

Abbeyfield Buckinghamshire Society Limited  
(The)

# The Leonard Pulham Nursing Home

## Inspection report

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13 December 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 12 and 13 December 2018. It was an unannounced visit to the service.

We previously inspected the service on the 27, 28 and 29 September 2017. The service was rated requires improvement. At the last inspection we found breaches of the Regulations of the Health and Social Care Act 2008. We found there was a danger of people not receiving the right support. Records relating to people's support, level of risk and medicines were not accurate and were not always updated when changes occurred. The registered persons had failed to be open and transparent when serious injuries had occurred. At the last inspection we found the service to be in breach of The Care Quality Commission (Registration) Regulations 2009. The registered persons had failed to notify the Care Quality Commission (CQC) about important events they legally required to do so.

We asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe and Well-Led to at least good. At this inspection we found ongoing concerns about records relating to people's care and support and ongoing lack of notifying CQC about events.

The Leonard Pulham Nursing home is a 'care home' which provides nursing support. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 34 people. At the time of our inspection 31 older adults lived at the home.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left the service in September 2018. The provider had been proactive in recruiting and a new manager was due to commence employment in January 2019.

At the last inspection we made a recommendation to the service, to ensure staff followed the core principles of the Mental Capacity Act 2005 (MCA). At this inspection we found people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People who did not have capacity to agree to restrictive practice for instance, the use of bed rails, had not been referred to the local authority for a DoLS assessment.

At the last inspection we made a recommendation about the management of medicines. At this inspection we found improvements had been made. The service was working with a member of the Clinical Commissioning Group (CCG) pharmacy team. We received feedback from the CCG that improvements had

been made in the management of medicines.

We found there were not enough staff to provide person-centred care. People told us "The problem is when you want to use the toilet and it takes too long to be attended to. Sometimes you ring the bell and you have to wait for too long to have someone to assist you" and "When I want to use the toilet, I ring the buzzer and it takes time for me to get someone; it takes 15 to 30 minutes." We discussed our concerns with the deputy manager who told us "I know we are short staffed."

People were not always protected from avoidable harm. We found environmental risks were not always identified. We found hot pipes were exposed and radiator covers were loose. We highlighted this to the provider. The maintenance staff quickly responded to our concerns. We have made a recommendation about this in the report.

At this inspection we found there was a lack of understanding about the requirements of the regulations. We have made a recommendation about this in the report.

There was a lack of signage in the home, which could present as confusing for people living with memory loss or dementia. We have made a recommendation about this in the report.

People told us they were happy living at the home, they had developed good relationships with staff. Comments from people included "I am very happy here. The care I receive is really good," "The girls; they are all very good, I can't complain" and "Staff are respectful, they ask me what I want, if I refuse, they take note of it."

People had access to a wide range of meaningful activities and had opportunities to go into the local community.

People were supported to maintain their health and any changes to a person's medical condition were responded to quickly.

People told us they were treated with dignity and respect. Relatives told us they always felt welcome in the home.

This is the second consecutive time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People told us they had delays in their care needs being met. We found there was a lack of staff on duty.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk. However, improvements were required to manage environmental risks.

People were protected from abuse. Staff had received training.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People's human rights were not always protected. Decisions made on behalf of people who lacked capacity were not always made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People's nutritional needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

People were supported to maintain important relationships with friends and family.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People's likes and dislikes were known by staff.

People were supported to engage in meaningful activities and had opportunities to go out to the local community.

**Is the service well-led?**

The service was not always well-led.

There was no registered manager in post and there was a lack of managerial oversight.

Auditing systems were not in place to drive improvement.

Records relating to care and support were not always accurate and updated when required.

**Requires Improvement** 

# The Leonard Pulham Nursing 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 was carried out on 12 and 13 December 2018 and was unannounced. On day one of the inspection the team consisted of two inspectors 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. They had personal experience of supporting a person who had used health and social care services. The second day of the inspection was carried out by one inspector.

Before the inspection we requested and received back a Provider Information Return (PIR). A Provider Information Return is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider an opportunity to share what is does well and what improvements they had planned to make. We have used the information shared in our judgement. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at The Leonard Pulham Nursing Home who were receiving care and support and five relatives. We spoke with the head of administration, environment and finance who represented the provider. In addition, we spoke with the deputy manager and a further ten members of staff. We looked at six people's care plans in detail and a further three files in relation to mental capacity assessments. We reviewed three staff recruitment files. We looked at training and support records for staff. We cross-referenced practice against the provider's own policies and procedures. We checked records relating to environmental safety and made general observations of interactions between people and staff.

Following the visit to the home, we requested additional information from the provider to help aid our judgements. We also sought feedback from community professionals, staff and relatives.

# Is the service safe?

## Our findings

At our previous inspection carried out on the 27, 28 and 29 September 2017, we made a recommendation about the management of medicines. This was because we found issues with records, storage and guidance for staff. At this inspection we found some improvements had been made.

People told us they received their medicines in a timely way. One person told us, "They [staff] never forget my tablets." We looked at five medicine administration records (MARs). We saw that where MARs had been handwritten two staff had signed to confirm what had been written was correct. We saw that protocols were in place for medicine prescribed on an as required basis (PRN) as opposed to a regular dose. This was to instruct staff when the medicine should be given to relieve intermittent pain, as an example. We heard staff asked people if they had any pain and if they would like their pain killers. We observed the nurse giving people their medicines during the morning. We heard the nurse explained to people they were offering their tablets and what they were for. The nurse offered people a drink and stayed by them to make sure they took their medicine. People we observed accepted their medicine willingly either by opening their mouth or holding out their hand to receive their medicine.

We found mixed practice around staff signing for medicine. Records relating to medicine taken orally had been signed by staff. However, we saw there were numbers of staff initial gaps on the MARs relating to topical creams. This meant that there was no evidence to confirm the prescribed topical preparation had been applied. A nurse told us, "I am sure the creams have been applied it's just that staff are rushed or forget to sign the MARs." The assistant manager told us they knew there was a problem with the completion of MARs. They said, "It is an on-going issue." We discussed this with the deputy manager. They provided assurance this would be addressed.

We saw systems were in place for the ordering, disposal, storage and administration of medicines. However, one medicine trolley had been stored in a temporary position. There had been no temperature monitoring and no securing of the trolley. Once this was addressed with the deputy manager a thermometer was put in place. We checked a number of people's tablets against their MARs. This showed that the numbers of tablets remaining was correct to confirm that people had been given their tablets correctly. Medicines which required additional storage as a result of their potential for abuse, were stored correctly and stock levels reflected records maintained.

The service was being supported by the Clinical Commissioning Group (CCG) pharmacy team. We received feedback from them that improvements had been made within the home.

Throughout day one of our inspection we had concerns about the number of staff on duty and how they were deployed. We observed staff were visibly rushing to carry out tasks and respond to call bell requests. People and their relatives confirmed our concerns about staffing levels. One person said, "There are not enough staff. I have to wait to get up, wait to go to the toilet and wait to go to bed at night. This week I was told I could not have a bath as there were not enough staff on my bath day. It is disappointing." Other comments included "If I press the buzzer [call bell] sometimes I have to wait a long time," "The toilet is an



issue. When I want to use the toilet, I ring the buzzer and it takes time for me to get someone, it takes 15 to 30 minutes, and they have to prepare the hoist, it is a waiting game" and "The problem is when you want to use the toilet and it takes too long to be attended to. Sometimes you ring the bell and you have to wait for too long to have someone to assist you." A relative said, "When I visited I usually saw staff were about. Sometimes they were hard to find. Dad said a few times where are all the staff. I told him they were all busy elsewhere." A staff member told us, "There are not enough staff. Staff are rushed and people have to wait." Another staff member informed us, "There are not enough staff. Three staff have left in the last few months. Agency staff are used but when some have not been here before it is a hinder not a help as they don't know the people." The deputy manager told us that the activity co-ordinators hours were not covered when they had a day off.

During the morning we were sitting in the reception making observations when we heard one staff member saying in a fairly loud voice, "I can't do this I don't know what to do. I should not be doing this as I don't know what to do." We went to the staff member and asked if there was a problem. They said, "Yes there is, the staff are all busy and I have been asked to do the drinks. I don't know the people who have sugar or need thickener in their drinks." The staff member was clearly upset. Another staff member came by and said, "Don't worry I will do the drinks." However, if we had not intervened the first staff member could have carried on with the task. People then could have been at risk of choking if thickener had not been added to drinks of people who required this or sugar added to a person's drink who had diabetes.

We asked to see the last week's print out from the nurse call system. This showed the time people activated the call system for assistance and the time it was cancelled. The times recorded confirmed that people had waited. We noted a period of two days over a weekend where 18 of the calls were not responded to within a five-minute timeframe. Two people had waited over 18 minutes to receive support. We asked the deputy if the call bell system changed to an emergency tone after a certain period. We were informed it did not. The deputy manager told us they knew more staff were needed. They said, "We have advertised for staff but because of where the home is located [fairly rural] it's hard for staff to get here unless they drive."

We asked to see the tool the provider used to determine the number of staff required to meet people's dependency needs. The deputy manager showed us a care needs summary print out. The document recorded a person's level of risk in certain areas, such as mobility, continence and health, as examples. It did not have an associated dependency score and the deputy manager was unable to confirm how the document was used to calculate staffing levels. They went on to tell us "I rely on staff telling me how they feel on the floor." When we spoke with staff they told us "We don't get any support." On the second day of the inspection we found the staff to be less rushed. We asked a member of staff how the shift was going, they told us "Well, we have more staff on today, she had got two more staff on, I am sure it will drop down again tomorrow." We made the provider and deputy manager aware of our concerns about staffing levels.

We observed there was a delay in people receiving support with meals. One person was sat in the dining room for over twenty-five minutes before a member of staff was available to help her with her meal. Another person did not receive support with their lunchtime meal until 1.58pm. We were informed lunch was usually provided at 12.30pm.

These were all breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff to ensure people received consistent and timely person-centred care.

People were supported by staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references and

Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. We have asked the provider to ensure all gaps in staff employment history are explored and recorded. We found one member of staff had declared some information on their health screening. We discussed this with the deputy manager on day one of the inspection. They informed us they were not aware of the declaration. However, on day two of the inspection, the deputy manager told us they had discussed the concern with the member of staff and had signed off the medical form. We asked to see the record of the discussion. We were informed the discussion had not been recorded. We received assurance from the deputy manager future health declarations would be discussed and recorded. Staff we spoke with were aware of what checks had been carried out prior to them starting work. One member of staff told us "They [provider] did my Disclosure and Barring Service (DBS) check and got my references back before I was allowed to start."

We found mixed evidence about how the service learnt and made improvements when care did not go as planned. Incident and accidents were recorded. The provider had systems and forms to be used to monitor events to identify any trends. However, these were not consistently completed. There had been no analysis of the incidents or accidents which had occurred from January to June 2018. We found the analysis form had been completed since July 2018. However, no action had been taken as a result. On day two of the inspection we overheard the deputy manager telling a nurse that they had found a paper folder containing incident forms, which had not been signed off. We asked to look at the folder. Incidents dated as far back as December 2017. Many of the incidents were falls. None of events had been looked at by a senior member of staff and no analysis had occurred to prevent a future similar event.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service received national safety alerts [Notifications of when medical equipment has been identified as faulty]. The deputy manager advised that these were shared with staff so appropriate action could be taken.

Potential risks posed to people as a result of their medical condition had been assessed and some systems were in place to reduce the likelihood of harm. For instance, where a person was at risk of falling a falls risk assessment had been completed. Staff were aware of what action was required to reduce the person falling. One person's care records highlighted that they needed to be moved often and have a specialist mattress to prevent sore skin. We saw these measures were in place.

Risks posed to people as a result of the environment had not always been identified. The provider had a health and safety officer who worked part-time and was responsible for identifying and assessing risks. We noted a number of risk assessments had been completed and reviewed. However, we found some hot pipes in toilets were not covered. We observed one person independently go into the toilet area. There was a danger of burning if they had fallen against the pipes. We discussed this with the maintenance staff who told us the pipes throughout the home were in the process of being re-covered. We asked for action to be taken to reduce the potential of harm. On the second day of the inspection all exposed hot water pipes had been covered. However, this risk had not been assessed or mitigated prior to our inspection.

We saw two radiator covers in the dining area were loose and coming away from the wall. This meant the radiator was not properly guarded so when hot there was a risk of burns. There was also a risk that the guard could have fallen onto a person and caused them injury. We raised this with the deputy manager and by the time the first inspection day was completed the guards had been secured. This had not been identified by the maintenance staff or the provider.

We saw yellow waste bags had been used to prop the sluice room door open on the ground and first floor.

This was unsafe as people could go into the room where hot water and air freshener was available. They could also be at risk of infection transmission if they touched any contaminated surfaces. We noted waste bags were stored directly on the floor, if leaking it could mean that staff or people may walk through the liquid and then it would be transferred on their footwear. The risk of cross contamination was not managed well.

We recommend the provider seeks support and guidance from a reputable source on the management of risks in relation to the environment and infection prevention.

The home was supported by a team of domestic staff. They were seen to be in all areas of the home. Staff had received training on how to minimise the spread of infection. Personal protective equipment (PPE) was available to staff. We received feedback from a CCG infection prevention lead nurse. They had supported the care home last winter when it had a flu outbreak. They told us "Certainly in terms of their management of this outbreak and engagement with the process I have no concerns at all." We received positive feedback about the cleanliness of the home. A person told us, "They [staff] clean my bedroom it is clean I think." A relative said, "One thing I have noticed is it is clean here."

People told us they felt safe. One person told us "I feel safe. The staff have to help me with everything," a relative told us "I never worried about their [person's name] safety."

People were protected from the risk of abuse. The service had a safeguarding procedure in place. People and relatives, we spoke with told us that they had not witnessed or had been victim to bad treatment or abuse from staff or others. A person told us, "Some staff are nicer than others however, I have not been treated badly." A relative said, "I have never seen any malpractice." Staff we spoke with confirmed they had received safeguarding training and were aware of the processes they should follow if they had a concern. A staff member said, "No worries about abuse or other issues. If I did I would go straight to a nurse or manager." Our observations showed that people were relaxed with staff. We saw people were smiling when they were with staff.

Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

Equipment used by people was regularly maintained and serviced. Regular safety checks were carried out on water, electricity and vehicles used to transport people. Maintenance records were orderly and accurate. The service had been visited by the local Buckinghamshire Fire and Rescue Service. Three recommendations had been made. We spoke with the maintenance staff and the health and safety officer. We were assured the actions required had been planned. The service had procedures in place to deal with emergencies. Personal emergency evacuation plans (PEEPs) were in place for each person.

Staff who supported people with their meals or were responsible for cooking had received appropriate food safety training. The home had been visited by the local environmental health department on 3 December 2018 and had received the highest score for food safety.

## Is the service effective?

### Our findings

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 (BI) and as least restrictive as possible. At our previous inspection carried out on the 27, 28 and 29 September 2017, we made a recommendation for the service to ensure it routinely followed the Code of Practice associated with the MCA. At this inspection we found ongoing concerns about how the staff interpreted the MCA. We found a lack of consistency and understanding of the MCA. We found staff had not always assessed a person's ability to consent to specific decisions about their care and treatment. Capacity assessments are required if the service identified a person may lack capacity to make a specific decision. Where capacity assessments conclude a person lacks capacity, the service should seek authority from a legally appointed third party [Lasting Power of Attorney (LPA) for Welfare Decisions] or make a decision in the person's best interest. The MCA Code of Practice (COP) states there are four recording requirements about a best interest process which need to be evidenced. The service failed to routinely make and record decisions made in people's best interest.

One person was assessed as needing to use bed rails. These are considered as restrictive. A capacity assessment had been carried out in August 2018 and had concluded the person could not consent to their use. We searched for records relating to that decision. We were informed that the person had not awarded LPA to a third party. We could not find any records relating to a BI, we discussed this with the deputy manager and a nurse. They informed us no best interest process had been recorded. Another person had received a best interest decision to receive a specific medical injection. However, the form completed stated they had capacity. There is no requirement to make a best interest decision if a person has capacity to make the decision. We found other forms and assessments either incomplete or not in place.

At the last inspection we had concerns that the service stated consent should be sought from advocates. This is not in line with the MCA COP. Following the last inspection, we asked the provider for an action plan on how they would improve records relating to the application of the MCA. They told us systems would be in place by 30 November 2017 to ensure improvements were made and that all mental capacity assessments would be up to date by February 2018. At this inspection we found care plans still referred to consent should be sought from advocates, mental capacity assessments not in place when required and a lack of best interest decision making.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We asked the deputy manager if they had made any applications to deprive a person. They informed us that

two applications had been made. One person had been assessed and their deprivation had been authorised and the other person's application was still awaiting an assessment. We asked the deputy manager when the deprivation was authorised from and when it expired. They were unable to tell us or locate any information about this. They could not advise us if any conditions had been placed on the authorisation. We contacted the local authority whilst on the inspection and confirmed the timeframe agreed. We asked staff if there was anyone else whose liberty may be being restricted, either by the use of equipment or use of covert medicines [Medicines disguised in food or fluid]. A nurse identified six people who should have been referred to the local authority for an assessment for a DoLS. One person was the same person above who had been assessed as not having capacity to consent to bed rails. This means the service was not acting within the MCA and not protecting people's human rights. We discussed this with the provider and the deputy manager. The deputy manager said they had not had time to do all the assessments and referrals but this was on "radar" to be done. We have also raised our concerns to the local authority.

These were all breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they understood what DoLS were, they could explain to us why they were required. Throughout the inspection we overheard staff seeking verbal or implied consent from people. We heard staff ask people's permission before they gave assistance. We heard another staff member ask people if they could help them to walk and eat. We heard people say "Yes" or nod to confirm their consent.

People told us they were cared for how they wished to be supported and comments included "They do all they can to make me feel good," "The staff mostly look after me as I want to be looked after. It's just the waiting. Sometimes if new staff are here they don't know me and what I need," and "The girls; they are all very good; I can't complain." A relative said, "Overall I was very impressed and pleased with the care and support."

Prior to people moving into the home, full care needs assessments were carried out by a senior member of staff. The assessment considered people's physical, mental and social care needs. The assessment was used to make a decision if the person's needs could be met within the home. A relative said, "Mum was assessed before she lived here. This was so they [staff] could decide if they could meet her needs."

Where assessments had identified the need for equipment, the service ensured this was in place prior to the person moving in. For example, people who had been identified as at high risk from falls had sensor mats in place to alert staff that they had moved position.

New staff were supported through an induction period and ongoing support and training. One staff member told us, "I had worked in care before but I still had an induction when I started here it was useful." Systems were in place to monitor staff training and support. The administrator kept a training and supervision matrix. The administrator supported staff with identifying future training needs. We asked if staff were proactive in booking training and we were informed they were. Staff gave us positive feedback about the training they had received.

We received mixed feedback about how staff felt supported. It was clear on day one of our inspection staff were overstretched and found it difficult to work as they would have liked. One member of staff told us "We don't get any support, there is no team work," however, another member of staff said, "I feel supported in my job by everyone, every day." The deputy manager confirmed with us that since the registered manager had left it had been a challenge to ensure staff were supported. The deputy manager told us one of the biggest challenges the deputy manager faced was covering the rota. They were optimistic that this would

improve when the new manager started working in the new year.

Where people required supported with their nutritional and hydration needs, this was detailed in their care plan. Records confirmed risks to people regarding diet and fluids had been considered. Instruction for staff included how people should be sat when eating to avoid choking, what consistency of food people required and which people required a thickening agent in their drinks to also prevent choking and aspiration. Staff identified to us which people were at risk of choking and required soft or pureed diets. We saw that some people's food was cut up or pureed. At lunch time we saw staff were available to supervise and assist people to eat and drink. People told us they enjoyed the food. Comments included "The food is good" and "The food, the drinks, there are plenty of that, I can't complain."

The service had systems in place for important information to be shared with staff to ensure people received effective care. A daily handover meeting was held between outgoing and incoming staff. When people moved from the service either to a planned hospital appointment or emergency admission an 'Emergency admission pack' was sent with them. This contained important information about their health and medical condition. On day two of the inspection we noted one person had been escorted to a specialist outpatient appointment.

People were supported to maintain their health. A GP visited the home on a weekly basis. Where concerns were identified about a person's health, this was quickly responded to by staff. On both days of the inspection we observed both care and nursing staff showed concern about people's health. Appropriate action was taken and we observed good communication between staff members. A person said, "The doctor comes to see me if I am ill." A relative confirmed, "Staff get the doctor if people are unwell."

Where required, people were referred to external healthcare professionals. Staff told us people had been referred to community occupational therapists, physiotherapists and the dietician. Records we viewed confirmed this.

On day one of the inspection it was a cold day and people who lived at the home had poor or no mobility, were frail and had nursing needs. One person told us, "I feel cold". Another person said, "It is cold". Both these people were in bed. We felt radiators in three bedrooms on the ground floor which felt cold. This meant that those people's health and well-being needs were not being met. We raised this with the handyperson who looked into the issue and later told us, "In the two rooms the radiator was turned off. In the third the radiator had been turned to low. I have sorted this now". We raised this issue with the deputy manager who told us they had spoken with staff before about this. "It was the night staff who turned the radiators off or down."

People had access to a large dining area, conservatory seating area and other smaller seating areas. These were all located on the ground floor, no seating areas were located on the first floor. People had use of communal shower and bathing areas. We discussed the environment with the deputy manager. They advised they were not aware of any planned changes. People had access to outdoor space and a member of staff told us the outdoor space had been used a lot during the summer. There was a lack of pictorial signs in communal areas. However, many people spent time in their room or relied on staff to support them to move around the home. Individual rooms were highly personalised and well maintained.



## Is the service caring?

### Our findings

We received positive feedback from people and their relatives about how kind and caring staff were. Comments included "The staff are mostly nice" and "The staff are kind." A relative told with us, "The staff are kind, very caring. They look after relatives too." We observed staff to be kind, friendly and polite. We heard staff say to people, "How are you", and "It is nice to see you." We heard staff using people's preferred name to show respect.

People told us they felt well cared for. Comments included, "I am very happy here. The care I receive is really good," "I am as happy as I can be, here. I have no complaint," "They are good people here" and "I am happy, they treat me reasonably well."

People were provided with emotional support when needed. We observed one person was concerned about a health appointment. Staff took time to listen to their concerns and offered re-assurance.

People were supported to maintain important relationships. People told us they liked it when their family visited. Comments included "My son comes every Wednesday and my daughters come during the weekends" and "When my children come, they speak to people who are looking after us; especially the nurse because I take tablets. They also arranged a flu jab." Staff told us that visiting time was open and flexible. Records highlighted people had visitors regularly. A relative told us, "I visited fairly regularly and was always made to feel welcome." We observed that staff were polite and friendly to visitors. The service supported people to celebrate important events. One relative had written to the home to say, "Thank you all for making [Name of person] birthday celebrations so memorable."

We observed staff showed concern for people who had become frailer. Where required staff asked each other to make additional checks on people who were unwell. Relatives told us staff were knowledgeable about their family member. Relatives told us when they visited staff were able to tell them how their family member was that day.

During the day we observed that care was provided privately in people's bedrooms to promote people's privacy and dignity. Staff told us and demonstrated they knew how to support people in a dignified manner. A staff member told us "I would make my entering known by knocking at the door. Furthermore, I always demonstrate confidentiality practice with their personal information, both verbal and written type."

Care plan records were stored securely on a computer, only staff who needed access had been provided with a password. When not in use we observed computers had been locked so people's records were not visible.

People told us they were involved in decisions about their care. One person told us "The staff ask me what I like." Relatives confirmed they had also been involved in decisions. One relative said, "I was always involved in mum's care plans."

People were given choice and independence was promoted. A person told us "I select the clothes I want to put on each day. The staff ask and show me clothing items." Another person said, "The hairdresser comes in once a week, I like having my hair done." We saw people were dressed in clothing that reflected their individual preferences and the weather. For example, we saw some females had their hair nicely styled, wore jewellery and nail varnish. This showed that staff knew that people's appearance was important to them and they supported people to maintain their appearance as they wished.

Where people required it, they were referred to advocacy services. Advocacy gives a person independent support to express their views and represent their interests. One person was visited regularly by an advocate to ensure their views were respected.



## Is the service responsive?

### Our findings

Each person had care plans in place which highlighted the support they required. We found mixed practice around the accuracy of information held about people. Care plans had been written for a variety of key areas, these included, personal care, mobility, mental health and nutrition, as examples. Each person had a named nurse and associated care worker to co-ordinate their care and update care plans. The deputy manager told us there was an expectation care plans would be evaluated monthly. We observed paper work templates which supported this. We checked if this had happened. We found many gaps in monthly evaluations. One person's records had not been looked at for four months. We checked with the deputy manager whether that was correct. They confirmed it was. One person's care plan and risk assessment we looked at referred to them being on a "Soft, puree diet." We asked the deputy manager if this was the case, as another part of the care plan and risk assessment stated, "Food needs to be cut up into pieces small enough." The deputy manager told us the person did not require soft or pureed food. The care plan and risk assessment had been evaluated by a nurse on the 30 November 2018. Other care plans and risk assessments we looked at had not been evaluated consistently. This meant there was a danger care plans and risk assessments did not always reflect the current level of risk or care required. We discussed this with the deputy manager and provider. The deputy manager had addressed some of these issues on day two as they had asked a nurse to review one person's care plan. The deputy advised they would ensure the nursing were made aware at the next nursing meeting.

Following the last inspection, we asked the provider to send us an action plan on how they would improve record management to ensure care plans reflected people's current needs. They told us a named nurse and keyworker system was to be established and this would be in place by 30 November 2017. They told us the named nurse would ensure accurate risk assessments were recorded. At this inspection we found each person had an identified named staff member. However, care plans and risk assessments were not reviewed on a regular basis.

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

Positive examples of care plans showed how people wanted to be cared for, their likes, dislikes and wishes. For example, one person liked to have a bath on certain days and generally this was carried out by staff. The person said, "I like to get into bed early and watch TV, generally staff help me to bed early."

Where reviews of care plans had been carried out people told us they were involved. One person told us "The staff ask my views about my care. I am fairly pleased." Another person told us "Staff are respectful, they ask me what I want; if I refuse, they take note of it." A relative told us, "I attended their [family member's name] reviews and if I could not the staff telephoned me to ask my views and give me feedback."

People's communication needs had been assessed. The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016

making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One person used a white board to communicate with staff. The home had a hearing loss champion, who ensured people who were reliant on the use of hearing aids had the support they required.

A person said, "There are activities here. I go out sometimes to the shops with staff and enjoy that. There are singers and bell ringers." Another person told us "We have bingo, cards, a quiz on Friday and this is organised by two girls. The house also organises people to come in, for example, invited bell ringers, a chap who sang for us." A relative told us, "There is a lot of entertainment. Trips out and entertainment in-house. The sing- a-longs and quizzes are popular. It is nice that relatives can join in the activities." We saw photos of recent activities such as an alpaca visit and trips to garden centres. The mobile library visited monthly for people to change books and church services were held every few weeks. The home had hosted a garden party in the summer, we read many compliments about how much people had enjoyed the day. On day two of the inspection we observed an external entertainment production. It was made up of Christmas songs and characters. As soon as the music and singing began, we observed people's facial expressions changed. People began to smile and tap along to the music, a few people then started singing to the music. We received lots of positive feedback about the event. The activity co-ordinator was supported by two colleagues and a large team of volunteers.

The provider had systems in place for people to make compliments or complaints. We noted four complaints had been received by the service since January 2018. All had a recorded outcome. However, there had been no analysis of them to look for any trends. We discussed this with the deputy manager who confirmed no audit had been carried out on the complaints. People told us they would not hesitate to raise a concern if needed. One person told us "If I was not happy I would speak with the staff. I would also tell my daughter." Another person told us "We have meetings but I do not attend any. But if I have a complaint, I tell them." A relative told us, "I would speak with staff or the manager if I had a concern or a complaint. I don't have any complaints though."

The home had systems in place to record people's end of life wishes. Where people had made a decision about withholding resuscitation, the home ensured this was communicated and information was readily available if required.

## Is the service well-led?

### Our findings

At our previous inspection carried out on the 27, 28 and 29 September 2017, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One breach concerned the lack of good governance. We found issues regarding records relating to medicines, MCA, risk management and the care people received. The other breach concerned how the service responded when things went wrong. We call this duty of candour (DOC) and there are legal requirements and actions providers should take. At the last inspection we found the DOC requirements had not been met. At this inspection we found there was an ongoing lack of understanding of the DOC requirements. However, we checked if any events had occurred which met the DOC threshold and none had happened.

We recommend the provider finds out more about training for staff on meeting the required regulations.

Following the last inspection, we asked the provider to send us an action plan. They stated that systems would be in place to drive improvement by 30 November 2017 and that MCA assessments would be in place by February 2018. At this inspection, although we found improvements had been made to the records relating to medicine management, we found ongoing concerns about good governance.

At this inspection we found ongoing concerns about the application of the MCA. We found staff did not always carry out a capacity assessment when legally required to do so. This was required when capacity assessment identified people lacked capacity to consent to care or make a specific decision. The service did not routinely undertake or record a best interest decision, where there was no legally appointed attorney. We found incomplete mental capacity assessments, which left the reader confused. It was difficult to ascertain what decision was being made about the person.

Care plans were not routinely evaluated to ensure they reflected people's current level of need. For instance, one care plan had not been looked at for four months. Care plans referred to historic events which had passed and were not relevant to the present day.

Paper records did not represent an up to date record of actions completed by staff. For instance, we saw a monthly care plan review record form was in place. Staff should sign that form when they had completed a monthly review. One record we looked at stated the last review was in 2016, however, when we checked the computerised records it was clear the care plan had been reviewed more recently. The home had a handover record template. This should have been used to record important events. We noted this was not completed routinely. Accidents and incidents had not been evaluated to look for any trends.

The service was without a registered manager, the previous one had de-registered with CQC in September 2018. The provider had been proactive in finding a replacement. A new manager was due to commence employment in January 2019. Providers and registered persons are legally required to let CQC know of certain events. One event is when a person other than the registered person carries on or manages the regulated activity. We checked our records and found we had not been notified who was managing the service. We discussed this with the registered provider, they confirmed that they had not submitted a

notification. We checked our records and found we had informed the previous registered manager of this requirement on the 31 August 2018.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulation 2009.

There was a clear lack of managerial oversight in the service. One person told us "I don't know the manager... there is a change of manager." A member of staff told us "This used to be a really good home. It is not now and it is getting worse. There is no thanks for the work that staff do. Staff have had enough and three have left recently." Another staff member told us "I personally believe that the service could be better led with stable and a well-functioning manager." Other staff showed their views with facial expressions and shrugs of shoulders. We asked the deputy manager who provided line management to them. They told us "No-one". We discussed the managerial cover with the registered provider. They told us no additional resources had been sought in the absence of a registered manager. We asked if any additional support or visits had been conducted by the provider. We were told this had not happened.

The service had stated in their Provider Information Return (PIR) "We intend to increase the frequency of audits," we discussed this with the deputy manager to clarify what they meant. They told us there had been a structure of required audits but these had not been carried out. The records we looked at confirmed the planned audits had not been completed. For instance, the last falls audit was completed in 2016. A dignity audit file was completely blank. However, an infection and prevention (IPC) audit had been completed on 27 November 2018. The template used was provided by the CCG. It required a score to be added to each section, which in total would be evaluated to assess IPC compliance. We noted no scores had been added. Therefore, the audit did not conclude how compliant the service was with IPC. We discussed this with the deputy manager.

These were all repeated breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service sought feedback from people. Surveys were sent out or given to relatives at meetings. The results were recorded, but we found no evidence of analysis of the information.

The service had forged good links with the local community. The home was situated close to a school and an RAF training base. The school children visited the home on a regular basis and the RAF band had played at the summer fete.

The service worked in partnership with external agencies. A local GP visited the home on a weekly basis and the local authority contract team visited. The home utilised external training and kept up to date with future training opportunities.

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 15 Registration Regulations 2009 Notifications – notices of change  The provider did not notify us when a change of management occurred.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not always receive person centred care as they experienced delays in their care needs being met.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People were not always supported in the accordance with the Mental Capacity Act 2005.

### **The enforcement action we took:**

We issued a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Records relating to the care and support provided to people were not always accurate. There was a lack of managerial oversight and quality assurance processes.

### **The enforcement action we took:**

We issued a warning notice