to 24 people, including people who live with dementia or a dementia related condition, in one purpose built building in the grounds of St Peters Hospital, Maldon. St Peters Court is a large detached property and the premises is set out on one main floor. Each person using the service having their own individual bedroom with communal facilities available for people to make use of within the service. The building is split into two zones with named corridors depicting street names for residential and nursing service users. At the time of our inspection there were 19 people using the service with one person in hospital,

This was the services first inspection under a new provider. At the time of inspection we found the service to be requires improvement. We found four breaches of regulation relating to regulation 12 - safe care and treatment, regulation 9 – person centred care, regulation 18 – staffing and regulation 17 - good governance. Additionally, we have made recommendations with regard to, meaningful activity provision, visiting rights in care homes, DoLs applications and environmental building works.

A registered manager was not in post at the time of this inspection. At the time of this inspection the office manager had been covering the service as acting manager for one month. We were advised a new manager was being recruited and they were due to start on 1st October 2018 which was the day before our second day of inspection. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

Additionally at the time of this inspection the registered provider had enlisted the help of an external quality audit company to help ensure the service was compliant in the five key areas of safe, effective, caring, responsive and well led. Whilst this mitigated some risk our inspection still identified areas which required action which we have outlined in the main report

Staff were not always effectively deployed. There was not always enough staff to care for people safely and effectively. In some instances where people had received funding for one to one care this had not happened.

Staff did not always follow safe practice in regard to the administration, storage and recording of people's prescribed medicines. People did not always have their medicines administered and reviewed in a timely safe manner.

Systems for monitoring accidents and incidents were not effective. The provider could not evidence that incidents were always investigated appropriately, or that lessons were learnt and shared and actions taken to mitigate future risks.

Some improvements were required to ensure infection control legislation was followed at all times. This required the registered provider to address some improvements in the service.

Risk assessments did not always provide clear guidance to staff as to how to manage identified risks associated with people's needs.

improvements were required to ensure DoLs authorisations were submitted in a timely manner and people should be fully supported to have maximum choice and control of their lives

People received enough specific food and drink to meet their dietary needs.

Care plans contained some information about what was important to people and about how their needs should be met. However, this often lacked sufficient detail to implement responsive person-centred care.

People were supported by caring staff and we saw warm responsive actions from them.

People were not always supported appropriately with maintaining relationships with people that were important to them.

The registered provider was currently in the process of having a lot of improvements made to the environment which meant there were quite a few redundant communal areas in the service. Whilst we acknowledge this it had been a prolonged process, there was no assessment in place or evidence to show appropriate consultation had taken place with people. The registered provider should ensure the completion of building works in a timely manner to avoid disruption and a lack of facilities for people using the service.

Improvements were required to ensure people were consistently provided with regular access to meaningful activities and stimulation, appropriate to their needs, to protect them from social isolation, and promote their wellbeing. Care and support plans needed improvement to reflect how staff should support people, to lead fulfilled and meaningful lives, through activity, therapy and social inclusion.

People told us they would feel confident in raising concerns and complaints, and we saw there were processes in place to ensure these were responded to appropriately.

Feedback about leadership in the service was variable. The inconsistency of regular management in the service had not lent itself well to the sustainability of processes.

There was not a robust and responsive approach to measuring, monitoring and improving quality in the service which took the views, opinions and diverse needs of people and staff into account. Systems to monitor and improve the service were not effective and the registered provider did not have a clear overview of the service and the quality of care being provided to people. Systems for gaining and acting on feedback from people were not always effective.

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 judgments. We advised the provider of the requirement to do this following this first

rated inspection for the service.

Further information is in the detailed findings below. You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe

There were not always sufficient staff deployed to meet people's needs.

Medicines were not managed safely at all times

Risks associated with people's health conditions were assessed and managed safely but documentation could be made clearer regarding these.

Accidents and incidents were not all reported and recorded appropriately

The systems to manage infection control and hygiene standards required some improvement. .

### Is the service effective?

**Requires Improvement** ●

he service was not consistently effective.

People were supported by staff who received training, however had not received timely supervision and appraisal to ensure competency in their role.

Some improvements were needed to ensure people were supported to have maximum choice and control of their lives and the principles of the Mental Capacity Act were followed.

Improvements were required to the environment so building works did not cause ongoing disruption to people and so that communal areas were all fit for purpose.

People were supported to eat and drink enough. People were positive about the food.

People had access to healthcare and their health needs were monitored and responded to.

### Is the service caring?

The service was not consistently caring.

People were not fully supported to maintain relationships with people that were important to them.

People's care and support provided by care staff was provided in a way that protected their dignity.

Care staff were kind and showed compassion to people.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

People's care plans did not clearly reflect the needs of people or the care provided for them. Guidance for staff was not always clear.

People were not fully encouraged to develop their social interests and be as independent as they could be.

People were supported to share any concerns they had and these were addressed in a timely way.

Appropriate end of life care was provided.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Systems to ensure the quality and safety of the service were not always effective. Accurate and up to date records were not kept of people's care and support

People were not fully involved in giving their views on how the service was run. Staff, relatives and external agencies said they sometimes felt their views were not listened to.

The registered provider and management team had identified improvements were needed in the service and had enlisted the help of external quality assurance teams to assist with this.

Confidential and sensitive personal information was stored securely.

**Requires Improvement** ●

# St Peters Court

## **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.

The inspection took place over two days on 25th September 2018 and 2nd October 2018. The inspection team consisted of an inspector and an expert by experience who was present on the first day of inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection was prompted in part by a notification of an incident, following which a person using the service died. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, as part of this inspection we looked to see if the risk to other people because of this incident had been mitigated as the incident indicated potential concerns about the management of falls.

Prior to our inspection we reviewed the information we held about the service. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

Whilst some people were able to talk to us, others could not. During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. The inspection team also spent time sitting and observing people in other areas throughout the service and were able to see the interaction between people and staff. Some people were able to talk with us about the service they received but others could not. We

used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records at the service. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with three people, five relatives/visitors, five care staff, two qualified nurses, a visiting volunteer, two members of a quality audit company engaged in the service by the registered provider, the office manager (who was acting manager on day one of our inspection), one administrator, the new manager (whose first day in post was the second day of our inspection), one director and the registered provider. Additionally following the inspection we spoke with external professionals and healthcare authorities.



# Is the service safe?

## Our findings

We had received several concerns from other external agencies and relatives regarding people's care and treatment at the service. We used this information to plan this our latest inspection. As part of the inspection we looked at how the provider met people's individual needs and how they mitigated any risks to keep people safe.

We received mixed views whether staffing levels were adequate to meet people's needs. Some staff told us, "It's ok we can manage if we work together." And, "I think we all work well together." Others told us, "We don't have enough staff all the time, it's hard to get all the tasks completed when you are short." And, "We just get on with it. Well you have to for the people here." A relative, told us, "They have a lot of people who wander here and they need someone all the time. I personally don't know how they cope." Additionally, we were told that the registered provider was made aware of the situation regularly by email and saw evidence to that effect, however management were limited to what agency services could be used and told us it was a struggle to cover shifts at all times.

The provider was unable to demonstrate how staffing numbers had been calculated. Care plans had not been updated to reflect peoples level of need. Without this information it would be difficult to assess how many staff would be needed to support people safely. Whilst the provider was in the process of a recruitment drive, there were insufficient plans in place to address the deficit of staff in the interim. An example of this was that in some instances people who required one to one care due to identified risks did not always receive this level of care, even when additional funding had been received to provide this level of staffing.

We identified this as a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing

Medicines were not managed safely. An external pharmaceutical company had identified only 65% compliance with medicines in September 2018. In addition, we found examples of medicine being missed, poor stock control, inaccurate recording, lack of allergy status on MAR charts and poor disposal of medication. This had also been identified by the external company. This left people at risk of harm. One such example was found on the second day of inspection where a person who required medicines to manage their epilepsy had not received their medication for entire day before. Whilst this was identified by the agency nurse it was unclear how this would be explored and measures taken to follow up this person's needs.

Where people were prescribed 'as required' (PRN) medicines, records were not always completed in line with National Institute for Clinical Excellence (NICE) guidance and did not always contain details to guide staff when: the medicine should be administered; the minimum interval between doses; the maximum dosage in 24 hours and the circumstances in which the prescribing health professional should be contacted for advice. For example, we also identified that where there were directions on the MAR charts these were sometimes altered manually by staff without the doctor's signature or a double staff signature which would

evidence it had been checked properly.

The new manager in post and registered provider were made aware of these anomalies on the second day of inspection and advised they were working with the external audit company to get things right and would address any concerns. One relative commented, "The home is very good, and I am particularly pleased in the way [relative's] medication is handled – they were in another home and they weren't very punctual, but here, it's always on time which is what he needs." Whilst we acknowledge this, medicines were not being managed safely at the time of our inspection.

We received concerns prior to the inspection from commissioners and the public that risks to people and standard of care was of a concern. We found that risk assessments did not always address peoples identified needs. Incidents and accidents were not always recorded properly and appropriately investigated. For example, we identified as part of our inspection that one person had been involved in an incident a few days after our first day of inspection. The records completed were incomplete and the incident was not reflected in the person's care plan documentation. The provider told us they were aware of this incident, however told us they believed it had been dealt with. There was no record of an investigation into how the injuries were sustained or any actions identified to minimise the risk of reoccurrence. Additionally, the provider had not notified us as required.

Poor risk planning was also evident in the overview of the environment. We also noted that one fire door leading to the laundry area that was designed to shut automatically in the event of a fire did not always shut properly. We also noted that it was held open by being tied back as the door closure was not working. Therefore, in the event of a fire this door would have been ineffective in stopping the spread of fire. Staff told us this had also been an ongoing issue for some time. We discussed this with the registered provider and maintenance personnel on the day of inspection who advised that they would address this immediately.

Infection control practices needed to be improved. The provider told us they had removed the hand soap dispensers as they had heard there was a risk around people ingesting the soap from them. However, they had not considered an alternative to ensure that staff had access to appropriate hygiene procedures. Following our discussion with the registered provider staff were given access to hand soap facilities in areas that people did not access to such as the clinical room

One of only two commercial washing machines was in operation. We were told this washing machine had been out of operation for a number of months. Staff told us that it had been difficult managing cross infection between soiled linen and clean linen effectively and that this had been highlighted to the registered provider on a number of occasions but no action had been taken. One staff member said, "We have mentioned this so many times and nothing has happened yet." When we discussed this with the registered provider they told us they had actioned the situation and had contacted the company regarding a replacement. We were provided with some evidence to suggest that contact had been made in July 2018 (approximately 10 weeks prior to our inspection) but recent contact could not be evidenced. The registered provider advised us that they would address this and advised us on day two of our inspection that they had sourced a replacement and were awaiting confirmation and a delivery date.

We identified this as a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe Care and Treatment.

Whilst we were concerned about some of the infection control assurances we did find that the service was clean and there were cleaning schedules in place to ensure the environment was kept clean and free from odours. We also noted that there were separate domestic staff were employed and we saw staff used

personal protective equipment (PPE) such as gloves and aprons where available.

Whilst we found that the service required improvement to keep people safe, some people told us that they did feel safe. One person said, "I love living here – I get nice food and it's safe." A relative added, "I am very content when I leave [relative] that they are in a safe place and being looked after well, that's all I can ask, I have no worries at all."

Staff had completed training in relation to protecting people from harm and abuse. Staff had a clear understanding of their responsibilities to identify and report any concerns where they felt a person was at risk. Staff comments included: "I am very confident and would document it and report it.", "I would report a concern to the person on charge." And, "If I had concerns I would report to management, but if I was worried about management I'd report to the CQC [Care Quality Commission]."

The registered provider had effective recruitment processes in place to ensure staff employed were suitable to work in the service. At the time of our inspection the acting manager was completing a full audit of all recruitment records to ensure they were in order. We saw appropriate recruitment checks which included employment references. PIN number registration checks for qualified nurses and DBS (Disclosure and Barring Service) checks had been sought prior to staff commencing in post.

There were systems in place to monitor equipment to ensure that it was safe to use. This included regular servicing of moving and handling equipment and bathing equipment.

## Is the service effective?

### Our findings

Staff had not all received regular supervisions in line with the provider's supervision policy. We noted these had lapsed for both care staff and clinical nursing staff and the acting manager told us this had been due to the number of manager changes the service had had since January 2018. The acting manager who had only been in that role for the last four weeks prior to our inspection acknowledged that this had been the case and they were in the process of compiling a new supervision plan.

One staff member told us, "I have had supervision in the past but not recently." Another clinical member of staff stated, "I have had one supervision I think but I am not sure when." There was little documented evidence in place to show regular supervision and appraisal had taken place for all staff. Whilst we acknowledge the difficulties in place regarding the management changes in the service and continuity for staff, supervisions are a useful opportunity for staff to discuss any issues or training they wish to attend and should be in place. These should be completed regularly to ensure staff are competent in their role. The registered provider was advised of this on the day of inspection as they were unaware the supervision schedule had lapsed.

We identified this as an additional breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that where there were restrictions in place in relation to people's care and treatment, referrals had been made to the supervisory body. When reviewing these records we noted that whilst people had MCA's in place some of the DoLS had not been renewed since 2015. The acting manager told us they had reviewed these in the last month and all appropriate applications had now been made. Where authorisations had been granted there were assessments and conditions in place. However, care plans did not always reflect the conditions that had been imposed by the supervisory body authorisation.

We therefore recommend that the registered provider ensures they keep under regular review any DoLS authorisations and that they are kept up to date which would ensure people were not being unlawfully deprived of their liberty.

The service provided care for people living with dementia. The environment was clean and bright and colour was used to define areas to assist the orientation of people living with dementia. There was clear signage which included pictorial signs and there were areas for people to walk around freely within the service. The registered provider told us that they had plans in place to improve the environment for people living with dementia and were systematically refurbishing the service in phases but told us this would take time and they were not sure when this work would be completed.

We saw some people's rooms had been redecorated and were personalised with people's own possessions. Staff told us the building work had been an ongoing process since the new provider's took over in December 2017. We noted there were quite a few redundant communal areas in the service which had previously been used by the people in the service such as a village sweet shop, tea room and hairdressers. Two toilets were also out of order on the day of inspection. We were told by staff that the building works and the toilets had been ongoing and out of order for some time. One staff member said, "I hope the home gets back to the way it was with the other rooms available – we had parties and lots of fun." The main lounge had also been recently pleasantly redecorated, and there was a serving hatch to the kitchen. Staff told us that during the three weeks it took to redecorate the lounge people couldn't use it. One staff member said, "It was a nightmare, we had such a job to work around all the building work in all the rooms."

We spoke to the registered provider and maintenance person about this who advised us they were addressing works in an ordered way but could not confirm when works could be completed or when the toilets would be functional. Whilst we acknowledge this it had been a prolonged process, there was no assessment in place or evidence to show appropriate consultation had taken place with people. The registered provider should ensure the completion of building works in a timely manner to avoid disruption and a lack of facilities for people using the service.

People's support needs were assessed prior to using the service. One relative told us, "I'm really happy with the way [relative] is looked after here – staff know [relative] and their little ways really well now, and they are lovely with [relative]." We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs and their health and emotional well-being. This was done in consultation with people's families to gather a picture of the person's life and what was important to them.

Staff had received training in MCA and understood how to apply the principles of the Act when supporting people. One member of staff said, "I have always given people choices even if they cannot communicate with me well." Another member of staff said, "We all get training on assessing people's capacity, it's really important as they are human beings too and we have to understand the decisions they make about how they want to be cared for." Additionally, another staff member told us, "Well, I've worked in other homes where you get the residents up, put them in the lounge, then put them to bed later – here the residents can choose to do whatever they like – if they want to stay in bed, they can, it's a very nice home." Where people had appointed a legal representative to act on their behalf this was documented in care plans and representatives had been involved in decisions relating to people's care.

Staff were positive about the training and support they received. Comments included; "Training is well organised, and we all know what we need to do – the acting manager handles that well." And another staff member said, "Everybody supports each other here – we're a nice team, and it always feels like home to me when I come in!" New staff completed an induction, which included training and shadowing of more experienced staff. One member of staff told us they were completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.

People told us they enjoyed the food and were encouraged to give feedback to the chef regarding the food. Comments included: "The food is good here," and, "I can eat well here, Food's not too bad," People were offered a choice of meals and where they did not like the choices available they were offered an alternative. One staff member said, "We try to let them eat as independently as possible, and we only offer help when we think our residents need it." Whilst observing lunch we noted two staff members gently waking two residents and then helping them with their lunch. They sat facing the person and were talking nicely during the whole meal, and sat with them throughout. The chef told us there was good communication between staff and them to ensure people were provided with food they liked and that met their dietary needs.

People confirmed they were supported to see health care professionals as needed. The acting manager and staff team worked with healthcare professionals to ensure people received the support they needed in a timely way. One visiting professional confirmed that staff followed their guidance. We saw that people were also supported to access the community health service teams as required. This ensured the best healthcare outcomes were achieved for people.

## Is the service caring?

### Our findings

Most relatives we spoke with told us there were no restrictions when visiting their family member. One relative commented, "I think it's great for [relative] here, the food is nice and they look after her very well – she's always nice and clean and dressed nicely. I come in whenever I like." We saw throughout the inspection visitors arriving at the home were greeted and made to feel welcome by staff who knew them by name. People living at the home were supported to maintain contact with their family and friends. We were however made aware of one situation where the registered provider had placed a ban on one person's whole family visiting them at the service due to a dispute between themselves and one family member. The family had complained to us about this.

The registered provider advised us they had taken action in line with their policy which states that Legacy Care recognises that family and loved ones being able to visit is central to developing person centred care. This policy had not been reviewed since December 2016. We discussed this with the registered provider who stated they were unaware of the CQC guidance produced in November 2016 – Information on visiting rights in care homes. We therefore provided them with a copy.

We therefore recommend that the registered provider ensures they fully update themselves with current guidance and legislation with regard to this matter to ensure any further issues are dealt with proportionately and in line with policy.

The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights (EDHR). Most were out of date and not accessible to staff. EDHR was not considered in people's assessments and care planning. Whilst staff received training about the culture of the organisation in promoting dignity and human rights, they told us their knowledge of EDHR was not always discussed at recorded supervisions or meetings they had.

Care plans included some information about people's life history. However, details were brief and did not always provide a clear picture of the person and the life they had led prior to living in the service. Some information was available about people's individual preferences and interests. For example, people had specified their food preferences, prior pastimes and activities they liked to partake in. Because all the care plans had recently been transferred to a new electronic system we were unable to ascertain whether people were involved in regular reviews of their needs and decisions about their care and support. This was not clearly demonstrated within people's care records and support planning documents as they were not all signed by people. Information was also not fully provided in accessible formats, to help people understand the care available to them.

We observed that staff were committed, kind, considerate and aware of people's individual healthcare and communication needs. There was a friendly atmosphere. Relatives told us that both staff were caring and supported people well. One person said, "I am a nurse myself, and I am very content with how [relative] is being looked after here. It's always the same whenever we come in, and the food is nice for them – it's a safe home." They went on to tell us "What is nice is that [relative] is always wearing their own clothes, always

smart and clean – we buy [relative] nice clothes and the laundry lady here does a really good job – whatever [relative] wears one day is washed and ironed and back in their room the next day.", another relative said, "It's good that the doctor comes in regularly, and the girls spot if she's got a problem and get the doctor to take a look."

Staff were respectful of people's cultural and spiritual needs. We observed staff respecting people's privacy and they did not disturb people if they didn't want to be disturbed. All bedroom doors were closed when required. Staff knocked on doors before they entered. We observed staff treating people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. For example, one member of staff noticed a lady resident sitting awkwardly in their chair and asked whether she would like a pillow for her back. She nodded and the staff member went away to get a pillow, and gently helped it onto her back. Staff demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the care staff team was committed to delivering a service that had compassion and respect for people. One staff member told us, "Our focus is always on the residents – it's their home, and we want to make it as nice as possible for them." The acting manager and staff that we spoke with showed genuine concern for people's wellbeing.

We saw that people's information was treated confidentially. People's individual care records were stored securely in a locked office, but were available to people and staff. We saw evidence that people were asked before information was shared with people. For example, staff informed people about our inspection and asked if we could enter their rooms and look at their records.

The acting manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes.



## Is the service responsive?

### Our findings

The registered provider had recently introduced a new electronic care planning system called 'Icare' and people's care plans were all being updated and entered onto the new system. At the time of our inspection people's care records had not always been updated in a timely manner and were not fully reflective of people's current care needs. For example, one person whose needs had changed had not had their main care plan updated with details with regard to a recent incident resulting from their distressed behaviour. We spoke with staff on duty who confirmed that knew the current status of the person's care needs and felt confident they were fully aware of how to care for the person concerned. We also spoke with an agency nurse who stated that they had not received any information or guidance on changes regarding this person. We asked the nurse how they would find this guidance and they stated, "I would look in their notes.". However, this guidance was not in the person's care records.

Another person's care records were also incomplete as they indicated their weight must be monitored. The care notes did not evidence that they had been appropriately assessed and weighed monthly. Weights recorded were last done in June and September 2018 and there was no Malnutrition Universal Screening Tool (MUST) assessment in place for this person. The care plan also did not evidence sufficiently the input this person had from community healthcare professionals either and in what capacity.

Whilst we found some care plans were person centred and documented peoples preferences and wishes this was inconsistent. For example, one person had no information recorded to evidence the care they needed with their emotional wellbeing and how the service catered for their cultural, spiritual and social needs. Two additional care plans reviewed by the quality assurance company, present on the day of inspection highlighted issues around care planning and rated the quality of both those plans as inadequate and requiring improvement scoring less than 75% overall. Essential information was not current and up to date. This meant that staff did not always have access to accurate guidance and information, to support people effectively and in line with their care needs.

People were not consistently provided with regular access to meaningful activities and stimulation, appropriate to their needs, to protect them from social isolation, and promote their wellbeing. Care and support plans needed improvement to reflect how staff should support people, to lead fulfilled and meaningful lives, through activity, therapy and social inclusion. This with particular reference to those people living with dementia.

The service did not have an activity coordinator present on the days of inspection. However, activities were seen as the responsibility of all staff. The acting manager told us, "Activities are done by us all now. I used to do a lot of activities here but my role has changed now." A relative told us, "They used to do a lot more here, it seems now that all the staff help." There were limited activities going on at the service, There was a volunteer helping out with a couple of people during the morning, with some memory books and colouring in books, but nothing else happened during the day, apart from a short little dance after lunch. The activity schedule on the wall was dated for the previous week and there were no activity planners detailed in people's care records.

Feedback from staff and relatives highlighted that previously there were lots of activities that happened and themed areas were available such as a small café, sweet shop and hairdresser where people also had their nails done. Each of these areas was now redundant and rooms had been cleared and were being refurbished as part of the registered provider's development of the service. Whilst there were some areas such as a cinema room and TV area playing music. Most people congregated in the dining area on the day of inspection. Additionally, we noted that memory boxes placed outside people's rooms had been installed with semi opaque glass on the outside so you could not see what was inside properly. We advised the registered provider of this on the day of inspection who told us they would address this and seek appropriate support and guidance in order to develop the activity provision at the service to protect people from social isolation and to support them to live full and meaningful lives.

We identified this as a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person Centred Care.

Care staff used an electronic hand held system to record when care was given. If people had not received their care at the allotted time such as having their position changed or being assisted to drink an alert was placed on their record. Staff told us that they felt they were still getting used to the new system. Staff told us that the wifi system within the service was sometimes troublesome which meant the signal could drop out. We spoke to a member of staff about this and they told us, "We've been using the icare system and I really like it – I think it's made a big difference as we can update records immediately, rather than wait but sometimes there is a problem when the wifi at the home sometimes fails, and we lose connection and have to type everything back in again, which is most annoying!" Another staff member said, "It's a great system but you don't always have time to complete it when that happens as you are going from one person to the next."

People's needs were assessed prior to admission to the service to ensure the service could meet their needs. We observed one person who was displaying distressed behaviours that may also unsettle others. Staff were responsive to this person's change in needs. Distraction and appropriate de-escalation techniques were used to settle the person. Staff kept the other person in the room safe and calmed their anxiety during the incident. The techniques used by staff were considerate and matched those in that person's care records.

We did find that some care plans contained some details of people's preferences, likes and dislikes. For example, specific information that captured people's health, social care and spiritual needs. This information was then used to plan people's care and activities. Staff we spoke with were knowledgeable about information within people's care records. For example, one member of staff told us about a person's personal interests, their food likes and dislikes and people that were important in their lives. The information shared with us by the staff member matched the information within the person's care plan. During our inspection we observed another member of staff engaging in conversation with this person about their family and things that were clearly important to them.

People knew how to make a complaint and information on how to complain was available in the service. One person's relative told us, "If I was not happy then I would let them know. I have done in the past." We saw evidence that complaints had been dealt with by the acting manager in line with the provider's complaint procedure. A system was in place to record the complaints received and we saw these had been addressed in a timely way; we saw that the actions taken and outcome were recorded. All the visitors we saw told us that communications between them and the service was generally good.

None of the people that used the service were receiving end of life care at the time of our inspection. The acting manager confirmed that people would stay with the service until the end of their lives if it was their

wish. An end of life plan would be written with the person and their family. We saw that staff had received training in end of life care. The acting manager also confirmed that this training would be provided to all staff as caring for people approaching the end of their life was an important part of their role.

## Is the service well-led?

### Our findings

The systems for monitoring and improving the service were not effective as the registered provider had not identified the issues we found at the inspection. The registered provider was not meeting their legal requirements and did not have a clear overview of the service.

We looked at monitoring systems and found they were not effective. For example, monthly medicines audits were not completed regularly. Action had not been taken to rectify anomalies found in response to an external medicines audit in September 2018. We saw some medicine audits, however there were no dates or signatures on the audits to identify when they were completed and no specific issues were identified through the audits.

We also asked about and looked at care plan audits. There were no care plan audits completed recently. We asked the staff and acting manager how they monitored the quality of care plans to ensure they reflected people's needs. The acting manager told us, "We have meetings everyday 'eleven at eleven meetings' and we discuss issues at meetings, which are attended by the clinical lead and senior staff." Records of the team leader meetings showed that team leaders reviewed and updated care plans. However, there were no records to show which care plans had been audited and how the care plans were audited to ensure they were accurate and up to date. This meant there was no system in place to identify the recording issues found during the inspection by ourselves and the quality assurance team which had been asked to attend the service by the registered provider. Whilst this mitigated some risk they had also found gaps in recording in the care plans they had reviewed and rated both as inadequate.

The provider had a range of quality assurance systems in place, however a lot of the documentation in place still related to the previous provider and policies and procedures had not been updated. Although some areas of improvement had been identified in an action plan shown to us by the registered provider, systems had not identified all of the issues found at this inspection and did not ensure the registered provider had taken action to meet the regulations.

We received mixed feedback about the management of the service from relatives, staff and external agencies. Whilst some people were positive about the management team in the service. Some felt the service was not well managed. There was also no registered manager in place. 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.

We were made aware that since January 2018 there had been at least four different manager changes. At the time of this inspection the service was being run by an acting manager whose substantive role previously was as office manager. They told us they had been in post for about four weeks and a new manager had been recruited. The new manager was due to start the day before our second day of inspection and we met them then, External partner agencies had raised concerns with us prior to and after this inspection about the

inconsistency of management in the service and some staff told us that whilst they all still worked well as a team they felt the service would benefit from consistent leadership.

Systems for ensuring effective communication between staff teams and outside professionals was not always effective. Information received from external health professionals and partner authorities highlighted concerns regarding the responsiveness of the registered provider when concerns were highlighted. For example a recent safeguarding incident had not been notified as required in line with current legislation. The registered provider was aware of the incident and additionally the incident form had not been completed appropriately. Additionally a few relatives were not always confident that concerns were investigated and action taken. One person told us that following an incident they were not kept informed and did not feel the incident was fully investigated. This incident was subject to a police investigation so we did not examine the circumstances of the incident. However, as part of this inspection we looked to see if the risk to other people because of this incident had been mitigated as the incident indicated potential concerns about the management of falls.

We identified the above as a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.

We saw that the acting manager promoted partnership working with other professionals such as local doctors' surgeries and community teams to ensure people received the support they required.

At the time of this inspection the registered provider had identified they needed to improve and had enlisted the help of an external quality audit company to help ensure the service was compliant in the five key areas of safe, effective, caring, responsive and well led. Whilst this mitigated any risk in part, our inspection still identified areas which required action which we have outlined in the main report.

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 judgments. We advised the provider of the requirement to do this following this first rated inspection for 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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider did not maintain care records that were not accurate, complete and person centred, They did not provide staff with adequate information about care given and decisions taken in relation to the person who was being supported.</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 did not take care to ensure that risks associated with medicines were mitigated and that people received there medicines safely.</p> <p>The registered provider did not take care to ensure people were kept safe at all times and accidents and incidents were dealt with promptly and effectively.</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 did not ensure they had effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider did not ensure that there were sufficient staff available with the right skills, qualifications experience and competence to meet the assessed needs of the people who use the service at all times.

The registered provider did not ensure that all staff received appropriate supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.