

Veecare Ltd

# The Laleham

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

The Laleham provides accommodation and personal care for up to 60 people. Some people may be living with dementia. Bedrooms are on three separate floors and are accessed by a passenger lift. There are various communal rooms, including lounges and dining rooms. The service faces the sea and has parking at the front. There were 45 people using the service when we inspected.

People's experience of using this service:

The provider had not referred all incidents to the local safeguarding team as required.

There were inconsistencies in the recording of incidents. Further analysis was required to ensure consistency in management oversight and to identify patterns and trends in all areas to prevent or reduce repeated incidents.

The provider used a dependency tool to establish how many staff were required. Although there were enough staff to meet people's needs during the day, staffing was reduced through the night and the provider was unable to tell us how they calculated the number of staff required at night. The provider had not taken into consideration the layout of the service of specific needs of people.

Staff had not always been recruited safely. Staff files contained unexplained gaps in their employment history and missing information.

Risk management was not consistent. For example, behaviour guidance was missing for people who could display behaviours that could challenge others and there were no risk assessments about the use or storage of an oxygen cylinder a person used. Other risks had been identified and action taken to reduce any potential harm, for example environmental risks.

Most medicines were safely received, stored and administered and regularly audited to check for any errors. We found some opened undated liquid medicines and unclear guidance for the administration of medicines which had strict protocols around administration. The provider acted to improve this after the inspection.

The environment was clean, however, chipped paint, especially to lower areas of doors and door frames, exposed bare wood. Bare wood is absorbent of fluids and therefore difficult to clean. Staff had enough personal protective equipment to carry out cleaning duties safely.

Staff had not always received training to enable them to meet people's specific needs.

The service was an older large property with a complex layout. Although some thought had been put in to making areas of the service more identifiable, more was required. Some people living with dementia may

find it difficult to find their way around the building.

There had been numerous management changes which had impacted on the consistency, development and continuous oversight of the service. Although auditing processes were in place to analyse risk and the delivery of care, audits had failed to identify the issues we found during our visit.

The registered persons had not submitting safeguarding notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.

People, visitors and relatives had been asked to complete feedback forms about the quality of the care provided. Analyses and action to improve from the feedback provided had not always been acted on in a timely way.

The service was compliant with the Mental Capacity Act 2005. People needs were assessed before being offered placements at the service. People needs were re-assessed and action taken where required so staff could continue to support people to meet any changed needs.

People were offered a variety of meal choices and alternatives were prepared if people did not like what was offered on the daily menu.

Staff were responsive to people's health needs. People had been supported to access healthcare resources such as dieticians, SALT, psychiatrists, mental health teams, consultants and specialist nurses.

Staff spoke with people with kindness and respect, people were asked for permission before being supported with any care needs.

People were offered different activities. Throughout the inspection we observed people taking part in various activities such as quizzes and crafts. Staff made sure people who preferred to stay in their bedrooms had one to one time to avoid isolation.

The complaints procedure had not been written in an easy to read format for people living with dementia. The policy was not available in large print or any other formats for people.

Each person had their own individual care plan which detailed the support they required. Some information was missing from the care plans which the head of care was in the process of updating.

Rating at last inspection:

The service was rated Good at the last inspection on 15 & 17 August 2017 (the report was published on 18 September 2017). At this inspection we found overall the service met the characteristics of requires improvement.

Why we inspected:

This inspection was brought forward due to information of concern we received in relation to the building and environment of the service.

Enforcement:

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

Follow up:

We will ask the registered provider to send us their action plan to tell us how they will improve the service. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# The Laleham

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

The Laleham is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Although the service had a manager registered with the Care Quality Commission they had been absent from the service since May 2018. Between May 2018 up until this inspection there had been one temporary manager and another manager who had left in April 2019. A new manager had been appointed but was not present throughout the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The first day of the inspection was unannounced. We told the management team we would be returning for the second day.

#### What we did:

Because this was a responsive inspection brought forward due to concerns, the provider had not been asked to complete a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We gathered this information throughout the inspection. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this

information to plan our inspection.

We spoke with nine staff including; the head of care, the administrator, care staff, activity staff, senior care staff, and the provider. We spoke with two people's relatives and received feedback from eight people. Some people were unable to verbally express their experiences of living at the service. We observed staff interactions with people and observed care and support in communal areas.

We looked at seven people's personal records, support plans and people's medicines charts, risk assessments, staff rotas, staff schedules, four staff recruitment records, staff training records, records in relation to how the service is run and policies and procedures.

We asked the provider to send us additional information after the inspection which we received.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- We looked at records of incidents, accidents and complaints and found referrals had not been made to the local safeguarding team as needed.
- A behaviour log in a person's care plan detailed four occasions when they were found or witnessed by staff physically assaulting another person. There was no evidence of these matters being discussed or referred to the local authority safeguarding team. The provider and head of care did not provide any assurance or documents to support investigations or referrals of these incidents either during or after the inspection.
- Staff told us they understood their responsibilities to protect people from abuse. Staff could describe what abuse meant and tell us how they would respond and report if they witnessed anything untoward. We could not be confident that safeguarding matters would be recognised, reported or appropriately progressed by the provider. This was because incidents warranting referral to the local authority safeguarding team had not occurred.

The provider had failed to protect service users from abuse and improper treatment because systems and processes were not established and operated effectively to prevent abuse of service users. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staffing and recruitment

- People were not protected by robust recruitment procedures. Each of the four recruitment files viewed had missing information.
- One staff employment history had not been fully explored for gaps, three files had either missing references, references obtained after the start date or were not from the most recent employer.
- One file did not contain the staff members identification and interview questions did not explore the suitability or values of staff.
- Although staff had been asked to disclose health conditions relevant to their capability to do their job the provider was unable to tell us how this information was used or reviewed with staff.
- Disclosure and Barring Service (DBS) checks were made before staff began work at the service. DBS checks identified if prospective staff had a criminal record or were barred from working with adults.

The lack of effective and safe recruitment processes is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff during the day to meet people's needs. Staff had time to talk and engage with people at the pace they preferred.



- Between 8pm and 7am there were three staff to care for 45 people across three floors. The head of care reviewed dependency levels each month using a dependency tool to determine people's level of needs. However, it did not consider how many people may need care at any one time or the layout of the building.
- There was no information about how the dependency tool had been used to calculate that three staff at night was sufficient to meet people's needs.
- Some people required two staff to support them to move safely. The head of care told us this could sometimes take up to half an hour which would leave one staff member to respond to all other people during the night.
- Some people chose not to go to bed during the night and preferred to stay in the communal areas which meant a staff member needed to stay close by to offer support. This meant other people may have to wait a longer during the night should they require any support when staffing was reduced to three.
- Accident records showed in February 2019 there had been 12 falls, eight of which were during the night. In March 2019 there had been 10 falls, six of which were during the night. The majority of which were unwitnessed.
- During the inspection we heard one person complaining to the head of care they had to wait a long time the night before until staff responded to their call bell.
- We asked the provider to send their analysis of call bell waiting times after the inspection because they were unable to obtain this information during the inspection. The information we received was insufficient to analyse how long call bells took to answer.

The failure to ensure sufficient numbers of staff to ensure that staff could work in a safe way and meet people's needs at all times is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

- One person used an oxygen enrichment machine in their bedroom, a backup oxygen cylinder was kept in the bedroom for use in the event of a power cut or malfunction of the oxygen machine. There was no risk assessment about the use or storage of the oxygen cylinder. The provider's policy about the use of oxygen stated cylinders should be secured to the wall with a chain and placed in a secure holder in an upright position. The oxygen cylinder was freestanding. The policy also stated staff should be trained and aware of safe handling procedures of oxygen. The provider was unable to provide any evidence of relevant training. Caution signs to inform staff and the fire service about the use of oxygen were appropriately displayed.
- Some people displayed behaviour that could challenge others. One person had more incidents during the night when staff numbers were reduced. No behaviour guidance had been implemented to guide staff to support the person at times when they were physically or verbally challenging.
- Some people had airwave mattresses to reduce the risk of developing sores. The setting of the mattress is determined by the person's weight. Although staff made daily checks to identify if there were any faults with mattresses, they did not always have up to date information of people's weights. When some people's weights had changed this information had not been transferred to other documentation which staff used to set mattresses accordingly. Some people refused to be weighed but this had not been recorded on documentation. People had not been harmed due to this oversight and the provider acted after the inspection to ensure people's weight were recorded accurately.
- Each person had a Personal Emergency Evacuation Plan (PEEP) this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency. Although PEEPs were detailed they did not identify that some people used paraffin based emollients on their skin, which could increase risk of burns and injury in the event of a fire.
- People's support plans contained risk assessments linked to their support needs, for example, in relation to the safe management of diabetes, falls, skin integrity and catheter care.

- Emergency plans were in place setting out how people needed to be supported in the event of a fire and fire drills took place regularly.
- The safety of the environment had been risk assessed and hazards managed. Checks had been carried out by contractors on the electrics, gas, the lift, fire systems, emergency lights, hoists, beds, equipment and legionella. An exterior maintenance plan included cleaning windows and removal of bird droppings.
- Staff carried out regular fire alarm tests, window restrictor checks and checks on the temperature of the water. Hot water temperatures in people's bedrooms were regulated to prevent the risk of scalding, however, we did note water taps needed to be run for some time before hot water came out. We mentioned this to the provider who felt this was due to the length of pipe runs within the service.
- Radiator guards helped to prevent burns if people fell or became trapped against a radiator. However, some radiator covers were too short and did not protect people from the lower part of the radiator or the potential hot pipework. The provider was aware of the short covers and told us these would be addressed as a priority by maintenance staff.
- We discussed each of these shortfalls with the head of care and provider. The provider told us they were in the process of developing audit tools to provide better oversight of risk management and that they had recently completed an audit of risk. We asked for a copy of the audit to be sent to us as it was not available during the inspection, this was not received.

The provider had failed to do all that was reasonably practicable to mitigate risks. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- We could not be confident that all incidents and accidents were recorded.
- Further analysis was required to ensure consistency in management oversight and identify patterns and trends in all areas. This could then inform management decisions about, for example, staff deployment at different times of the day and night, or in the management of people's behaviour that could challenge others.
- Where incident forms had been completed, reviews of people's risk assessments had taken place. We saw these had led to referrals for falls, medication reviews and tests for urinary infections, which can contribute to falls and changes in behaviours.
- Where changes to people's living environment may reduce the risk of injury, these changes had taken place. For example, one person frequently fell from their bed. A risk assessment about the suitability of bed rails found they were not suitable for the person, as they may increase the risk of injury. A bed had been sourced which could be set at a low level to decrease the height of a fall. Additionally, a crash mat placed at the side of the bed reduced the impact of a fall and a pressure mat alerted staff to the person's movement in their bedroom. The frequency of the person's falls had decreased together with any injuries sustained.
- We discussed analysis of incidents and accidents with the provider. They told us they were in the process of developing audit and analysis tools to provide better oversight. We will review the impact of these changes on people at our next inspection, currently this is an area identified as requiring improvement.

#### Using medicines safely

- One person was prescribed a medicine which had strict protocols around administering and, if administered incorrectly, the medicine could be ineffective. Requirement around taking the medicine included administration at a specific time before other medicines and food and the person should be sitting upright. Medicine administration records (MAR) showed this medicine had been given with the other prescribed medicine at 9am. We raised this as a concern with the senior, who told us staff did administer this medicine separately, but recordings of this were unclear. During the inspection guidance around administration was updated.

- Some bottles of liquid medicine were opened and undated, the senior staff said this was an error and confirmed all liquids should be dated upon opening.
- People were not encouraged to take positive risks. For example, we asked staff if people were supported to take their own medicines if they expressed a wish to do this. The head of care told us this would not be allowed due to company policy. The company policy said, 'Self-administration: all service users that have the ability and mental capacity to self-medicate should have been given the opportunity and support to do so.'
- Other medicines were safely received, stored and administered.
- Medicines were regularly audited to check for any errors.

#### Preventing and controlling infection

- The environment was clean, however, chipped paint, especially to lower areas of doors and door frames, exposed bare wood. Bare wood is absorbent of fluids and therefore difficult to clean. This was discussed with the provider who gave assurance this would be addressed imminently following the recruitment of two maintenance staff.
- People and visitors did not have any concerns about the cleanliness of the service. One person told us, "There are cleaners for each floor, they always come and clean my room."
- There were systems in place to reduce the risk and spread of infection, these included schedules for deep cleaning processes for carpets and soft furnishings as well as the use of anti-bacterial solutions. Internal audits had not identified any concerns.
- Personal protective equipment (PPE) such as gloves and aprons were used by staff to protect themselves and people from the risk of infection. There was a well-stocked PPE station on each floor for the staff to use. Staff used appropriate PPE throughout the inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff had not always received training to enable them to meet people's specific needs.
- For example, staff had not received training in managing behaviour that could challenge or mental health awareness.
- One person had gone through a mental health crises and staff did not demonstrate a good understanding of some of the behaviours they displayed.
- Most training was either eLearning, completed on line or by watching DVDs. One staff member said, "A lot of us prefer to have face to face training."
- Training records showed several gaps in areas such as moving and handling, first aid, fire safety, health and safety, safeguarding, and dementia awareness. The head of care trained staff in moving and handling but said they had found it difficult to keep up to date with this due to all of the other duties they were undertaking.
- Training is currently an area identified as requiring improvement.
- New staff completed an induction which included shadowing experienced staff, reading care files, getting to know people and understanding the providers policies and procedures.

Adapting service, design, decoration to meet people's needs

- The service was an older large property with a complex layout. It was formerly five terrace houses, now converted into a single property. Three people told us they found the layout confusing and found it difficult to find their way around the building.
- There were some signs around the service to help people, particularly those living with dementia, to find their way to communal areas such as bathrooms, lounges and the dining area.
- All toilet doors frames were painted the same colour, which was different to bedroom door frames. This along with pictorial and written toilet signs helped remind people where the toilets were. However, some hand rails in the building were painted the same colour as toilet door frames, but they did not lead people directly to the toilets. Some people found this confusing.
- The building had been maintained to a reasonable standard, although some people and visitors commented some décor would benefit from updating.
- A pleasant garden was accessible for people to use, with access points from more than one part of the service. Several people were supported to walk in the garden during our inspection. There were ramps and handrails to help people access the garden safely, the garden was gated to help ensure people's safety.
- More than one communal area was available for people to sit together and there were quiet areas to meet with visitors if people wished, such as a lounges on each floor.

- Two new maintenance staff had been recruited, subject to clearance of necessary recruitment checks. The provider explained they were aware of the complexities of the layout of the building and the problems this may cause some people. They intended to address this with additional signage and ongoing maintenance and decoration which would more clearly define the different floor numbers and areas of the building. We will review the impact of these changes on people at our next inspection, currently this is an area identified as requiring improvement.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- DoLS applications had been made correctly within the MCA for people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection.
- We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care, and people choose whether to participate in activities.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities. The head of care gave examples where cultural and vegetarian diets were accommodated, together with reference material about different religions. People of practicing faith were able to attend church services and a nun, and a minister visited the service to see people.
- The head of care understood the importance of taken into consideration the layout of the building and the bedrooms available when offering placements and would refuse referrals if they felt they were unable to meet the person needs in the rooms available.
- When people were admitted to hospital, assessments were made before they returned to the service to ensure staff were able to continue to meet any changed health needs.
- People were continually assessed, for example alternative bedrooms were offered if mobility decreased or if the person needed to be on the ground floor to maintain more independence.

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

- People were offered a variety of meal choices and alternatives were prepared if people did not like what was offered on the daily menu.
- One person said, "There are alternative for meals like jacket potatoes, I've always had enough to eat and drink."
- A menu containing pictures and photographs was displayed in the dining area and used to help people decide what they wanted to eat.
- If people spent more time in their bedroom, kitchen staff went to visit them to ask them about their meal choices.

- Information about people's food requirements were available to kitchen staff and other staff providing support. Included was information about people who were diabetic, how people required their food to be prepared as advised by speech and language therapist (SALT), people who required thickener in their drinks, allergies, dislikes, and dietary requirement such as being vegetarian.

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

- People received appropriate support to maintain good health.
- People had been supported to access healthcare resources such as dieticians, SALT, psychiatrists, mental health teams, consultants and specialist nurses.
- The GP made regular visits to the service and on an individual basis, if needed.
- Records showed staff acted quickly when people were ill.
- People were supported to see a dentist, optician and chiropodist regularly. People with diabetes had received annual diabetes screening checks, their care plans linked to foot and eye care which can be problematic for some people with this condition.
- The head of care and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.
- Referrals had been made to dieticians and SALT when people's needs had changed. We observed that advice and guidance given by the dieticians and SALT was followed.
- When people's needs changed, this was discussed at staff handover and written in the communication book.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who were able to speak with us said the staff were kind and treated them well. One person told us, "I have no problems with the staff, they are good to me." Another person said, "I love it here, I am really very happy, and I tell it as I find it."
- Staff and people chatted together, sharing humour and laughing in the communal areas. People responded to staff warmly and willingly. When one person became agitated about having a blood sample taken, a member of staff supported them by speaking to them softly, reassuring them and holding and stroking their hand until they settled.
- We spoke with staff about equality and the different needs of the people they supported. One member of staff told us, "It doesn't matter to me about race, religion, colour or gender, we need to make sure everyone has the same opportunity."
- Some people were taking part in a quiz in the lounge, other people chose not to participate but watched. Staff came and spoke to people who were not directly involved to engage them with conversation. One person was offered a sensory toy by a staff member who showed them how to squeeze it and the person laughed.

Supporting people to express their views and be involved in making decisions about their care

- Some people had signed their care plans showing they were involved in decision making and they had agreed with what the plan said.
- Some people were not able to be as involved in planning their care or some preferred their relatives to be involved. One relative told us they had been involved with their loved one's care plan, they had told staff about their likes and dislikes and her daily routine. They did not have any concerns and were happy with the support provided.
- A visitor said, "Mum suffers with anxiety sometimes and staff will sit with her at these times. Since mum's been here she's much better, she used to be anxious and angry at home and now she has less stress anxiety here she's always got someone to call."

Respecting and promoting people's privacy, dignity and independence

- One person told us how staff helped them to be as independent as possible. They told us, "I like a good wash each day, I do most of it myself and staff help when I need it. I like to be as independent as I can, sometimes I can put my lipstick on, sometimes staff do it for me if I ask."
- Staff told us how they supported people to maintain their privacy and dignity. They described, and we heard, for example, how they discreetly orientated some people to remind them where the toilet was.
- When one person asked to be helped to use the toilet, staff responded promptly.
- Staff told us they made sure curtains were closed as well as people's bedroom doors when they provided

personal care. They also helped people to be as covered up as possible when providing their personal care.

- The importance of confidentiality was understood and acted upon, information was locked away in cupboards or filing cabinets in secure rooms. Computers and electronic devices used by the provider and staff were password protected to keep information secure. Only approved staff had access to certain records.



## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns

- There was a complaints procedure displayed in the service that described how people could make a complaint or raise a concern.
- The complaints procedure had not been written in an easy to read format for people living with dementia. The policy was not available in large print or any other formats for people.
- This did not meet the principle of the Accessible Information Standard 2016 (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing information and communication support needs of people with a disability, impairment or sensory loss.
- Some people were able to voice concerns or complaints, but the provider could not tell us how they supported other people with different communication needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had their own individual care plan which detailed the support they required.
- The head of care had been updating the plans to be more person centred and detailed. The updates which had been made were written in a personalised way. Some information was missing or inaccurate.
- For example, there were no behaviour guidelines to help staff support people in a consistent way when their behaviour may challenge others. Information to inform staff of potential triggers for some people's behaviour, when it was most likely to occur and how to support them was missing. Such guidance would allow staff to take a proactive approach to provide individual and consistent support.
- One person's plan said they should have one drink as prescribed by the dietician each day but a letter from the hospital said they should receive three a day. The head of care said this had been a recording error and the person was receiving the prescribed amount.
- When people were initially assessed, their communication needs were recorded. There was some large print and pictorial information available to people, however, this could be expanded to include surveys and information about the service. We discussed these issues with the provider and head of care who acknowledged they are areas requiring improvement.
- Daily notes reflected support given to people. The head of care reviewed these and we saw referrals were made to health care professionals, such as the mental health team when needed.
- Care plans had been reviewed monthly and had been updated when people's needs had changed.
- Family and friends who were important to people were recorded in their care plan. For example, different family members such as sons and daughters and grandchildren as well as close friends who played an important role in people's lives. Support networks were clearly set out so that staff knew the relationships and who to contact when.
- Three part time staff provided a wide range of activities for people. An activity coordinator oversaw staff contribution and evaluated people's engagement.

- Activities included reminiscence sessions talking about and looking at items of interest to people to prompt memories and promote conversations, arts and crafts, quizzes and word games. Some people made pizzas and told us about other food they had made. A music person visited to sing songs with people and a pat dog came to the service.
- There was a dedicated activities room where arts and crafts took place. The service worked with a local primary school who visited the home and joined in with activities with some people. During the inspection people enjoyed the interaction with the children. One person commented, "This is the best party I have been to in a long time." "It's lovely having them here, it feels like a family." The person had a drink and biscuits with the children, one child put his cap on person's head to try it for size, they both laughed and joked about how small the cap was.
- Activities were planned for each day, during both days of the inspection various activities were taking place.
- One of the activity coordinators said, "I love my activities with my clients. I do one to ones with people in their bedrooms. I did a quiz with people earlier, later we are doing a maths quiz."
- Where people preferred to stay in their bedrooms they told us staff dropped in to chat with them. One person told us the staff read to them, massaged their hands and sat with them.
- Staff took people outside of the service. People told us how they had enjoyed walks along the seafront and their surprise and enjoyment when an ice cream van provided complementary ice creams to people at the service.

#### End of life care and support

- Within people's care plans there was a section in relation to people's wishes regarding end of life care.
- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.
- Information included the type of funeral the person wanted, if they were religious, and who they wanted to be notified in the event of illness and death.
- Some people had consented to do not attempt resuscitation (DNAR) with their GP or consultants.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There had been numerous management changes which had impacted on the consistency, development and continuous oversight of the service. Changes in management had led to lapses in attendance of events to learn about and share best practice such as local workshops held by the local authority for care providers. When discussed with the provider, they made clear it was their expectation that the newly appointed manager would attend such events. We will review the impact of these changes at our next inspection, currently this is an area identified as requiring improvement.
- There was an informal system in place where the head of care undertook spot checks on medicine administration, moving and handling and competency observations.
- Although auditing processes were in place to analyse risk and the delivery of care, audits had failed to identify the issues we found during our inspection. The systems to check the quality of the service were not always robust, they had not identified the concerns we raised in relation to staffing levels, risk management, safeguarding, inaccurate information in records and safe recruitment practice.
- It was not always clear who was responsible for the oversight of different aspects of the service. For example, we asked the provider how they used the dependency tool to deploy staff. They told us that was not their responsibility and they did not know.
- A business contingency plan described what steps would be taken to keep people safe in exceptional circumstances such as a fire or flood. This relied on people being accommodated at other services owned by the provider. It was pointed out to the provider that this needed to be reviewed following the closure of one of the services.

The failure to effectively monitor and improve the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had not submitting safeguarding notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had

conspicuously displayed their rating in the service.

The provider had failed to notify the Commission of incidents. This is a breach of regulation 18 of the Health & Social Care Act 2008 (Registration) Regulations 2009.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, visitors and relatives had been asked to complete feedback forms about the quality of the care provided. The provider had not analysed or acted on any of the feedback collected in March 2019 although information sent to us after the inspection showed they had analysed the information and acted where needed.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse or dietician.
- The registered persons worked with people's relatives and advocates to support an ethos of joined-up working in meeting and reviewing care delivery needs.
- The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as psychiatrist and commissioners. The service had proactively engaged with the community mental health team in response to concerns about a person at the service. The mental health team arranged for the person to receive the support they needed in a more specialised setting.

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 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify the commission of incidents. Regulation 18(1)(2)(4A)(a)(e)(f).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to do all that was reasonably practicable to mitigate risks. Regulation 12(1)(2)(a)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had failed to protect service users from abuse and improper treatment because systems and processes were not established and operated effectively to prevent abuse of service users. Regulation 13(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to effectively monitor and improve the service. Regulation 17 (1)(2).
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

There was a lack of effective and safe recruitment processes. Regulation 19(1)(2)(3)(a)(b)(c).

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider had not ensured that there were sufficient numbers of staff to ensure that staff could work in a safe way and meet people's needs at all times.