

Weldglobe Limited

St Georges Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Georges Care Home is a care home registered to provide accommodation and personal care to a maximum of 35 older people. At the time of the inspection there were 24 people living in the service.

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

Risks to people had not always been identified and planned for. This meant staff did not always have access to information which could guide them on how to reduce risks.

There was a spate of chest infections and colds in the service, but no management plan to reduce the spread of this was in place. Infection control was poor, mattress covers were stained with a substance whose odour and appearance was consistent with urine and there were unpleasant odours throughout the service.

The support people needed to reach and maintain a healthy weight was not always documented.

People's dignity was not always upheld by staff who were not discreet when providing people with support. The actions of care staff were not always caring.

Staff were disorganised, and this meant people were left in some communal areas with no staff presence for extended periods of time. People's requests for support were not always met in a timely manner.

At the last inspection in February 2019 the service was rated requires improvement overall. At this inspection standards were found to have fallen and people were placed at risk of harm and receiving poor care. The quality assurance system in place had not identified all of the shortfalls we identified during our inspection. People, staff and professionals from external organisations told us the management team was not visible in the service. Concerns were raised with us about the effectiveness of the manager in driving improvement. External healthcare professionals told us the manager did not deliver on actions they told us they would take within the timescales specified.

Following our second visit, we wrote to the provider about our concerns and asked them what action they would be taking to address the immediate risks we had identified. We returned for a third visit to ensure that they had taken the action detailed in their response to our letter. We found they had mitigated our immediate concerns and we were reassured by plans in place to mitigate risks to other people.

People's medicines were administered as per the instructions of the prescriber. However, some poor practice was evident with medicines records not always being signed.

Improvements had been made ensure that people's views about their care were reflected in care planning.

Care plans were more personalised to include information about people's preferences and life history.

Improvements had been made to ensure that people's capacity to make decisions was assessed under the Mental Capacity Act 2005 and that Deprivation of Liberty Safeguards (DoLS) applications were made where appropriate.

Despite the concerns we identified, people told us they felt safe and that staff were nice to them. Recruitment procedures were safe.

The overall rating for this service is 'Inadequate' and the service remains

in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we have asked the provider to take at the end of this full report.

Rating at last inspection: The last rating for this service was requires improvement (published 11 April 2019).

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Inadequate ●

The service was not caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

St Georges 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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Georges Care Home is a care home for older people, the majority of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the service had made, and the details of concerns raised with us about the service. We used all of this information to plan our 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.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager and care staff.

We reviewed a range of records. This included eleven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

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 requires improvement. At this inspection we found that the service had deteriorated and there were significant shortfalls which placed people at the risk of avoidable harm. The service is now rated inadequate in this key question.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- ☐ There were shortfalls in the identification of and planning for risks to people. In most cases risks to people were identified through assessment. Whilst the manager told us the care plans were still being developed, they did not all contain basic information about reducing some risks to people.
- ☐ Where people had been identified as at risk of choking, there were not always clear care plans in place to advise staff on how they should reduce these risks. When we asked staff who was at risk of choking and how they reduced this risk, they only referred to two people who had their drinks thickened. They did not tell us of any other measures to reduce risks to other people.
- ☐ A whistle-blower contacted us prior to the inspection to raise concerns about the way in which people were supported to eat. They said that staff did not always give people adequate time to finish their mouthful of food before being given another. During our inspection we observed poor practice where a member of staff was spooning food to one person without looking at them to check whether they were ready or to assess their swallow. Two other staff in this area displayed better practice, but neither of these staff intervened or raised concerns with the manager.
- ☐ Where people had been assessed as at risk of pressure ulcers, clear care planning was not always in place to guide staff on how these risks were reduced. A district nurse told us one person had a pressure ulcer, however, there was no care plan in their care file place for this. This was despite this person having been identified as at risk of developing a pressure ulcer. Another six people whose records we reviewed had no care plan for pressure ulcers despite having been identified as at risk. A body map noted one of these people had red area's beginning to show on one of their feet. Whilst the service had contacted the district nursing team, there was no care planning in place advising staff on how to reduce the risk of this person's skin deteriorating further.
- ☐ Where people were at risk of falls, there were no appropriately individualised care plans in place to advise staff on how to reduce this risk. Falls care planning which was in place was sometimes generic and did not always reflect individual risk factors. For example, one person had a sight impairment, but this was not referred to in falls care planning. One person had a witnessed fall recently, but no care planning had been put in place. Another five people whose records we reviewed had been identified as at risk of fall's, but no management plans had been put into place to reduce this risk.
- ☐ Where people had specific conditions or diseases such as epilepsy or diabetes, care plans were not in place prior to our visit advising staff on what support they required. The manager told us they had just written two epilepsy care plans which were on their computer, and they printed these during our visit. However, they had not ensured these were in place and available for staff to refer to in the six months since

the previous inspection report was published. This was despite bullet point three in the summary of this report making direct reference to a lack of care planning for specific conditions such as epilepsy.

This constituted a breach of Regulation 12 'Safe Care and Treatment' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our second visit, we wrote to the provider about our serious concerns and asked them to tell us what immediate action they would take to mitigate risks to people whose care plans we had reviewed. They responded and told us of actions they would take to ensure that appropriate care planning was put in place to advise staff on reducing risks.
- We returned to the service to check whether these actions had been completed. We found that the manager had completed the actions the provider told us they would take. Some improvements were still required to expand further upon care planning that had been put in place, but sufficient information was there to guide staff on mitigating risks. Action was still ongoing to review risks to other people whose care plans we did not review and put into place care planning on reducing these risks. The manager was in the process of completing this work during our visit and had created a risk tracker to ensure they had oversight of all risks to individuals living in the service.
- Processes were in place to monitor the safety of the building and the equipment within it. This included regular safety checks on electrical appliances, lifting equipment, mobility aids and window restrictors.

Preventing and controlling infection

- At the time of our visit, there was a spate of chest infections and colds in the service. We were told two people had been admitted to hospital with suspected pneumonia. Despite this, the manager had not followed the service's infection control policy, consulted Public Health England for advice and considered putting specific measures in place to reduce the risk of further spread.
- Staff told us there had been no specific messaging from the management team about reducing the spread of infection. Some staff were also unwell, with one staff member stating they had been admitted to hospital the previous week with suspected pneumonia.
- We observed staff displaying poor infection control practice, such as not wearing gloves or washing their hands after providing support to people coughing or blowing their nose. Staff were laying tables with cutlery for the afternoon meal whilst people were still seated having breakfast and coughing next to the cutlery. An uncovered plate of snacks was on a table in the lounge which people were seated around coughing.
- There was no antiseptic hand gel available for staff to use. The manager told us they had been told to remove this by the Clinical Commissioning Groups (CCG) infection control team because people using the service were living with dementia. However, the infection control team told us they had not given this advice.
- Cleaning in general was poor, with spills of food and fluids on the sides of chairs or tables. Crumbs and other food remained on floors from the morning until we left late afternoon.
- There was an unpleasant odour of urine throughout the service. This has been a continuing issue over several years and continues despite some carpets being changed to hard flooring. We checked five mattresses and found four of these had mattress covers stained. The smell, appearance and positioning of these stains were consistent with that of urine. There was a brown substance on a cover over one person's bed sides. An audit later carried out by the manager found that a further 23 mattress covers were stained.
- Following our second visit we wrote to the provider asking them for information on how they intended to address continuing infection control shortfalls. They told us they were reviewing their policies and procedures and were using the 'Care Home Toolkit' produced by Public Health England to guide them.
- We were later informed by Suffolk County Council that the service had agreed their request for a voluntary suspension on placements due to 'respiratory illness risk management'.

This constituted a breach of Regulation 12: 'Safe Care and Treatment' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- ☐ Staff were disorganised in their approach to providing care. This meant people were left in some communal areas for extended periods of time with no staff present. We observed one person left seated in the empty dining area after they had eaten their breakfast. They had no way to call for staff assistance. Our inspector had to intervene where another person was falling asleep and almost hit their face on the table. There were no staff present in the area at the time.
- ☐ The manager told us that staff had an allocation sheet each morning so they knew what jobs they should be carrying out. However, this had been ineffective in ensuring staff were deployed to meet people's needs responsively.
- ☐ Staff told us that there were usually enough staff to meet people's needs. However, they said that having a role in carrying out some of the cleaning or housekeeping tasks meant they had less time to care for people.
- ☐ Some people we spoke with said that the staffing level was appropriate, and that staff were responsive when they needed support. However, others said that they felt there were not sufficient staff to meet people's needs. One person said, "When I press my buzzer it sometimes takes ages for someone to come. The staff are all so busy you see." A relative told us, "I haven't seen a lot of staff." Another relative commented, "I come at different times of the day and week and you can see differences in the number of staff around."
- ☐ The service practiced safe recruitment procedures. This included carrying out checks to ensure prospective staff were safe to work with vulnerable people.

Using medicines safely

- ☐ We reviewed the available stocks of medicines against medicine administration records (MARs) and found that medicines were administered in line with the instructions of the prescriber.
- ☐ Some poor practice remained with regards to ensuring medicines administered are signed for.
- ☐ Protocols for as and when medicines (PRN) were in place for most people using the service. However, these still needed to be implemented for people more recently admitted.

Learning lessons when things go wrong

- ☐ Incidents and accidents were recorded, and these records were reviewed by the management team.
- ☐ Investigations were carried out to ascertain if actions were required to reduce the risk of these incidents recurring. However, this did not always lead to implementation of care planning to guide staff on reducing the risk of reoccurrence.
- ☐ Action had been taken where there had been a high number of incidents where one person caused harm to other people using the service. This included prompt referrals to mental health professionals.

Systems and processes to safeguard people from the risk of abuse

- ☐ Despite the concerns we identified, people told us they felt safe living in the service.
- ☐ Staff had a good understanding of safeguarding, the different types of abuse and their responsibilities in protecting people from harm.

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 requires improvement. At this inspection we found that the service continues to be requires improvement in this key question.

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

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

- ☐ The support people required with eating and drinking was not always clearly documented in their care records. Where people were assessed as at risk of malnutrition or dehydration, information was not always available to guide staff on how to protect people from this risk.
- ☐ Several people had lost significant amounts of weight since January 2019. However, the manager told us they felt this was due to inaccuracies in the previous system staff had for weighing people, which they had identified in July 2019. They told us they purchased new scales in August 2019.
- ☐ However, if issues with the system for weighing people had not been identified prior to July, it was unclear why potential weight losses had not been acted upon. For example, one person had lost 3.9kg between January and June 2019. Another person had lost 3.7kg between January and June 2019. One other person had lost 3.5kg between January and June 2019.
- ☐ Following our inspection, the manager told us they had referred two people to the dietician for advice on nutrition.
- ☐ Improvements were required to the way the mealtime was organised in order to ensure people received the support they required. Some people chose to eat in the lounge and during our observations only three staff were available in the lounge, but all three were helping people who required full support to eat. One of these staff members kept getting up to help other people who needed ad hoc support. This meant that the person that needed full support to eat did not get to eat their meal in a timely and consistent manner.
- ☐

This constituted a breach of Regulation 14: 'Meeting Nutritional and Hydration Needs' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ People told us the food they were provided with was good quality and they were given a choice. One said, "I choose what I want to eat for my meals." Another person told us, "No problems with the food." A relative commented, "Oh the food is very good. I had Christmas lunch here, excellent." We observed that people's relatives were invited to eat with their family member whenever they wished.
- ☐ The manager was aware of improvements required to mealtimes and this was on an action plan. Some improvements had already been made to ensure people were shown different meal options they could choose. This assisted people living with dementia to make a visual choice of what they would like to eat.

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

At our last inspection the provider had failed to assess people's capacity appropriately and make Deprivation of Liberty Safeguards referrals. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA).

- ☐ Improvements had been made to ensure that people's capacity was assessed appropriately. Decision specific capacity assessments had now been carried out. For example, assessments had recently been carried out to determine whether people could consent to having a flu vaccination.
- ☐ Where people were unable to consent, it was clear who should be consulted about making decisions in their best interests. Where relatives had power of attorney to make decisions regarding people's health and finances, the service had obtained proof of their rights and included this in care records.
- ☐ Deprivation of Liberty Safeguards (DoLS) applications had now been made for everyone using the service where this was appropriate. The conditions on any authorised applications were being met.
- ☐ A relative told us that people were asked for their consent before staff provided them with support. They said, "There's no telling people here. The staff always ask residents." We observed that care staff gave people choices, such as where they would like to spend their time or what they would like to eat.

Staff support: induction, training, skills and experience

- ☐ We observed some poor practice from staff which indicated that training may not always be effective, for example, poor infection control practices. Despite this, staff were provided with training in a number of subjects relevant to the role. Since the new manager had started working at the service, they had put staff on a new e-learning based training package which staff were currently working through.
- ☐ Shortfalls in staff practice had not always been identified by the service and staff competency had not been assessed in areas other than medicines administration.
- ☐ Staff told us they were positive about the new model of training and felt it was useful. They told us the management team was supportive.

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

- ☐ Referrals to other healthcare professionals had been made where this would have been appropriate. However, the guidance provided was not always transferred into care planning to ensure staff could

implement this consistently.

- People told us that they were supported to see other health professionals such as doctors when they needed to. One said, "The doctor comes here regularly, so if you need to see them the staff put you down on the list." A relative told us, "The optician has been in I do know, and the GP comes in as necessary."

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

- Comprehensive assessments were carried out of people's needs before the service started supporting them.
- People's care records were not always written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE). The manager told us that they are working on improvements to the quality of care planning.

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

- At the time of visit murals and paintings which had previously been on the walls had been painted over. The corridors were now all painted the same colour with no distinguishing features.
- The manager told us they had plans for redecoration, and this was included on their action plan. They had not yet consulted relatives and people using the service but told us this would be happening soon.
- One relative told us that since the murals had been painted over, their family member was now unable to navigate to their room independently. They said, "[Family member] used to know that when they got to the painting of the dog, they needed to turn left. Now they get confused about which way to go."

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 requires improvement. The rating remains requires improvement in this key question.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff did not always promote people's dignity and respect. We overheard some staff members talking about people's personal needs in a task focused manner. We observed other staff not being discreet when asking people about whether they needed to go to the toilet or be supported with personal care. One relative told us, "I witnessed the staff weighing people in the main lounge which I thought was far too public." This did not uphold people's dignity.
- ☐ At lunch time we observed one person trying to use the wrong piece of cutlery to eat their meal. A staff member snatched it out of their hand and said, "don't use that." We also overheard a staff member raise their voice to one person who was displaying behaviours they found challenging.
- ☐ We observed a relative show concern for their family member who was slumped in their chair and very sleepy. They asked several staff members about their family member and only received brief or one-word answers from staff. None of the staff showed concern for their family member or engaged with the relative to alleviate their concerns.
- ☐ There was a strong smell of urine throughout the service, which has been present over several years of inspections. This has not yet been fully addressed despite the replacement of carpeting in parts of the building. The covers on 23 mattresses were found to be stained. The smell, appearance and positioning of stains on four mattress covers we looked at were consistent with that of a urine stain. This had not been identified by the service prior to our visit. Some people's bedrooms smelt strongly of urine and did not appear clean. An external healthcare professional told us that their requests for action to be taken to address a strong smell of urine in one person's room had not been acted on. They told us this had since worsened. This did not uphold people's dignity or promote respect.
- ☐ We were not assured that people's continence was being appropriately managed by staff. We did not observe staff routinely taking people to the toilet throughout the day. A relative we spoke with raised concerns about their family member who had recently moved into the service. They told us that prior to moving in they had been continent and using the toilet. However, they said now they were wearing incontinence pads and staff encouraged them to use their pad rather than taking them to the toilet. Two complaints made by relatives this year related to their family member having not been appropriately supported with their continence. The service had not explored whether poor continence care could be contributing to the unpleasant odours in the service.
- ☐ Care was not taken to ensure the environment was one people could be proud of. Staff did not make efforts to keep the service tidy. For example, we observed that there was food all over a chair and on the floor in the dining area. This remained there all day. There were mints and other food on the lounge floor

which staff did not clean up. Chairs were heavily stained in places and the manager told us that they remained this way despite cleaning and needed replacement, but this had not happened as yet.

This constituted a breach of Regulation 10 'Dignity and Respect' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Whilst we observed that staff were kind to people and were intuitively caring in nature, they were failing to identify the poor practice of themselves and other staff, which meant people did not always receive the care they required.
- The service has been non-compliant with regulations and fundamental standards since 2015. This means that people have been exposed to risk and received substandard care throughout this period. The providers have repeatedly failed to address concerns, ensure sustainability of any improvements and ensure people are well treated and supported. This means we cannot be reassured they are driving a caring and compassionate culture focused on good care.

This constituted a breach of Regulation 10 'Dignity and Respect' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings, people and relatives told us staff were kind and caring to them. One person said, "I love all the staff. Yes, they all care very much." A relative told us, "The staff are kind, supportive and friendly, I'd say."

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

- Relatives told us they had been involved in the planning of their family members care. One said, "My [sibling] lives locally and comes more often than me. They have added to [family member's] care plan." Another relative told us, "The staff know us both and listen to us both. We talk about what's best for [family member]."
- The manager told us that care plans are currently under review and they are involving people and their families in updating these.

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 requires improvement. At this inspection we found the service remains requires improvement in this key question.

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

- ☐ Care planning was not in place for all people who displayed behaviours staff may find challenging. We were told about one person who was currently having input from the mental health outreach team. However, there was no care planning around this or how staff could support them to reduce distress.
- ☐ The practice of care staff when supporting people who were displaying behaviours they found challenging was mixed. We overheard one staff member raising their voice to someone, however, another staff member distracted them with an item they liked, which calmed them down.
- ☐ Discussions we had with staff raised concerns about their understanding of supporting people who may on occasions refuse personal care. When we asked staff what they did if people refused personal care, they told us they would tell people to stop hitting or scratching them and explain why they needed the personal care. They did not talk about de-escalation methods such as trying again later.
- ☐ Following our visit, healthcare professionals from external organisations raised concerns with us about how the service managed behaviours they found challenging. They told us that they had recently observed staff ignoring someone who was displaying behaviours they found challenging and leaving the room, despite other people seated in this communal area being upset and distressed by the behaviours. They told us that, in their view, people's needs had increased due to staff's poor response to behaviours they found challenging. They said one person had been moved from the service because staff were unable to manage their needs effectively but that they had been much more settled and displaying less behaviours staff found challenging in a different care setting.
- ☐ The provision of activities and engagement still required improvement. The manager told us they had two activities coordinator, but they worked part time and had no set hours. This meant that provision of activities was inconsistent. People's relatives told us about some activities, such as a boat trip and a visit from some mini donkeys. However, across our inspection visits we observed little opportunity for people to be meaningfully engaged. Staff told us that they would interact with people and engage them in some activities if they had time, but it was clear they did not see this as an integral part of their role. The service had improved care planning to include information about people's hobbies and interests but had not yet used this to inform the planning of activities.

This constituted a breach of Regulation 9 'Person Centred Care' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Improvements had been made to care planning to ensure these reflected people's preferences, likes,

dislikes, hobbies and interests. Care plans now made clear the parts of tasks people could complete independently, which reduced the risk of them being over supported. The way in which people would like their support delivered by staff was documented.

- In collaboration with people and their relatives, the service had written detailed life histories for people. This information is particularly important in assisting staff to better understand people living with dementia who may be unable to independently recall some aspects of their past life.
- It was clear from our observations that staff knew people well and knew of their individual likes, dislikes and interests. Staff conversed with people about subjects they liked, and it was clear from observing conversations that they also knew people's relatives well.
- People were supported to maintain relationships with those important to them. The support they needed to maintain these relationships was documented in care planning. Relatives told us they were able to visit without restriction and we observed many relatives visiting during our inspection. One person's relative visited daily and had all their meals with their relative. The service made this relative feel welcome and enabled them to spend each day with their family member as they wished.

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.

- Some improvements could be made to care planning to ensure that where people had limited verbal communication, there was information for staff about the other ways they may communicate. For example, through facial expression or body language.

End of life care and support

- End of life care plans had been put in place and now better reflected best practice guidelines such as the Gold Standards Framework for end of life care.
- Relatives told us they had been asked to input into these care plans to ensure they reflected the wishes of their family member.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which people told us they were aware of. People told us they knew how to complain. One said, "I would speak to the carers. They [care staff] are very good and always sort things out even though they're very busy most of the time." A relative told us, "I would deal with anything with the manager straight away."
- We reviewed the records of three complaints received this year and saw it was investigated and responded to appropriately. However, two complaints regarding continence care could have been better explored with staff.

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 inadequate. At this inspection the service remains inadequate in this key question.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 and continuous learning and improving care

- ☐ The service has been non-compliant with regulations and fundamental standards since 2015. Nine inspections of the service have been carried out since 2012 and the service has only been compliant at one of these. This means that people have received substandard care and been put at the potential risk of harm over a long period of time. The providers have had repeated opportunities to comply with regulations and have failed to bring about sustained and meaningful improvements.
- ☐ At the last inspection, the service was placed into special measures due to their repeated ratings of requires improvement. Conditions were placed on their registration with which they were legally obligated to comply. One of these conditions stated that the service should demonstrate that governance audits were sufficiently robust to identify where improvements were needed and what actions should be taken. At this inspection, not all shortfalls we found had been identified and acted upon. This means the service is in breach of the condition placed on their registration.
- ☐ Since 2016 we have met with the providers three times to discuss how they intend to bring about the necessary improvements in the service. At each of these meetings the providers have assured us of their commitment to improving the care provided and given explanations of how they will do this. Despite this, the service has not improved and improvements that had been made to comply with previously breached regulations, such as regulation 12 and 14 have not been sustained.
- ☐ Whilst the providers carried out regular audits of the quality of the service they had not identified the shortfalls we identified at this inspection which put people at risk of harm.
- ☐ Due to serious concerns about people's safety and welfare, we wrote to the provider following our second visit. We asked them for information on how they intended to address our concerns and protect people from harm. We carried out a third visit to check whether they had taken the action they told us about. We found that action had been taken to address our immediate concerns but that further work was required to ensure risks were fully mitigated for all people using the service. The manager had made themselves aware of all the risks to people and was working on putting in place care planning around mitigating these risks.

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

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

regulatory requirements

- The current manager has been in post since April 2019 and is in the process of registering with the Commission.
- The manager had a detailed action plan in place which stated how they intended to make improvements to the service. However, necessary improvements had not been prioritised or completed in a timely way. For example, care plans to advise staff on how to mitigate risks to people were not in place and this had not been independently identified and acted on by the manager.
- Whilst mattress checks were being completed, these had been ineffective in identifying that 23 mattresses had covers which were contaminated with urine. This was only identified after we carried out mattress checks and made the manager aware of our findings.
- Concerns were raised with us about the visibility of the management team. We were told that the management team spent the majority of their time in the office and were not present to observe staff practice. The manager told us that they were aware of concerns about meal times. Despite this, a member of the management team was not observing meal times to ensure that staff were deployed effectively and to identify and address poor practice we identified.
- Several external healthcare professionals raised concerns with us about the effectiveness of the manager. They told us that the manager did not deliver on actions they had told them about within timescales specified and that excuses were made when this did not happen. They told us that they had major concerns about the service which, in their view, the manager was not acting upon.

This constituted 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 and engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The lack of improvement brought about by the provider and management team meant that a culture of caring and respect was not consistently promoted in the service.
- People who used the service told us they did not feel involved in the running of the service or in making decisions about their home. One person said, "Not happened. Neither have I had a questionnaire or anything."
- People had not been consulted before changes were made to the décor. This meant that some people and their relatives were dissatisfied and did not understand the reasons for these changes.

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

- The manager was in the process of sending out questionnaires to people and their relatives to get their views on the service.
- Meetings had been held with relatives, which the provider had also attended. Minutes stated that relatives had been updated on the progress of the service. Little was recorded about whether or not relatives had expressed any particular views or been asked for suggestions.

Working in partnership with others

- The management team had made links with external healthcare professionals such as the Falls Prevention Team and the Speech and Language Therapy Team. They had positive two-way communication with the local doctor's surgery and kept records of visits people had from other professionals. A visiting health professional told us that since the new manager came into post, a staff member would now

accompany them to see people, which they felt was an improvement.