

Bainscare Limited

Westbourne Care Home

Inspection report

Westbourne
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Website: www.westbournecarehome.co.uk

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13 February 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

'Westbourne Care Home' is a residential care home providing personal care to older people and people living with dementia. At the time of the inspection, 26 people were living at the service. Accommodation is spread over two floors in a large detached property. The service can support up to 27 people.

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

Risks to people's health and wellbeing had not always been assessed, which put them at risk of harm. People were not supported by sufficient numbers of staff, which increased the likelihood of harm occurring. People did not receive their medicines as the prescriber intended. When incidents occurred in the service, lessons learned were not embedded in practise to reduce the likelihood of recurrence.

Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans. However, care plans were not reviewed when needs changed and in some instances were not completed at all.

People were not supported by staff who had received all the required specific training to meet people's needs. Staff were not able to undertake further training to enable them to develop in their role. The environment did not follow best practise guidance for some of the people who lived in the home.

People were not supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

There were systems in place to monitor the quality of the service. However, these systems were not always robust, they had not identified the concerns we raised in relation to management of risk, training, care planning, staffing, lessons learned or duty of candour. A service improvement plan to develop the service was implemented during the inspection. There was no system in place to monitor developments or areas for improvement formally.

When errors occurred and people either experienced harm or were at significant risk, the provider and registered manager did not demonstrate an open and transparent approach.

People told us they felt safe living at Westbourne Care Home. People said staff were kind and supported them to develop meaningful relationships with others to avoid isolation. People felt they were valued, listened to and respected.

People had access to a range of different activities throughout the week. People were able to raise concerns and complaints which were responded to. People who required end of life support received this appropriately from a staff team that had been trained to provide this important area of care.

Rating at last inspection and update

The last rating for this service was Good (published 02 August 2017).

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

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staffing levels, safe care and treatment, obtaining consent, governance and being open and honest with people and relatives when things went wrong.

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

Follow up

We will meet with the provider to further discuss our concerns. We will seek assurances from them about how they plan to make the necessary improvements. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information before that time we may inspect sooner.

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not 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.

Requires Improvement ●

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 well led.

Details are in our well led findings below.

Requires Improvement ●

Westbourne Care Home

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 an inspector and an assistant inspector on 30 January 2020. The visit on 13 February 2020 was carried out by one inspector.

Service and service type

Westbourne Care Home 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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 contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included the local authority commissioners. We took this into account when we

inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We observed staff interactions with people and observed care and support in communal areas.

We spoke with seven staff, the registered manager, deputy manager and met separately with the provider on 07 February 2020 to discuss our concerns.

We reviewed a range of records. This included four people's care records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with the local authority commissioning team.

Is the service safe?

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 Good. At this inspection this key question has deteriorated to Requires Improvement. 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.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were not always well managed and had not always been assessed when their needs changed. For example, one person moved to the home. Care plans for managing risks such as falls or dementia were not developed for a month. This person was considered to be at risk of falls. They had three falls consecutively over two days with a notable deterioration of mobility. Although no injury was sustained the management team had not reviewed this person's care or considered the use of equipment such as a sensor mat to alert them to the person getting up during the night. This would have mitigated the risks of the person falling if staff were aware. The sensor mat was placed outside the door in the hallway as staff thought they may enter other peoples rooms at night.
- A second person was found with a minor wound and sent to hospital. They identified a urine infection as a cause of confusion and disorientation. The person returned to the home, however their falls and mobility needs were not reviewed, and staff did not assess confusion caused by the urine infection. The person later fell in the lounge causing themselves injury.
- In the six weeks prior to our inspection, staff recorded 23 falls. None of these people's care plan or risk assessment had been updated after each fall. Six people were at risk of falls or had fallen recently. The management team had not considered the need to use equipment, such as sensor mats, for these people. People who fell in the lounge were left unsupervised and the registered manager did not consider the use of equipment such as chair raisers to make it easier for people to mobilise.
- Assessment tools were not completed accurately. For example, in the assessment tool for skin integrity staff did not complete a section that related to people with dementia. This meant for those people, the risk score was incorrect. We were told by the management team that they did not think the cognitive impairment section related to people with dementia. The registered manager reviewed the assessments, and although people's risk score increased, they did not find people's skin integrity had been compromised. The service at the time supported two people with their skin integrity, both of whom were healing well and had appropriate equipment in place.
- People using bed rails did not have an assessment in place, and staff did not regularly check bed rails and bumpers to ensure they were safe. The deputy manager told us they had never done this and were not aware of the need to do so. This placed people at risk of entrapment within the rail, or at increased risk of falls when attempting to get out of bed. The registered manager said they would implement checks immediately.
- We observed staff positively prompting and supporting people to use their walking frames in a safe way. Staff gently encouraged one person to transfer from their chair to wheelchair. When staff saw the person was unsteady they encouraged them to sit down and rest. However, we also observed three staff assisting one person. The care plan assessed as two staff required. Staff had not prepared the area prior to starting

the transfer using a handling belt. We saw they did not ensure the person was balanced before moving the wheelchair away. The person began to lean back and could not walk back to the chair. Staff quickly moved the armchair to seat the person and then dragged the chair back to the wall.

The failure to manage care and treatment in a safe way through assessment and mitigation of risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

- Fire safety risks had been assessed and people and staff knew how to evacuate the building in an emergency such as in the event of a fire. Personal Emergency Evacuation Plans (PEEPs) did not have all the information they needed to keep people safe. A range of audits and checks were carried out across the service for areas such as electrical safety, health and safety and water.

Using medicines safely

- People's medicines had not been well managed. We checked the medication administration records [MARs] and physical stocks of tablets. We found that for three people, pain relief medicines could not be accounted for. One had four tablets missing, one had ten missing and one had two missing.
- Protocols for the use of as required medicines did not clearly document how staff could identify when people needed these. One person had 'as required' PRN medicines prescribed on their MAR, although this had been amended by the GP to be given daily as a daily medicine. This information was recorded on a 'Post It' note stuck to the MAR'. This increased the risk this person would not receive their prescribed medicine. A second person was prescribed a medicine to be given four times daily. MAR's showed the person had been given this twice daily. The deputy manager said they would ask the GP to review to ensure no harm was caused. This was also reported to the local authority safeguarding team.
- People's medicines were regularly reviewed by their GP and health professionals, however, some medicines used to manage people's mood or behaviour required review.

The failure to ensure people received their medicines as prescribed was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency.

Staffing and recruitment

- People gave mixed views about the deployment of staff. One person said, "There are always staff around if I need them and they will answer the call bell." However, a second person said, "I don't think there are enough of them [staff]. A lot of us need a bit of help and sometimes the wait is too much to bear."
- Staff spoken with told us there were not enough staff. One staff member said, "We don't get the time we need to do the paperwork. We cannot be supernumerary [Where senior staff are in the home working on tasks such as care plans]. We don't have enough time to get everything done we need to do, and yes that means sometimes people are not supervised." A second staff member said, "We have some people who have literally forgotten how to walk or stand. We need to be around to remind them and support them."
- We saw of the 23 falls recorded, 9 occurred in lounges or communal areas. 8 falls were unwitnessed by staff. 9 people required the support of two staff for all personal care. Staffing levels did not ensure personal care could be provided safely as those people at risk or known to fall could be safely monitored in communal areas.
- Assessments used to determine staffing levels were not accurate. The provider did not have a policy for setting staffing levels based upon people's needs. However, the registered manager told us they had raised staffing as an ongoing issue with the provider over previous months. Staffing levels were not increased. The

lack of effective staff deployment had left people at an increased risk of falls and injury, with 9 people falling in areas that was avoidable if effective deployment was used.

- We asked the registered manager to review their staffing levels. When we returned to ensure this had been followed up we found an increase in staffing levels and a decrease of falls across the home. Staff told us that staffing levels had improved. One staff member said, "When the call bells rang before I have been told to leave them. Now I feel much happier because we can answer them quicker."

However, staffing levels in the home failed to ensure people at risk of falls were safely cared for. This was a breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person said, "It's lovely here, everyone is so kind, I have never felt unsafe or nervous around the other residents or staff." Staff understood their responsibilities to protect people from harm. Staff had received training and described what abuse meant.

- Staff told us the management team were approachable and always listened and acted where necessary. Staff knew how to raise and report concerns outside of their organisation if necessary.

- The registered manager appropriately investigated incidents relating to injury, accident or possible safeguarding.

- The provider did not have robust systems in place to monitor accidents and incidents and learning lessons from these to reduce the risks of issues occurring again. Although the management team reviewed all accidents and incidents, preventative measures were not taken to mitigate the chance of harm occurring.

- Lessons learned were not routinely discussed through supervision, team meetings or handover. Staff discussed in handover if a person had a fall, returned from hospital or had seen the GP. However, did not reflect on their own practise to see if they could have supported people in a different way.

Preventing and controlling infection

- Staff had received the appropriate training to learn how to minimise the risk of infection spreading.

- Staff told us they followed good infection control practices and used personal protective equipment (PPE) where necessary to help prevent the spread of healthcare related infections.

- The service was clean and fresh when we inspected. Staff were seen to use PPE and where there were odours or spills in the service, these were quickly cleaned.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Care records showed that MCA assessments had not taken place in relation to all specific decisions. People without capacity to consent to decisions about their care had relatives sign the consent forms. We saw these relatives had no legal authority to do so, and MCA and best interest decisions had not been completed for some people.
- Some MCA assessments, best interest decisions and DoLS had been correctly completed and applied for. For example, with covert medicines, being subject to close supervision and control and not free to leave the home. However, other required assessments had not been completed, for example for the use of bed rails. In these examples, the management team had not correctly applied for DoLS following the guidance in the MCA 2005 for some people living at the service.
- Staff awareness of supporting people who were unable to give consent was variable. Care staff knew when to report any concerns about a person's capacity to managers. However, the deputy managers and senior carers knowledge was limited. For example, when we discussed DoLS, managers were not aware of the 'Acid test' applied or that MCA, BI and DoLS assessments were required for use of bed rails. Training for managers did not support a higher level of knowledge they required.

The legal requirements of the Mental Capacity Act 2005 were not met in relation to decisions for people who were unable to consent due to a lack of capacity. This was a breach of Regulation 11 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- We saw that people made decisions about their care and treatment. People were heard to decline offers of care at particular times and staff acknowledged this and returned later. People chose whether to participate

in activities. In all interactions with people staff took time to help people make their own choices about the assistance they wanted and asked for permission before helping them.

Staff support: induction, training, skills and experience

- Staff received training in areas such as safeguarding adults, infection control, and mental capacity. Staff completed a training booklet and sent this away for independent marking. However, once staff passed this, competency checks were not carried out. Moving and handling training was provided by the registered manager who told us they had completed a 'train the trainer' course. However, we observed practise by staff that was not safe.
- Staff had not received training to enable them to meet people's individual needs. For example, staff had not undertaken dementia training and supporting people living with a learning disability. Staff and the registered manager did not have a good understanding that cognitive impairment applied to people living with dementia. These were areas of care provided and would help them to understand the conditions people were living with. The provider booked face to face training in these areas during the inspection.
- Staff were not supported to undertake qualifications in relation to their roles. Both the deputy manager and senior had been promoted within the home. Neither had been supported to attend training relevant to their role, such as supervising staff, developing care records or training that reflected their position and responsibilities.
- Not all care staff attended training relevant to their role when required. The registered manager told us, "We find that with some training, a lot of our carers won't do it, so the extra training and things they won't do." They told us training was provided out of work time and staff were not reimbursed. There was no plan to address this.
- Staff did however told us they felt supported by the registered manager and management team. Staff told us supervision was held regularly and they were able to discuss any issues relevant to their role. One staff member said, "The managers are great, we have supervision which is helpful, training could be more interesting but otherwise I am really happy here."

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

- People received appropriate support to maintain good health. District nurses visited regularly to provide nursing care when needed. However, ongoing issues with the nurses updating people's records with information such as mattress settings placed people at risk of receiving inappropriate care. The registered manager told us they were addressing this with the nursing team.
- People were able to see consultants, specialist healthcare professionals such as speech and language therapists and dieticians. The GP visited the service regularly, and out of hours arrangements were in place if people required them. One person said, "Getting to appointments or seeing the doctor is not a problem, the staff sort it out for me."
- People were supported to see an optician, dentist and chiropodist regularly.
- Care records showed that staff swiftly referred people when their health needs changed.

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 to ensure their needs could be met.
- Pre-admission assessments clearly captured people's needs when moving to the home. They were developed with the person, their relative, relevant health professionals, and discharge summaries from hospital.
- People were then reassessed monthly but not when their needs changed in between this monthly review. Staff discussed the change, for example, weight loss, risk of falls, or change in behaviour in handover but did not formally review.

- We were unable to see how the registered manager ensured care was provided in line with best practise or care standards. This was particularly apparent when supporting people living with dementia.

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

- People told us they liked the food at the service. Meals and drinks were prepared to meet people's preferences and dietary needs. These included softened meals and low sugar diets. The chef had worked in the home for a number of years and had built up a rapport with people. They knew people's preferences, allergies and particular likes and dislikes. Mealtimes observed were sociable occasions with staff patiently assisting people with their meals.
- People were able to choose where to eat their meals. The menu board in the dining room listed the choices available. However, each dining table did not have a pictorial menu showing people the choices of meals, considered to be good practise for people with dementia. Staff did not show people living with dementia each plated meal to enable them to make informed meal choices. We saw that some people found it difficult to make informed choices about their meal. People who did not like a particular meal however where provided an alternative.
- When required people's food and fluid was monitored. However, fluids targets were not set specific to each person.
- People's weights had not always been recorded in their care record. Where people refused staff used an alternative measurement to indicate people's weight.

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

- The design and layout of the service met most people's needs. However, the provider had recently added dementia and learning disabilities to the services provided. Improvements were required to assist people living with dementia to find their way around the home. Lighting was not sufficient in communal areas to support people with sensory impairments or living with dementia. Memory boxes were not used to assist people to find their bedrooms.
- People's rooms were decorated and furnished according to their preferences.
- There was accessible outside space for those who enjoyed sitting in the garden and a secure courtyard which were well maintained.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

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

- The oversight and governance of the service from the provider did not demonstrate a caring approach. People's needs were not assessed when their needs changed and this was not identified as an area for improvement by the provider. Staff did not receive training to fully support them support people's needs. Staffing deployment in the home did not ensure that people were kept safe.
- People told us staff were kind and caring. One person said, "The staff are all very nice, they help me because I can't walk now." A second person said, "They are all so lovely, not just to me but to us all."
- We saw that staff were attentive to people and regardless of the time pressures on them sat with people and gave them the support they needed. Interactions observed were positive, warm and kind. Staff used gentle tactile touch to offer people genuine reassurance when they were distressed.
- Staff viewed people as individuals and told us they respected and valued people's individuality.
- People's cultural needs were met and supported by staff. For example, staff supported one person to attend their place of worship regularly and events were held in the service to celebrate diversity.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in making decisions about their care and support. People could freely express their views on how they preferred to receive their care and support. We saw numerous discussions between people and staff that demonstrated this. One person said, "I like that they ask how I want things done, even the little things are not too much bother. I would say I am very involved in my care and the decisions are my own."
- People told us their daily routines, such as when they got up or went to bed, were flexible and respected by staff.
- People told us their privacy was respected and staff promoted their dignity. One person said, "They [staff] are very good with the intimate care. I don't feel embarrassed or uncomfortable. I should imagine that for young people it can be difficult looking after us old ones, but they do it with upmost respect for us."
- We saw staff knocking on doors before entering people's rooms. They checked with them it was ok to enter, and when care was provided staff did so behind closed doors. Throughout the day where people required assistance with their personal care, staff spoke to people discreetly, assisted them promptly and supported them back to the communal areas.
- People were supported to retain as much independence as they wished. For example, people were encouraged to carry out their personal care tasks where they could. However, one staff member did say that when assisting men they and other staff found this difficult in areas such as shaving. They said this was

because they were not shown how to do this, and felt it was an area that could be improved.

Is the service responsive?

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 Good. At this inspection this key question has deteriorated to Requires improvement. This meant people's needs were not planned for in a person centred way.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans lacked personalised detail. For example, where people were living with dementia, care plans did not capture how to support people positively. Staff did not seek to understand people's behaviours and how they could positively and proactively support them. Care plans for areas such as personal care did not describe how people wanted to receive that care. For example, how people wished to be bathed. Although staff knowledge in many areas was sufficient, there were areas of people's personalised care that had not been assessed.
- Care plans did not sufficiently record how a person should be supported in all areas of their care and support. Each support plan had a life history section, which had been completed with the involvement of the person and their relatives. However, goals linked to those areas were not outcome focused or person centred. For example, when reviewing a person's lifestyle choices, goals noted 'To maintain independence,' or 'To stop [Person] being socially isolated.' There was no specific guidance to achieve these goals.
- People received care that was personalised, however this was based upon staff knowledge of them and not through effective planned review of their care. People told us their daily routines were known, they were able to make choices about how they spent their time and with whom.

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 were a variety of posters and information in the service in an easy to read format and pictorial formats to help people to understand the information.
- People's communication needs were assessed prior to moving into the home. Staff however were not aware of how to use adaptive technology or communication aids to help people understand information. Although staff used some techniques, such as showing people what they were referring to, the provider did not have a policy in place to ensure all people's communication needs would be met. This is an area that requires improvement.

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

- A range of activities were available for people, who were able to choose daily if they wished to join in. Some people chose to stay in their bedrooms, and where they did, the activity staff ensured they spent time

with them.

- Activities included arts and crafts, armchair exercises, board games, card games, discussions, music inspired activity and films. One person said, "There is always something to get involved in. If I don't like a particular thing then the staff help me do things I do like."
- In addition to regular schedule of activity, staff organised events in the home such as parties, seasonal celebrations and recently had animals visit the home. Staff had arranged for a violinist to visit and play for one person who had previously also played but was no longer able to. People told us that they were able to pursue individual interests and did so with an enthusiastic activity co-ordinator who supported them.
- Whilst living in the home, people made new friendships and were encouraged to do so. A number of people were upset at the recent loss of a popular person. Staff clearly understood the importance of this friendship and supported people to come to terms with their loss and find support among their peer group.

Improving care quality in response to complaints or concerns

- People told us they would complain to the staff or manager if they were unhappy about their care. One person said, "I can speak with [Registered manager] when I want if I am not happy, they are always around and will listen. If I needed to I could ask [relative] to formally raise things, but I have never needed to."
- People were provided with a copy of the complaints policy. This was also available to visitors and gave all the information needed, including external organisations who could support if needed.
- Complaints had been resolved satisfactorily with one escalated appropriately to the provider as the complainant was unhappy with the response.

End of life care and support

- End of life care and support was provided at the time of the inspection. Staff had received training for end of life care, and further plans to link up with the local hospice were being developed.
- People had been involved in discussions about their wishes and preferences in relation to their end of life care. Some people had advanced care plans in place that clearly documented their needs, wishes and preferences.
- Some people had consented to DNAR (do not attempt resuscitation) decisions. Although these were relevant at the time made, these decisions were not reviewed when people returned to the home from hospital. Guidance around DNAR decisions is that they must be reviewed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires Improvement. 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.

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

- The management team did not have a good understanding of their responsibilities under the duty of candour.
- The management team were not able to demonstrate where lessons were learnt from incidents and injuries. When asked about how duty of candour had been followed the registered manager said they responded to complaints. No duty of candour letters had been sent to people, or their relatives, meetings had not been held to review the incident. Accountability and transparency had not been demonstrated through honest discussions about the incidents. Duty of candour was not a central theme to the management of the service.

The provider did not ensure that duty of candour was followed. This was a breach of regulation 20 of the Health and Social Care Act 2008 [Regulated Activities] Regulation 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor the quality of care provided. Regular reviews of areas such as support plans, infection control, weight loss, falls and recruitment were carried out. These checks were not always robust. They had not identified areas of concern we had found in relation to incomplete or inaccurate risk assessments, mental capacity assessments and DoLS, medicines management, training and development and falls.
- The registered manager told us they were aware of ongoing issues with completing records. They said they were unable to do this as staffing levels meant the management team carried out care and did not allow sufficient time to review care and manage the home effectively. They said they had raised this with the provider on repeated occasions, but that no action had been taken to review staffing prior to this inspection.
- People's care records were not all updated as their needs changed to ensure an accurate record was maintained. This placed people at risk of inappropriate or unsafe care as staff were not always aware of how to provide care and support to people that reflected their needs.
- Reviews of the quality of training provided did not develop training plans to meet specific people's needs, for example with dementia care, supporting people with learning disabilities, or leadership. The registered manager told us they were unable to source their own training as they did not have a training budget to manage this. However, they were not able to show us where this had been raised as an ongoing concern

with the provider prior to this inspection.

- The registered manager and provider reviewed safeguarding, complaints, incidents and injuries in the home. However, they did not analyse these for emerging themes or trends, particularly around falls. Had this been effectively completed they would have identified the connection between staffing levels and falls in the home.
- The registered manager told us they were not able to manage the service autonomously. They told us the restrictions around spending, making decisions, driving improvements were solely dependent on the approval of the provider. They said that weekly meetings were held with the provider to discuss the service but these focused-on business objectives such as occupancy and finance.
- The registered manager and provider did not have a service improvement plan that highlighted the areas for improvement. This was developed during the inspection.

The provider and registered manager had failed to adequately monitor the quality, effectiveness and risks to the service.. This was a breach of regulation 17 (Good governance)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and told us they knew the management team. One person said, "I know the manager, they welcomed me when I moved in and is very friendly."
- Staff told us the management team and the rest of the care team were all nice and supportive. Staff used words such as 'Teamwork', and 'Pulling together,' to describe the working environment in the home. All staff spoken with told us they enjoyed working in the home.
- Daily hand over meetings were held where staff received important updates about people. These handover meetings formed the basis for planning care for that day, responding to any changes or discussing incidents that had happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and opinions were listened to and respected.
- The provider had sent out surveys to people and their relatives to gain feedback about their experiences. We asked to see a copy of the responses, however this was not provided.
- Staff had received a number of compliments from relatives about the care provided. People and their relatives had consistently shared their positive experiences since the previous inspection.
- Staff told us that meetings had taken place regularly. However, the registered manager, although allowing staff to discuss ideas in meetings, did not share with them information about the running of the service. For example, the registered manager did not discuss themes, trends, or issues as part of a standard agenda. Lessons learned were not embedded into practise, and action plans arising from a poor local authority review in February 2019 had not been discussed.

Working in partnership with others

- The service worked with other health and social care professionals to ensure people received care.
- The manager told us they attended provider forums to develop support networks outside of the organisation as well as to keep up to date with good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 (1) (2) (3)</p> <p>Consent</p> <p>Care and treatment of service users was not provided with the consent of the relevant person. Where people lacked the capacity to consent themselves, the requirements of the Mental Capacity Act 2005 were not applied consistently.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) (b) & (g)</p> <p>Care was not provided in a safe way. Assessments were not carried out when needs changed to the health needs of service users. Actions were not put in place to mitigate those risks.</p> <p>People did not receive their medicines as the prescriber intended.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a)</p> <p>Good governance</p>

Systems were not operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Systems were not operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arose from the carrying on of the regulated activity.

An accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided was not made.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA RA Regulations 2014 Duty of candour

Regulation 20 (1) (2) (3)

Duty of candour

The responsible person did not act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 (1) (2) (a) (b)

Staffing.

Sufficient numbers of staff were not deployed.

Staff employed to provide the regulated activity did not receive appropriate training to carry out their role. Staff were not able to develop their skills or knowledge further.

