

Alliance Care (Dales Homes) Limited

Emberbrook

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Emberbrook is a care home providing personal and nursing care to up to 68 people in one purpose-built building which was divided into four separate units. Two of the units specialised with those living with dementia. At the time of our inspection there were 66 people living at the service. People were living with a range of complex health care needs. This included people who have had a stroke, diabetes and Parkinson's disease. This inspection took place on 17 June 2019.

People's experience of using this service and what we found

Although people told us they were cared for by staff, they said agency staff did not always know their needs. Staff told us they too felt there was a negative impact on people and themselves when agency staff were on duty.

People lived in an environment that was cleaned to a satisfactory standard, however there was a lack of adaptations to support people living with dementia. We have made a recommendation to the registered provider in relation to ensuring the service was adapted to meet people's needs.

The service was without a registered manager and as such the lack of consistent management meant that staff were not supported, either through supervisions or training. We have made a recommendation to the registered provider in relation to staff training, supervision and support. Although, we did find an improvement in the governance within the service which meant shortfalls were being identified, there was further quality work to be done to embed and sustain these improvements for the service to achieve a Good rating. Since the inspection, one of the regional support managers provided us with evidence they had applied to register with the service.

Although Deprivation of Liberty applications had been submitted, staff had not followed the principles of the Mental Capacity Act (2005) by considering first whether the person had capacity and having a best interests discussion to check they were using the least restrictive practices for the person.

People told us they were attended to by staff in a timely manner and they received the medicines they required. However, we found at times staff deployment was not well organised and the medicines processes were such that medicines rounds were taking up a disproportionate amount of staff time. We have made a

recommendation to the registered provider in relation to deployment of staff and their medicines processes.

People said staff were kind and caring and they had good relationships with the permanent staff. There were times however during our inspection we felt staff did not engage with people as much as they could have. We also found that people's care records were not always comprehensive, especially in relation to their end of life wishes. We have issued a recommendation to the registered provider.

Activities were available to people and we saw people participating in them during the day. Work was being undertaken to improve socialisation for people who remained in their room.

People said they were happy with the food provided to them and that they had choice. They also told us they could access healthcare professional input when needed. People were helped to stay safe as any risks identified for them were assessed and monitored. Where people had accidents, staff took appropriate action to help reduce reoccurrence.

People, relatives and staff said they had started to see some improvement within the service but felt that a clinical lead and registered manager would enable them to improve the service further.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 26 March 2019) and there were multiple breaches. We also took enforcement action against the registered provider for a lack of management oversight of the service. The registered provider completed an action plan after that inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made as we found the registered provider was no longer in breach of some regulations. However, we found three breaches of regulation and we have made two recommendations to the registered provider.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection through our enforcement action. The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

Follow up

We will meet with the registered provider following this report being published to hear what changes they plan to make to ensure they improve the service to at least Good, as this is the fourth time we have rated this service as Requires Improvement. We will also work with the local authority to monitor progress.

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 ●

Emberbrook

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors, a nurse specialist 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.

Service and service type

Emberbrook is a 'care home'. 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 service did not have a manager registered with the Care Quality Commission. As the service is without a registered manager the registered provider is legally responsible for the service. A regional support manager was overseeing the service on a day to day basis.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider has previously submitted the required Provider Information Return to us in July 2018. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection-

We spoke with nine people who used the service and eight relatives about their experience of the care provided. We spoke with 14 members of staff including two regional support managers and the regional manager. We also spoke with one healthcare professional.

We reviewed a range of records. This included seven people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection we found some improvements had been made, but there was still further work to be done for this key question to be rated as Good.

This meant 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.

Staffing and recruitment

At our inspection in October 2018, we found that people were not being cared for by a sufficient number of staff which was a breach of Regulation 18. We found at this inspection, improvements had been made as staffing levels had been increased. Although there were times during the day staff deployment could have been better organised.

- People and relatives told us they felt there were enough staff. One person said, "Always someone around and I've got my bell." A third told us, "Couldn't be quicker (if I ring my bell)." A third person commented, "I press the bell and they come quickly."
- Staff told us that agency staff were employed on most shifts to ensure there were enough staff. A staff member told us, "We are short of permanent care workers but they make it up with the agency. We are hoping to get permanent staff on board."
- A visiting healthcare professional said, "There is always staff around and always someone to accompany me if I need it."
- Despite these comments however, there were periods throughout the day when we observed people waiting to be supported, especially at meal times.
- People who clearly required prompting or supporting to eat did not always receive this. During lunch time we saw one person waiting for half an hour for their lunch. Although a staff member proceeded to support them, they were also prompting another person to eat. This resulted in the staff member supporting two people at the same time. One person was served a cold egg on toast at breakfast time as staff deployment was such that staff were not attending to people in a prompt manner.
- It was evident another person would be unable to cut up the meat on their plate and as such they did not eat this part of their meal as staff were busy with other people and tasks so did not notice the person

needed this support.

- We did not review recruitment records during this inspection as we had no concerns at our last visit.

We recommend the registered provider reviews their deployment of staff to help meet people's needs.

Using medicines safely

At our inspection in October 2018, we found that medicines practices were not robust. This was a breach of Regulation 12. We found at this inspection improvements had been made as staff demonstrated that they followed best practice when administering medicines.

- People received the medicines they needed and a relative said, "Mum came in with lots of medicines and [nurse] sorted these out with improvements for mum."
- Although there were improvements to the medicines processes, we saw thickening powder was left unattended by staff which we had seen at our last inspection. A meeting with staff on 6 June 2019 noted, 'thickeners to stay in clinical rooms or in locked room. Not to be kept anywhere unlocked'. We heard the regional support manager remind staff to not leave thickeners unattended and noted that following meal times they were removed and locked away.
- People had individual medicines cabinets in their bedrooms. When retrieving people's medicines to administer them, the nurse checked the cabinet temperature. If it was over 25° the medicines were transferred to the trolley. This meant medicine dispensing took a long time and the morning medicine rounds did not finish until 11:30. We were told by staff, "It came from head office. They said we have to do it this way." However the regional manager agreed to review this practice.
- We observed a staff member use the correct medicines procedures, checking expiry dates of medicines, the amount people had and the way they liked to take them.
- Each person had a medicines administration record (MAR) which contained an up to date photograph, allergy information and contact details of the persons GP.

We recommend the registered provider reviews the medicines processes to make them more efficient and that thickeners are safely stored.

Assessing risk, safety monitoring and management

At our inspection in October 2018, we found that people may not always be safe because staff did not take enough action to respond to potential risks. This was a breach of Regulation 12. We found at this inspection improvements had been made as risks to people had been identified and there was guidance in place for staff.

- People told us they felt protected from harm. One person said, "Oh yes, the level of care and everything."
- Risk assessments and management plans were completed in areas including falls, moving and handling, skin integrity, nutrition and choking.
- Where people were at risk of pressure sores, staff were clear about the need to check the pressure mattress and that the setting was appropriate to people's weight.
- Where people suffered skin breakdown or wounds, photographs were taken so staff could monitor progress. For example, one person was found with a skin tear and photographs were taken and regularly updated.
- One person had had several falls in a short period of time and we read that hourly observations were instigated to help prevent further incidents.

- Regular safety checks were completed to ensure that equipment and services were safe. This included checks on hoists, wheelchairs, lifts and fire systems. A staff member confirmed regular fire drills took place saying, "We had a fire drill last week. Staff will report to the nurse's station whilst one staff member stays in the lounge with people. The meeting point outside if we have to evacuate is the car park."

Learning lessons when things go wrong

At our inspection in October 2018, we found that accidents and incidents relating to people were not always recorded. This was a breach of Regulation 12. We found at this inspection, improvements had been made as accidents and incidents were recorded, reviewed by the regional support manager and discussed with staff.

- Accidents and incidents were reported by staff and where further investigation was required this was completed. Daily 'flash' meetings were held where accidents and incidents which had occurred in the previous 24 hours were discussed to ensure all relevant actions had been taken.
- We read that medicines management had been discussed and staff were reminded of good practice.
- Where one person had a cushion that was too high for their chair, resulting in them falling out of their chair on one occasion, this was replaced by a more appropriate cushion to better support the person.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Emberbrook. One person told us, "I would talk to the nurse, but I don't feel unsafe." A relative told us in relation to a safeguarding incident, "I was happy how the incident was dealt with."
- People were helped to stay safe as staff understood their responsibility to report any concerns relating to potential abuse.
- The provider had a robust policy in place to ensure safeguarding concerns were reported. Where CQC had received a recent concern, we found the provider responded to us in a timely and transparent manner. Where subsequent information was requested by CQC or the local authority this was provided.

Preventing and controlling infection

- People were happy with the cleanliness in the service. One person told us staff kept their room clean and they were happy with the standards of cleanliness. Another told us, "I think so (they keep the place clean)." A further person said, "Laundry is great." A staff member said, "We use PPE (personal protective equipment) and red bags. People have their own slings and we never mix soiled and unsoiled items."
- People's bedrooms, bathrooms and communal areas were cleaned to an appropriate standard and there was soap, paper towels and hand wash available.
- Soiled linen was placed in red bags and taken to the laundry area and clinical waste segregated correctly.
- However, we did notice that people's wheelchairs had ingrained food and liquid stains on them. We brought this to the attention of the regional support manager.



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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our inspection in October 2018, we issued a recommendation in relation to staff supervision, both clinical and non-clinical. Although the regional support manager had started to address this issue we identified on-going concerns regarding staff supervision and training.

- People told us they felt staff were well trained. One person told us, "One hundred percent (well trained)." A second said, "Staff very competent in getting me in and out (of my chair)."
- Staff said they had access to training. One staff member told us, "We are having continuous training." A second said, "Regular refresher training. I've started a dementia refresher course."
- However, we found gaps in staff refresher training from the information we were sent after the inspection. For example, some staff did not appear to have had first aid training and some clinical staff no recent medicines training. However, despite this we found staff to be competent on the day of inspection.
- Staff did not always have the opportunity to meet with their line manager on a one to one basis to discuss their role. Although one staff member did tell us, "The RGNs do the supervisions," a nurse told us, "No clinical supervision for me since October 2018. We have no clinical lead, but this man who's starting soon is a RGN, so I hope it will get better."
- Clinical staff spoke freely about the service's effectiveness and how it was lacking due to the lack of clinical lead. One nurse said, "We need someone to help us – a good regional support manager/clinical lead." The lack of clinical supervision did not have a direct impact to people, however the morale of nursing staff was low as they did not have the support they should expect. The registered provider was aware of this and as such had employed a clinical lead who was commencing at the service on 1 August 2019. The employment of this clinical lead should help with staff's understanding of best practice.

As the registered provider had failed to act on our recommendation following their last inspection this was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our inspection in October 2018 we found that decision specific capacity assessments were not always being carried out and we issued a recommendation to the registered provider. At this inspection, we found a similar situation. However, the regional support manager demonstrated to us systems were in place to address this.

- The regional support manager told us, "37 DoLS applications have been submitted. You may not find mental capacity assessments or best interests paperwork. These are being done now." However, we were unable to determine whether DoLS applications were appropriate as there was a lack of decision specific mental capacity assessments and evidence of best interests decisions. In order to determine whether restrictive practices are in a person's best interests the processes of the MCA should be carried out in the correct sequence.
- We found this to be the case of one person who had a sensor mat and were living in the area of the service which had a keypad entry system. There was a DoLS application in place. However, there were no capacity assessments or best interests decisions recorded.

Failure to meet the principles of the Mental Capacity Act (2005) was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We heard and observed people's day to day consent being obtained from staff when they were giving them their medicines for example.
- People who were on covert medicines (medicines given without their knowledge) had the appropriate procedures followed in line with the MCA.

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

At our inspection in October 2018, we issued a recommendation to the registered provider in relation to adaptations around the service meeting people's needs. Especially for those living with dementia. At this inspection, we found little improvement had been made, but were told by the regional support manager that the provider's dementia lead was spending a month at the service in July 2019 to look at this aspect of the service.

- People living with dementia were living in an environment that may not always meet their needs. This was because there was a lack of signposting around the service to help orientate people, especially to their rooms. The regional support manager had identified this as they told us, "We ordered memory boxes, but they went straight back because they were unsuitable. We need to look at some alternatives."
- We also found people were not provided with adapted crockery or cutlery to support them to eat independently. We spoke with the regional support manager about this.
- There were some aspects of the service that we appropriately adapted however. For example, bathrooms with appropriate baths and walk-in showers. Communal areas and corridors were spacious which gave people using wheelchairs room to move around independently and people's rooms were personalised with their own belongings.

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

- People told us the food was, "Good." One person told us they liked the food and another said they had a choice. A third person told us, "Mostly pretty good. They (staff) come around and ask what you want."
- Where people required modified diets, for example, pureed or soft food, advice had been taken from the speech and language therapy team. People were provided with a meal that followed the guidance in place for them.
- People were weighed regularly and staff responded to weight loss or gain. For example, one person's BMI was found to be above average, so staff had reduced their fortified drinks to help reduce the person's weight.
- People were seen to be provided with enough drinks throughout the day.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare professionals and health advice when required. One person said, "I've seen him (the doctor) twice since I've been here." Another person told us, "If I'm ill they (staff) are permanently in my room asking me if I'm alright." A third told us, "I've not had a UTI for several years now."
- There was evidence of involvement from several disciplines, such as the chiropodist, speech and language therapist, physiotherapist and optician.
- One person had recent unaccounted for weight loss and this was recorded in their monthly nutrition review. Staff had been encouraging the person to eat and as a result the person's weight was increasing.
- A second person was noted as losing weight and they were referred to the GP and a dietician.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed prior to moving in to the service to help ensure that Emberbrook was a suitable place for them to live. The regional support manager told us, "We are particular about who we accept to make sure we can meet their needs." A relative said, "They (staff) came to the hospital and talked to the hospital staff. We filled out their life story books."
- Recognised tools were used when assessing risks to people to help ensure best practice standards were followed. These included malnutrition screening forms and skin integrity checks, both of which were reviewed monthly.

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. Individual staff were caring. However, we did find some care was functional and we have referred to this in the Responsive domain.

This meant 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

At our inspection in October 2018, we found there was a lack of respect shown to people at times. This was a breach of Regulation 10. We found at this inspection individual staff showed kindness towards people and concerns we had at our last inspection had been addressed by senior management.

- People gave us good feedback about staff. One person said, "I've developed quite a rapport with some of them." Another told us, "We are very well looked after." A third person said, "I'm just happy. The staff are wonderful. I have a joke with them." A further person said, "Staff are incredible. I've been twice to hospital and staff were waiting at the door for me when I came back." A relative commented, "They are very kind. They come and hug him."
- Our nurse specialist recorded, 'From my observations the staff appeared caring. They spoke to the residents in a manner which was of an equality. The mannerisms of the staff (for example, touch and speech) was gentle and supportive. They listened to the residents and showed genuine interest in what they spoke about'.
- Permanent staff knew people's history and their current social need. A person said, "The care here is exemplary. If they can look after me, they can look after others." One relative said, "They know all of them (people) well."
- We observed staff responding to people when they were distressed. One staff member spent time listening and talking to a person to reassure them and engaged them in looking through a magazine.

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

- People told us they could make their own decisions. One person told us, "I can come and go." Another

person said, "I am able to make my own decisions to a certain point." They added, "I am still fully involved in my care plan." A third person said, "You think they're (staff) not listening, but they are and they do what you want."

- People were supported to maintain relationships important to them. One person said, "My daughter comes three days a week." A relative told us, "We're allowed to bring my dog in to see dad."
- At lunchtime in some dining areas staff were attentive to people. We heard people asking for alternatives to the meal on offer and staff fetched them what they had requested.

Respecting and promoting people's privacy, dignity and independence

- People told us staff enabled them to be independent and that they respected their privacy. One person used an electric wheelchair and they told us they went out with volunteers and this meant they could move independently. Another told us, "If I'm having a bad day my door is closed and they (staff) know not to come in." A third said, "Staff usually knock. The majority are excellent."
- People were dressed appropriately, their hair was neat and we heard staff referring to people by their names. A relative told us, "I am very satisfied, they (staff) are very caring. It's first class, both day and night. I would not want her anywhere else. She is well looked after and they are very kind."
- People were observed being encouraged in their independence by staff. For example, those who could walk were supported to do so. One person said, "I have a frame to help me walk around." Another told us, "We can entertain at any time. Once a month I cook for four people. It's absolutely brilliant." A third person told us they attended regular church services within the service.
- Visitors were encouraged into the service and following a suggestion from people, one person told us, "The children's area has been really successful. It means the children can play and not be frightened which is nice."

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our inspection in October 2018, we found there was a lack of person-centred care planning as people's care plans lacked detail and were not person-centred. This was a breach of Regulation 9. We found at this inspection some improvement had been made as people's care plans were being reviewed.

- Some people told us agency staff did not know them and staff said the use of agency made it difficult for them as they had to show them what to do. A staff member told us, "Instead of doing your job, you are making sure they (agency staff) are doing the right thing." Another said, "There are not the same agency staff coming every day, they don't know anyone." This was confirmed by two agency staff members telling us they did not read people's care plans and relied on permanent staff telling them about people's needs.
- Although permanent staff were aware of people's needs and responded to them, people's care plans did not always contain personalised information and guidance for staff to follow. One person had frequent episodes of refusing food or medicines. Although there was no impact to them and staff had recorded this in the person's daily notes, there was no supporting care plan to direct staff in how to respond to this to ensure the person's needs were being met.
- No one living at the service was currently receiving end of life care. End of life care plans were discussed with people and their relatives. However, they contained basic information. The regional support manager acknowledged that additional personalised details would be beneficial and assured us this would be implemented. We will check the effectiveness of this during our next inspection.
- We found some staff worked in a functional way and did not always respond to people needs. For example, a staff member was sitting in a lounge with 12 people not interacting with anyone. On another occasion an agency staff member was not engaging with people, despite one person becoming anxious and shouting out. We saw a visitor speak to the person and reassure them.
- One person told a staff member they had a headache, but the staff member ignored this. We asked the

staff member if the nurse was available, which they were, but they did not go to get them.

- People told us, "We need more consistent staff" and, "One of the major problems is the agency they are not of the same calibre."

Although there had been some improvement in person-centred care since our last inspection, we found a lack of designing care and treatment to make sure it met their needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did hear however from other people and relatives that staff were responsive and we did find some people's care plans reflected their needs. One person said, "We have people who get agitated late afternoon. The staff are brilliant, they get them singing to distract them. It happens spontaneously. One day we sat around drinking hot chocolate and reminiscing."
- Another person was prone to UTIs and there was a separate care plan in place for this. This same person's care plan stated, 'must have glasses on at all times' and we saw them wearing them.
- We also saw a staff member sit with one person whose care plan recorded, 'can get distressed if no one listens, resolve by listening and reassuring her'.
- A relative told us, "He walks around and follows the handyman as he used to be a carpenter. He is so much better and calmer."
- People told us they were involved in the planning and review of their care plans. One person told us, "They do ask to go through my care plan with me."
- Staff had regular support from the local hospice who told us, "They (staff) are very good at referring people. Staff are good. They follow guidance."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person told us they were aware activities were organised and they were encouraged to join in. Another person said they took part in art, telling us, "Art is something to take your mind off things. We've got birds in the aviary. I can go out into the garden to see them." A third person said, "I've been to church here and it was very good." A relative said, "We bring him down and he does the seated yoga. He has a friend he walks around with."
- There was a knitting club activity and we observed people being supported to knit or crochet. One person who was less able was given balls of wool to wind into smaller balls which they were happy to do. A staff member said, "I know them well and their hobbies and interests."
- The service had the support of community volunteers who came and spent time with people or took them out. We observed this with one person who had two visitors from a local charity.
- The regional support manager told us, "We have lots of volunteers come in and some of the relatives lead the activities." They added, "We have a mini bus and do weekly outings with people."
- We did find however that activities varied across the service, especially for those people who stayed in their room. We spoke with the regional support manager about this who said they were working on improving this. They said, "The activities lead has started focusing on people who spend time in their rooms and evidencing interaction." We will review the effectiveness of this at our next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a range of information available to people within the service, however not all of it was presented in a way that would be suitable for people. Particularly for those living with dementia. For example, the menus in the dining areas were type written. We also observed staff not always showing people the options of meals in a way they would understand. Following the inspection, the regional support manager told us, "I have today been in and observed the meal time experience myself and there are pictorial menus in the home for each day that I'm afraid have not been used. But I introduced them at meal time today and the chef is also going to prepare show plates to commence next week also."
- In addition, following a suggestion from a resident and relative's meeting, management planned to start recording these for people to listen to.

Improving care quality in response to complaints or concerns

- People told us their concerns were listened to. One person said, "I was speaking to the regional support manager and within two hours something was done about it." Another told us, "I would speak to the manager – at the moment the regional support manager."
- A relative said their family member had not been supported to get out of bed and they had complained to staff. They went on to tell us this had been addressed and their family member was now supported to sit out of bed most days in their armchair.
- We reviewed the complaints received since our last inspection and read that they had either been resolved in conjunction with the complainant or were still on-going. The regional support manager was knowledgeable in relation to complaints and had been fully involved in meeting with people.



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.

At the last inspection this key question was rated as Inadequate and we took enforcement action against the registered provider. At this inspection this key question has now improved to Requires Improvement, although this is an area that requires continued improvement. We are unable to award the service a Good rating in this key question as we found shortfalls in other aspects of the service, such as deployment of staff, medicines practices, following the MCA, staff support and care planning.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The registered provider and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our inspection in October 2018, we found a lack of good governance and robust management oversight within the service. This was a breach of Regulation 17 and due to the concerns we identified in other of the key questions we took enforcement action against the registered provider. At this inspection we found the registered provider had met the requirements of the enforcement. However, continued work was needed to embed and sustain the improvements and it was important the registered manager improved the leadership of the service and communication. The registered provider and senior management need to continue with what they are doing to drive the service forward in order for it to achieve a Good rating.

- The service was without a registered manager. Following our last inspection, the manager had left the service and although the registered provider had recruited a new manager they had also since left. Senior staff had recognised the shortfall of lack of consistent management oversight. The regional manager told us, "Leadership has been poor. We have a deputy starting in August who will be clinical lead and have oversight of the whole home." They added, "We are being very picky with the new manager interviews, looking back at their past history with CQC reports." Following the inspection, the regional support manager told us they would be in the service daily and were applying to register.
- Staff told us they had seen some improvement to the service since our last inspection. They said, "They (senior management) are doing their best to improve, but it's quite gradual." They told us, "We are redoing

all the paperwork. We need some time to do it. We need to rewrite the care plans."

- Since our last inspection a programme of audits had been introduced to help address shortfalls and improve the service. A senior manager carried out monthly reviews and we saw actions from previous audits were reviewed and signed off. Other audits included care plans, infection control, end of life and resident involvement. Daily flash meetings were held with staff where there was a discussion on people's current need. Audits had identified shortfalls within the service, such as medicines practices, or care plan information which showed us that the audits were effective.
- However, we did find a lack of robust record keeping in some parts of the service. For example, we found significant gaps in the recording of temperature checks of people's medicine cabinets. We spoke with the regional support manager about this at our inspection who said they would be reviewing their medicines processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us there was a lack of consistent management at the service, with one relative saying although staff, "Have always been good" the lack of leadership meant, "Things had started to slip." Another told us, "Well managed? It's difficult to say the moment, although the signs are looking good." A relative said, "The care is inconsistent because we've not had a manager here."
- There was an on-going recruitment drive within the service. However, in the meantime agency staff were being used to ensure a full complement of staff on duty each day.
- Staff morale was varied and the use of agency staff had a detrimental effect on staff. There was a consensus from qualified staff that a clinical lead was needed and from everyone that without a regular manager staff felt lost and they were, "Doing our own thing." A relative told us, "The permanent staff very much manage the place themselves. It puts them under extra pressure. I wonder where they go for support?"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although we found the regional support manager was transparent about concerns relating to the service, people living at Emberbrook did not feel they were communicated with. A relative told us communication was poor. They told us, "That could certainly do with improving. We found through the grapevine that the last manager had left, and the last relatives meeting was cancelled at short notice." They did go on to say however, that things had started to improve with the input of the regional managers. We fed these comments back to the regional support manager during our inspection who said they would address this.
- We had always found the registered provider responsive to requests for information. When we have had to contact them in relation to concerns, they have followed up our requests in a prompt manner, undertaking full investigations and reporting back to us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives told us they had opportunities to give their feedback. A relative told us, "We get an email and I come to the meetings. They are now sending me the minutes." A person said, "I'm involved in the interview process. The (regional) regional support manager has been here four to five months and a lot has changed – very upfront, forward and approachable."
- Regular residents and relative's meetings had been reinstated which covered the food, activities, staffing and other relevant provider information. We noted at the last meeting that the regional support manager had offered to meet with relatives on a one to one basis to discuss their ideas and suggestions.
- Regular staff meetings took place with good attendance. Discussions covered all aspects of the service.

- The regional support manager promoted an open culture to help improve care. Flash meetings were held daily where they discussed concerns with staff and shared relevant information to learn from things that had gone wrong.

Working in partnership with others

- The service worked closely with the local authority quality team as they carried out regular visits to the service. In addition, the service had signed up to the commissioning group's CQUINs Scheme (Commissioning for Quality and Innovation). Although we were told that their commitment to this had been sporadic due to lack of registered manager.
- The provider had in-house professionals available to work with the team. The regional support manager told us, "We have a regional nutritionist who supports staff. And HR (human resources) have been down here regularly."
- The regional support manager told us that one of the nurses met with other nurses from care homes as well as the tissue viability nurse to share news and best practice.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People who use services and others did not have their care plans designed to ensure their needs were clear.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People who use services and others were being cared for by staff who did not follow the requirements of the Mental Capacity Act (2005).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	People who use services and others were being cared for by staff who did not receive sufficient training or supervision to check their competence.