

Ms P Goss

St. Catherines Residential Care Home

Inspection report

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Date of inspection visit:

31 May 2018

05 June 2018

06 June 2018

Date of publication:

24 August 2018

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 May and 05 and 06 June 2018. This was an unannounced inspection. We undertook this inspection to check that the provider had followed their plans and made the required improvements that were identified at our previous inspections.

At the time of our last inspection in January 2018 which was a focused inspection, the service was rated as requires improvement. We undertook that inspection to check that the provider had made the required improvements that were identified in our previous comprehensive inspection in July 2017. We found at our inspection of January 2018 that although some improvements had been made we felt sufficient progress had not yet been made, or sustained to satisfy the requirements of regulations 12 or 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). Regulation 12 was not met because the provider had not always ensured that there were sufficient numbers of staff available to meet people's needs in a safe and timely way. The environment did not always promote safety and comfort and safe recruitment practices had not always been followed to protect people from the risk of receiving care from unsuitable staff. Regulation 17 was not met because the provider's quality monitoring systems and processes had been ineffective. At this inspection we found that although some progress had been made we again found that sufficient progress had not been made or sustained to satisfy the requirements of regulation 12 or 17 HSCA.

We found that some improvements had been made to promote the safety and governance of the service, improve the environment and recruitment practices. However, the shortfalls that we identified within this inspection showed that further improvements were still required. The provider had failed to make sufficient improvements and the quality assurance system had not always been effective. This meant that this inspection was the fourth consecutive inspection whereby the provider had failed to achieve a 'good rating' in the well led area of our inspection.

St Catherine's Residential Care Home is a 'care home'. People in a care home receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Catherine's provides accommodation and personal care for up to 22 people. At the time of our inspection, there were 21 people living at the home.

The service was required to have a registered manager in place as part of the conditions of their registration. At the time of our last inspection a registered manager was in post and they had registered with us in January 2018. However, shortly after our inspection the registered manager was dismissed. A new manager had been appointed although they had started the registration process they were not yet registered with us. 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.

It is a legal requirement for providers to display their rating. This is to show whether a service was rated as 'outstanding', 'good', 'requires improvement' or 'inadequate' following an inspection. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of the care provided. At our inspection in July 2017 we found the provider had not displayed the rating of their previous inspection 'requires improvement' on their website. At the inspection of January 2018 we again found that the provider had not displayed their most recent rating from July 2017 of 'inadequate'. This was a repeated offence under regulation 20 A of the HSCA. The provider was given a fixed penalty notice for both offences. The first fixed penalty notice has been paid for both offences.

People were not always supported to manage risks to keep them safe. Where actions had been identified to mitigate risks, these actions were not always consistently applied which placed people at risk of harm. Although staff were safely recruited and staffing levels had been increased staff were not always deployed in a way so that they were available in communal areas of the home to respond to request from people and to check on people's safety.

Some staff did not fully understand the needs of people living with dementia. Plans were in place to improve the training and supervision staff received to carry out their role effectively.

Staff knew how to report concerns where people may be at risk of harm and medications were given in a safe way.

People were treated with dignity and people who were able were supported to maintain their independence. People were given the opportunity to express their preferences with regard to their care and people knew how to make a complaint if they needed too.

Improvements had been made to the environment and were continuing to be made to make the home a more comfortable and safer place for people to live in.

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 safe

Risk were not managed to ensure people were safe. Where risks were identified, action was not consistently taken to ensure people's safety.

Staff deployment was not always effective in ensuring people were monitored and their safety promoted.

Infection control procedures were not always followed in practice.

Staff were recruited safely.

Medication was given in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective

People's specific dietary requirements were met. People that needed support with meals did not always receive this support in a way that met their needs.

Staff had received some training and plans were in place to provide training in relation to people's specific needs.

People were supported to access health and social care professionals when necessary.

People's rights were protected because key processes had been followed.

Is the service caring?

Requires Improvement ●

The service was not always caring

People's needs were not always met in a timely manner. Although staff were kind some actions from some staff were not

delivered in a caring manner.

People were supported to be independent, make choices and express their views about their care.

Is the service responsive?

Good ●

The service was responsive

People were supported to take part in activities that they enjoyed and steps were in place to improve this

People knew how to raise any concerns they may have

People were supported to maintain positive relationships with their friends and relatives.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The systems and processes in place to assess and monitor the safety and quality of the service were not always effective.

The home did not have a registered manager in place at the time of the inspection. A manager was in post and had applied to become the registered manager

People, relatives and staff felt the home was well managed.

Staff felt supported by the management team and able to approach them with any concerns or suggestions.

St. Catherines Residential Care Home

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 the 31 May 2018 and was unannounced with a further announced visits on 05 and 06 June 2018. On day one, the team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two and three, the team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

We used a number of different methods to help us understand the experiences of people who lived at the home. We spoke with nine people, seven relatives, six staff members. We spoke with the manager, provider and maintenance manager. We also spent time observing the daily life in the home including the care and support being delivered. As there were some people living at the home who could not tell us about their experience, we undertook a Short Observational Framework for Inspection (SOFI) observation. (SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.)

We looked at three people's care records to see how their care and treatment was planned and delivered and four medication records to see how their medicine was managed. Other records looked at included two recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

At our last comprehensive inspection in July 2017 we found that the service was not consistently safe. The provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not always ensured that there were sufficient numbers of staff available to meet people's needs in a safe and timely way. The environment had not always been maintained in a way that promoted people's comfort or safety; it was not always clean or free from clutter which put people at risk. The previous registered manager had not always followed safe recruitment practices to protect people from the risk of receiving care from unsuitable staff. We imposed conditions on to the providers registration for this location. This required them to submit monthly reports to us, telling us what quality monitoring and assuring systems they had implemented and how these have been used to promote the safety of people living at the service. When we carried out a focused inspection in January 2018 we found that sufficient progress had not yet been made or sustained to satisfy the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that where risks were posed to people, these were not always managed well to ensure people were safe. We looked at the care for a person being cared for in bed who required hourly checks by staff to ensure the person's safety and they also needed re-positioning every two hours to protect their skin integrity. Records showed that on different dates and different times of the day they had not always received these checks. Staff we spoke with were aware of people's needs and the associated risks. They were able to tell us who required additional checks and the reasons why. We alerted the manager to this on day one of our visit and we were told that they would address this with the staff concerned and it was likely to be that staff were not signing the records but the checks had been done. We again checked the records and the re-positioning of the person on day two of our visit and again found a discrepancy where records showed no checks or repositioning had taken place for three hours, we visibly checked that this person and their position had not been changed and again raised this with the manager and provider. They were not able to explain why these checks on the person safety had not been made but told us they would be investigating these concerns. Although the person's care plan had not been followed the person looked visually well cared for.

We saw that a following a recent visit from a district nurse a person was required to be sitting on a pressure cushion during the day to prevent sore skin developing. We observed that this advice had not been actioned throughout the morning of our visit. We brought this to the attention of the manager who was unsure why this guidance had not been followed and added to the person's care plan for the staff to follow. We found that where action was required in relation to weight management, this had not always been reviewed or recorded. The manager was not aware of a person who had been assessed as high risk six weeks before our visit. Therefore, there had been a delay in taking preventative measures and making a referral to health care professionals.

During our inspection we became aware of a recent incident that had occurred where a person who was assessed as unsafe to access the community independently had left the home and was found walking down the main road adjacent to the home. The person was returned safely to the home by a staff member who

was on their way into work. However, the manager told us that staff had failed to fully inform her of the details of the incident and was not fully aware of the seriousness until two weeks after the incident had occurred. This had caused a delay in the manager being able to put preventative measures in place. After discussion with the manager about the incident she agreed to contact the local authority to share this information with them and raised it as a safeguarding alert. She also commenced an internal investigation to establish the full facts about what had happened and had put in place some preventive measures to minimise reoccurrence. For example, the code on the front door was changed and the practice of giving the code to visitors to the home was reviewed. A few days after our inspection we were contacted by the local authority who told us that the person had again left the premises unsupervised and the measures put in place to maintain the person's safety were ineffective and had not mitigated the risks to this person's safety. At the time of writing our report the incident was being investigated by the Local Authority under their safeguarding procedures.

The evidence presented above shows that despite some improvements noted during the inspection, sufficient improvements have not yet been made to promote the safety of the service. Therefore, we found a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have taken at the end of the report.

We saw that staff were visible around the home, however, at times things were disorganised and there was a lack of leadership. Staff were answering work calls whilst walking through communal areas of the home. At different times of the day we saw that for several minutes there was no staff available in communal areas of the home and this had led to people needing to wait for support. People that we spoke with gave mixed feedback when we asked if there was enough staff to meet their needs. Most people told us that staff were usually available when they needed them. One person we spoke with told us, "At times there are no staff around I think they are busy helping other people". Another person told us, "I think there is enough staff. But sometimes not enough in the morning, or when we are going to bed. If someone doesn't turn up it can make it difficult". A third person told us, "There are times that you want something but there is no one around. There are more people needing help so it depletes the staff". We received mixed comments from staff and relatives that we spoke with about staffing levels. Some staff told us that staffing levels had improved since our last inspection and that things were much better. However, some staff and relatives told us that staffing levels were still not always sufficient. A staff member told us, "There is not enough staff. Some people need two staff to support them. If the senior is busy doing something and we are helping a person then there is no one on the floor keeping an eye on people". A relative told us they, "worry a little", about the staffing levels at the home. They told us, "It's not that the staff are neglectful in any way it's just they are busy and at times there is no staff about". We asked them what time of the day this happens and they told us, "It's different times of the day but more of a concern in the evening". Another relative told us that when they were visiting they would help their relative with any care that they needed. They went on to say, "They (staff) will help when you ask but they just seem very stretched....especially in the evening".

We discussed our concerns about the availability of staffing in the communal areas of the home and the overview of people's safety. The manager told us that improvements had been made to the staffing arrangements since our last inspection. They told us that posts had been appointed to and the use of agency staff had reduced drastically. A specific laundry assistant role had been created which meant care staff had more time for care tasks and an activity coordinator had been recruited and domestic hours had been increased. Following feedback after day one of our inspection when we returned for day two of the inspection the manager told us that they would be trialling an additional (care) staff member (from 16:00-21:00). However, this was revised again by the provider at the end of day two of our visit, who told us that instead of introducing this shift they would be working each day (Monday to Friday) to provide additional leadership and monitoring of the service.

At our previous inspection we found that improvements had been made to the maintenance and cleanliness of the environment. On the first day of our inspection we noted that the lounge carpet was heavily soiled and the chairs in the conservatory were stained. When we returned for the second day of our visit we saw that improvements had been made and we were told by the manager that plans were in place to replace some of the furniture in the conservatory that had become worn and made cleaning difficult. People and relatives that we spoke with commented on the many improvements that had been made to make the home more comfortable for people to live in. One person told us, "They have done a lot of tidying up recently, its better". A relative told us, "I have read the previous inspection reports. I must say that things have improved and the home is a lot cleaner and they have made areas in the home less cluttered."

We found that the provider had invested in fall sensor technology for people who were assessed as being at high risks of falls. This included pressure mats and sensor beams which alert staff that a person is mobilising and may need staff support to keep them safe. When we asked people if they felt safe living at the home. One person told us, "I feel quite safe living here". Another person told us, "If I didn't feel safe I will tell my relatives. I am alright I am being looked after".

At our previous focused inspection we found that fire safety practices required improvement. We discussed our concerns with the provider and we arranged for a fire officer to visit the service to advise them on how to improve their fire safety. A fire officer had visited the service, the provider had arranged for an individualised risk assessment specific to the home to be completed. The actions from the fire risk assessment had been actioned and shared with West Midlands Fire Service for their approval. The provider confirmed and staff told us that they had taken part in fire drills and the dates of these had been recorded. However, the records needed to show the outcome of the drills for example, if any learning had been identified.

People we spoke with confirmed that they received their medicines when they required them. One person told us, "I have them after breakfast and before I go to bed, the staff are very good and do all that for me". Another person told us, "I get my medicines when I need them". We observed a senior care assistant administer medicines to people safely during our visit and people were asked for their consent. We saw that some people were prescribed medicines on an as required basis (sometimes termed PRN) and protocols were in place to support staff to administer these medicines safely and at the times required by people. We found that medication was stored safely.

All the staff that we spoke with were able to tell us about their understanding of safeguarding people from the risk of abuse. Staff spoken with were aware of their roles and responsibilities in these areas, including what the reporting procedures were, in order to keep people safe. Staff told us that safeguarding was part of their induction and they were confident that they could raise any concerns they had with the management team.

We looked at two staff files and found that the provider's recruitment practices ensured only staff that were suitable were employed. One reference received for a staff member required verification as there had been a change in the management of the service they had previously worked at and the manager confirmed to us on day two of our visit that they had addressed this. Staff we spoke with confirmed that recruitment checks were carried out before they started work. One member of staff said, "All the checks were done before I started working here. I had my DBS check done and they got my references form where I worked before". The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. The manager talked through their disciplinary process and confirmed that procedures had been followed when required. Records we saw confirmed this.

Is the service effective?

Our findings

At our last comprehensive inspection in July 2017 we rated this key question as good, at this inspection we found that improvements were needed.

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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The authorisation process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We observed interactions between people and staff and saw that people were offered choices and asked to consent to their care and support. Staff told us that they would always ask for people's consent before providing care and this was confirmed by people we spoke with. One person told us, "They are very good; they (staff) help me when I need it and yes they do always tell me what they are doing". We observed during our visit that a person had declined support with their personal care in the morning and this was respected by staff. We saw staff offer this person support later in the day, we saw that the person when asked gave their consent and returned with a staff member to their bedroom to be supported with their personal care.

However, staff were not always clear about what DoLS meant for people and who applications had been made for and the reason why. The manager told us where people's needs had changed she was aware that she had a duty to inform the local authority of this change in need and was in the process of doing this. She told us that further staff training had been planned for staff on MCA and she would also be providing staff with support and information in respect of the DoLS process.

We saw that the meal time experience was not always a positive experience for some people who required staff support. On the first day of our inspection we found that a person requiring support from staff did not receive this consistently, which led to a poor meal time experience for them. In addition to this the person did not eat all their meal however staff had not accurately relayed this information to another staff member until we intervened. On the second day of our inspection we saw again saw that a person who was living with dementia and required some support to eat did not receive this support consistently and discussed these concerns with the manager at the time of our visit. We also saw on day two that a staff member sat with people at a table and gave appropriate and timely support and ensured that the meal time experience was a positive one for the people they were supporting. We saw that the menu was written on a chalk board and one choice was available for the main meal of the day. We were told that people could choose to have an alternative if they wanted. The provider told us that two choices were not provided for people at the main meal times because this had caused people confusion about what they had requested. We saw that one person preferred to have a sandwich at lunch time and we saw staff discuss different options with them and

they were supported with this choice. People told us that they enjoyed the food. One person told us, "I really enjoyed that meal it was lovely and tasty". Another person told us, "The food is pretty good". A relative told us, "The food always looks very nice and there is always a nice tea provided".

We saw that nutritional assessments and care plans were in place for people who were at high risk associated with their diet or fluids. However, we found that where action was required in relation to weight management, this had not always been reviewed or recorded as such and therefore greater attention was required. We also raised this at our previous comprehensive inspection.

People living at the home had access to doctors and other health and social care professionals. One person told us, "I can see the doctor when I need to". A relative told us, "We are pleased with how the home has supported (person's name) with their health care. They were in hospital and they (care staff) really supported their return back to the care home. It was a really smooth transition between the hospital and the home, I was very pleased". However, we saw that the outcome of discussions with professionals and follow up action needed had not been recorded in a person's care records which could result in people not being effectively monitored or receiving the care that's needed.

The manager told us that they had reviewed the staff training that was in place and had changed the training provider so training would be more comprehensive. She told us that a training plan was now in place and training in some areas would be more detailed. We spoke with the manager about some staff's approach to people living with dementia was not always appropriate. She told us that training around dementia and mental capacity was included in the training plans. People we spoke with told us that they were confident that staff had adequate training to care for people safely and effectively. One person told us, "Some staff are good and some are not so good". Another person told us, "Yes, they seem to be trained, there is a lot of training going on here". Relatives that we spoke with told us that staff had the knowledge and skills to do their job. One relative told us, "The staff seem to understand (person's name) needs. Some staff were not very good, they were not very attentive and would sit reading a magazine but they seem to have all gone now". Another relative told us, Staff seemed skilled enough, I have seen them using the hoist. They move them around very well".

Staff told us they were offered support from the manager. A staff member told us, "(manager's name) is really good; things are really improving at the home. She is very supportive and you can ask her anything". Another staff member told us, "The manager is good and she listens to what we say, things are improving". The manager told us that since she has been in post she has put a supervision matrix in place and is gradually working through the staff team so that all staff have a supervision and then going forward there will be a planned approach to staff supervision. She also told us that some meetings with staff had taken place and again there were plans to ensure that staff meetings became embedded in the staff support structure of the home.

Is the service caring?

Our findings

At our last comprehensive inspection in July 2017, we found that some aspects of the care provided to people were not always caring. People were not always assisted in a timely way and the provider had not always ensured there was enough members of staff available to keep people safe. We rated the provider as requires improvement in this key question. At this inspection we found that improvements were still needed.

We found that whilst staff were observed to be kind and caring some aspects of the care provided to people was not always caring. For example, we saw some staff react to situations with people that could have been managed differently if staff had been more proactive in supporting people with their care. For example, we saw two incidents where people had picked up items belonging to another person living at the home. However, the way that the staff member handled the situation on both occasions was not done in a caring manner and we discussed this with the manager and provider at the time of our visit. We saw an occasion when staff were talking to each other about personal information when they were supporting a person with their care. We saw that on some occasions staff members reacted to actions by a person living with dementia that showed a lack of understanding of their care needs.

People and relatives that we spoke with were positive about the staff and the caring approach. One person told us, "They are nice people (staff), extremely nice people. Another person told us, "I feel like I am well looked after. If I need anything I just ask one of the girls and they do it for me". A relative told us, "They (staff) are thoughtful and kind some of the staff will come up to (person's name) their room and say good bye before they go off duty". When we spoke to staff about the people they supported they spoke with care and compassion about people. A staff member told us, "I really love my job. I love coming into work and I love to see (people's names). We saw some kind and caring touches and interactions between staff and people. We saw that people genuinely seemed pleased to see certain staff members. We saw staff make sure that people who had limited mobility were sitting comfortable and made sure that people's clothing was straightened and comfortable.

We found that people were encouraged to be independent. A person told us, "Staff really encourages me to do things for myself. They want me to maintain my independence". We saw that people were given choices about where they would like to sit and what they would like to drink. Some people preferred to spend time in their own room and this was respected by staff. Staff we spoke with could give examples of how they ensured choices were provided. A staff member told us, "I always ask the person what they want help with and get them to make choices, such as what they want to wear each day".

Staff we spoke with had an understanding of people's needs and were able to tell us people's likes and needs. Records we looked at showed people had care plans in place and these contained some information about people's preferences, hobbies and interests. However, we saw that some records were incomplete or had not been updated to reflect some people's change in need.

People that we spoke with told us that staff respected their privacy and our observations during the inspection confirmed this. One person told us, "I need help with washing and dressing and they (staff) have

helped me and they have did so very respectfully. Another person told us, "They (staff) pull that curtain across so no one can see into my room. They are good and they explain what they are doing". A third person told us, "The staff do respect my privacy. They help me when I have a shower. I have a key for my door and can lock the door from the inside". A staff member told us, "I always knock the door. I am respectful of people's privacy and dignity at all times. We (staff) all are. We discuss things like that in training. It's very important"

People told us that they were supported to maintain relationships that were important to them and family members were free to visit at any time. One person told us, "They (staff) always make my visitors welcome. I am going out for a coffee with my friend later". Staff that we spoke with told us they understood the importance of family and friendships to the people they supported. A relative told us, "It's a friendly home, that's what we really like about it and we are made to feel welcome when we visit (person's name) at any time of the day or night".

The bedrooms we were invited into were individualised with pictures and personal belongings that were important to the person. We saw that a person who was being cared for in bed looked very comfortable, their room was clean and fresh and some gentle music was playing in the background.

The manager was aware of where people may require the support of an advocate. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. The manager understood when an advocate may be required and how they could refer people to this service if and when needed.

Is the service responsive?

Our findings

At our last comprehensive inspection in July 2017, we rated the provider as requires improvement in this key question. We found that care staff were responsible for facilitating activities with people and this was not always possible due to time pressures. At this inspection we found that improvements had been made.

We saw people enjoying a hand massage session and nail care and we saw the activity coordinator spending one to one time with people and also speaking with relatives to find out about people's interests and hobbies. We saw some people reading the newspaper and magazines and some people enjoyed spending time out in the garden. We did see periods of time when people were unoccupied and saw that the home was busy with the comings and goings of visitors and staff attending to people's care needs. The provider told us that they had reviewed the activity provision within the home. The home had had a short period of time where an activity coordinator was in post and this was reported to be going well however, the person had recently resigned from the position for personal reasons. At the time of this inspection another activity coordinator had recently been employed. On the first day of our visit they were completing an induction and on the second day they were spending time getting to know people' finding out their interests and also facilitated some activities. The manager told us about her plans for this role and she was optimistic about the development of this role within the home.

People felt that staff knew their needs and they were encouraged to express their views and preferences about their care. We saw some examples of staff involving people in making day to day decisions in relation to the care they received and offered people choices about where they spent their time and what they wanted to drink. A person we spoke with told us that they had been involved in their initial assessment when they came to live at the home to ensure the care they received met their needs. A relative told us that they felt the staff knew their relatives needs well and staff has asked them about the persons cultural and religious needs when they first came to live at the home. They told us, "They went through everything and asked me about (person's name) likes and dislikes and how they liked having things done". Another relative told us, when (person's name) needs had changed staff responded to this and a mat had been placed by the person's bed to alert staff attention to the person's needs. Some relatives told us that they had meetings about their relatives care but no recent meetings had taken place, they felt this could be useful. A relative told us, they spoke with us about (person's name) when they first came to live here and went through the care plan. That was a while ago however, so may need to ask the staff about this to make sure it's all up to date. However, most relatives that we spoke with felt they could talk to the staff or the manager about their relatives care. A relative told us, " They (staff) asked if there was anything else that they could do for (person's name), they seem happy and settled here. We saw a brief summary of people's care needs were displayed in their bedroom and was written in an easy read format. To promote people's privacy this was displayed in a flip chart style with a picture on one side that could be turned around when needed to display the personal information that was being protected.

All the staff we spoke with told us that they received daily updates about changes in people's needs, in handovers between staff at shift changes and staff told us that they would also read people's care records. The manager told us that they had a process in place called 'resident of the day'. Resident of the day is an

initiative that helps staff members to understand what is important to each person. And includes an in depth review of their needs that helps staff offer a person centred approach to people's care and support. However, she felt that this process had not worked well and would look at how this could be improved.

People told us they knew how to raise a complaint if they were unhappy about the care they received. A person told us, "Yes I would have a chat with the staff if I wasn't happy about something". A relative told us, "They (staff and managers) are approachable and we feel we can raise things and they are dealt with before they become a concern. Another relative told us they had raised a few things and they were waiting for the manager to get back to them about it. We saw that there was system in place to record and respond to complaints. The manager told us and records confirmed that there had been no complaints raised with the service since our last inspection.

The manager told us that they had previously supported people well who was end of life care and that their care planning processes ensured that when needed people's end of life preferences would be discussed and recorded and would ensure that people's wishes were fulfilled.

Is the service well-led?

Our findings

At our last inspection in January 2018 (Focused) we undertook that inspection to check that the provider had made the required improvements that were identified in our previous comprehensive inspection in July 2017. We found that although some improvements had been made we felt sufficient progress had not yet been made, or sustained to satisfy the requirements of regulations 12 or 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider remained in breach of these regulations and we rated the provider requires improvement.

At this inspection we found that some improvements had been made to promote the safety and governance of the service, improve the environment and recruitment practices. However, the shortfalls that we identified within this inspection showed that further improvements were still required. This meant that this inspection was the fourth consecutive inspection whereby the provider had failed to achieve a 'good rating' in the well led area of our inspection. Quality assurance practices had failed to proactively identify the shortfalls we found during our inspection.

We found that the provider had some systems in place to monitor the quality and safety of the service and that some of these had been used effectively to identify areas for improvement including improving the environment, reviewing fire safety measures and ensuring recruitment practice was robust. However, further improvements were still required to the day to day provision and monitoring of the service. Some of the quality monitoring systems had not always been used effectively to implement or sustain improvements. For example, the systems in place did not monitor all areas of risks robustly including people at risk of weight loss. This meant that the manager was not aware of a person who was at high risk of weight loss so she could ensure that appropriate action had been taken to manage this risk. Also a significant safety incident had not been reported in line with the homes reporting procedures. This meant the manager was not fully aware of what had taken place so she could not ensure that sufficient action was taken in a timely manner to minimise the risk of reoccurrence and ensure people's safety. We found that the management team were reactive to issues that had been brought to their attention for example safe staffing arrangements, failure of staff to carry out safety checks on people, failure of staff to complete care records accurately and failure to pass on information effectively at staff handovers, rather than proactively identifying these areas through their own systems.

The manager told us and we saw records of audits of people's care records had taken place. The audits completed by the manager had identified that significant improvements were needed to ensure that people's care records were completed accurately and were up to date. Action plans were in place and we saw that staff were working towards making these improvements.

The evidence presented above shows that despite some improvements noted during the inspection, sufficient improvements have not yet been made to promote the safety of the service. Therefore, we found a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have taken at the end of the report.

In July 2017 we were told by the manager about a serious incident that had occurred at the home whereby a

person had not the received care they required when they needed it. Staff had not completed the necessary checks on the person whilst they were in bed and therefore had not identified deterioration in the person's health. At the time of writing this report this incident is still subject to a criminal investigation.

The provider is required to have a registered manager in place as part of the conditions of their registration. At previous inspections the provider had not met this condition of their registration and we are deciding what action to take about this. At our last inspection in January 2018 a registered manager was in post. However, shortly after our inspection the registered manager was dismissed. A new manager had been appointed although they had started the registration process they were not yet registered with us.

It is a legal requirement for providers to display their rating, to show whether a service was rated as outstanding, good, requires improvement or inadequate following an inspection. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of the care provided. The provider has a regulatory duty to ensure that ratings are displayed legibly and conspicuously at both the home and on their website within 21 calendar days of the date of which the inspection report was published. We have found that following our two previous inspections the provider has twice been in breach of Regulation 20A of The Health and Social Care Act 2008(Regulated Activities) Regulations 2014. As a result of the breach the provider was given a fixed penalty notice for both offences. At the time of this inspection the provider had just had their previous report finalised however, this was displayed on the premises at the time of our visit. The provider told us that they had work done to re build their website and would be displaying their current rating as required.

Following the comprehensive inspection in July 2017 we imposed positive conditions on the provider's registration. These conditions required the provider to undertake monthly quality assurance activities and to provide us with an analysis of these on a monthly basis to demonstrate how they are working towards making the required improvements. We received this information as required and we were able to evidence some of the developments for example in relation to fire safety, improving the environment and staff training and development. These conditions remain in place following this inspection.

The manager had only just received the final report of our last inspection and they had not had the opportunity yet to produce the action plan and share this information with us as required. The manager had been in post for three months and told us that the home had been through an unsettled time. However, she felt that things were now starting to settle. She told us that she was in the process of ensuring that the systems and processes that needed to be in place would be and would be embedded into the homes day to day practice. They told us that recruitment was active and on-going to improve the team. The manager and provider responded in an open and transparent way to the inspection and co-operated throughout. They felt our visit had not allowed sufficient time between inspections for the improvements to be made. At the end of our site visits we provided feedback on what we had found and where improvements could be made.

Everyone we spoke with told us that the manager and provider were approachable and they felt they could raise any concerns or complaints with them. A person told us, "I see the manager around she seems very nice. A relative told us, "Overall I am happy with (Person's name) care. Staff seem happier. The home is a lot cleaner. They are making the improvements. Think they are going in the right direction".

We saw that the manager had recently implemented a staff supervision schedule so that staff would receive feedback on their development and performance. The manager had also implemented a meeting structure so that staff would be provided with the support they needed to carry out their role.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and there was a whistle-blowing policy in place. They told us that the manager and provider were approachable and if they had concerns regarding the service and they would speak with them. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. They told us that they had not been in a position to speak to a relative about a recent incident because they were not aware of all the facts. They told us when they were aware they had spoken with the family and reassured them that steps would be taken to minimise reoccurrence. The Provider told us that CCTV is in place in the home and had been used to support their investigations of incidents in the home.

We saw evidence to support the service had worked in partnership with other organisations, stakeholders and healthcare professionals, for example, the local authority.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Whilst improvements were noted to the safety of the service, further improvements were required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality Monitoring systems were not always robust and had not identified the areas that required improvement.