

# Caring Homes Healthcare Group Limited

## Southlands Place

### 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?

Inadequate 

# Summary of findings

## Overall summary

This inspection took place on 3, 5 and 10 December 2018. The first day was unannounced. Southlands Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Southlands Place is registered to provide nursing, care and accommodation to 71 people. There were 38 people living in the service when we visited. People cared for were mainly older people who were living with a range of care needs, including arthritis, diabetes and heart conditions. Some people were living with dementia, some of these people could show behaviours which may challenge. Most people needed some support with their personal care, eating, drinking or mobility.

Accommodation was provided over three floors of a purpose-built building. There were multiple communal areas throughout the building, and accessible gardens. The service was situated in a quiet residential street in Bexhill-on-Sea.

The service was first rated as Inadequate, with five breaches in Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and placed in 'Special Measures,' after the inspection of 9, 17 and 18 October 2017. Following that inspection, we followed our enforcement procedures and added a formal condition to the provider's certificate of registration that they must draw up an action plan and submit it to us every month to show what they would do and by when to improve all five key questions to at least Good.

The service was next inspected on 4, 5 and 11 June 2018. The service was again rated as Inadequate and we identified five continued breaches and two new breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person centred care, consent to care, safety, safeguarding people from abuse, complaints, good governance and staffing. As a result of the 'inadequate' rating, Southlands Place remained in 'Special Measures.'

Following that inspection, we again met with the provider and also followed our enforcement procedures. We performed this inspection to review progress towards addressing areas identified in the last inspection. The provider had continued to send us a monthly action plan as required since the last two inspections. After the last inspection, we also continued to receive a range of comments from both people and external professionals about the service. We took both matters into account when planning this inspection.

Separate to this inspection, CQC are also reviewing a serious incident for a person in accordance with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this review related to the October 2017 inspection.

At this inspection we found the provider had made some improvements and the service was now rated as

Requires Improvement, but remained rated as Inadequate under the key question, Well-Led. This was because the provider had still not met three of the five breaches in regulation, which have been identified for the past two inspections. However, due to improvements made, the service is no longer in 'Special Measures.'

This service has had no registered manager for over 18 months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since October 2017 there have been three management changes. The provider appointed a new manager; they started in post in June 2018. Their application to become registered manager is being progressed by our registration department. The provider is Caring Homes Healthcare Group Limited, a national provider of care.

The provider's systems for monitoring continued not to identify a range of issues, so necessary actions to address issues had not taken place before the inspection. This included a wide range of areas relating to safety, care and treatment of people and record-keeping.

At this inspection action continued to be needed to ensure the safety and well-being of people. This was because people's safety was not ensured in areas including prevention of pressure damage, nutritional risk and risk of falls. The service also continued not to consistently follow national guidelines to reduce such risks.

As at the last two inspections, some staff did not follow people's care plans when providing care. Some people's care plans continued to be unclear, so did not ensure all staff knew how to provide people with the care they needed. Some people continued not to always receive the care they needed in relation to areas such as dementia care and continence needs.

The provider had taken action to make improvements, including in fire safety, the management of catheters and wound care. Timely referrals were now being made to the local authority where people may be at risk of abuse.

The service was now complying with the requirements of the Mental Capacity Act (MCA) 2005. They were also ensuring they followed their own complaints procedures where people wished to raise issues of concern.

People and staff confirmed staffing levels had improved and the use of agency staff had reduced. Staff were being supported through training and supervision, to meet people's needs.

People now received a caring approach from staff. Activities provision had been further developed to ensure people's recreational needs were responded to. Key areas in care such as providing frail people with mouth care had improved.

People told us they liked the meals. Staff ensured people could choose their meals and could also chose where they ate their meals. Where people needed assistance with eating and drinking, staff did this in kind and supportive way.

At this inspection we found continued breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although the service is no longer in 'Special Measures,' because the service has not acted in full to ensure the safety of people, ensure their care and treatment needs were met

and have effective systems to audit service provision, CQC will be closely monitoring the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People's safety from risk was not always ensured.

Some areas still needed to be addressed. Action had been taken in other areas.

People were protected from the risk of infection.

The service's systems safeguarded people from risk of abuse.

Staffing levels had improved and agency usage was reduced.

There were safe systems for recruitment of staff.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Some people's healthcare needs were not always being met.

The requirements of the MCA and Deprivation of Liberty Safeguards (DoLS) were being followed.

Staff were trained and supervised in their roles.

People received the support they needed to eat and drink.

The home environment met people's needs.

### Is the service caring?

**Good** ●

The service was caring.

People were treated respectfully and their privacy and dignity upheld.

Staff showed a caring, empathetic approach to people.

People's confidential information was kept private.

### Is the service responsive?

The service was not always responsive.

People's care plans did not always clearly set out their needs.  
Staff did not always follow people's care plans.

There were a wide range of choice of activities for people to be involved with.

The provider's own systems for addressing people's concerns and complaints were being followed.

**Requires Improvement** 

### Is the service well-led?

The service was not well-led.

The service's governance and risk management frameworks meant people were at risk of not receiving the care they needed.

People's records continued to not be completed appropriately

People spoke favourably about the new registered manager.

**Inadequate** 

# Southlands Place

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 3, 5 and 10 December 2018. The first day of the inspection was unannounced. The inspection was undertaken by four inspectors across the three days, one of whom was a pharmacist inspector, another of whom had specific nursing experience, 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. Before our inspection we reviewed the information we held about the service, including the previous inspection reports. We did not request a provider information return (PIR) for this inspection, because this inspection was arranged to follow-up on the issues identified at the previous inspections and the provider had been sending us regular action plans.

We had been contacted by a range of people before and after this inspection, including people's relatives, the Local Authority and the Clinical Commissioning Group (CCG). As part of the inspection, we reviewed this information as well other information about the service. We looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with 19 people and four visitors. As some people had difficulties in verbal communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed people's care and treatment, including lunchtime, support with medicines and with activities. We spoke with three external professionals, both before and after the inspection. We inspected the premises of the home, including the laundry, bathrooms and some people's bedrooms. We spoke with eight of the care workers, three registered nurses, two activities workers, the receptionist, the administrator, two domestic workers, the chef, a catering worker, the maintenance worker, the new manager, two clinical managers, an area manager and two senior managers from the provider.

We 'pathway tracked' eight of the people living at the service. This is when we look at people's care documentation in depth, obtain their views on how they found living at the home and make observations of the support they were given. It is an important part of our inspection, as it allows us to capture more detailed information about a sample of people receiving care.

During the inspection we reviewed records. These included five staff recruitment records, the service's training and supervision records, medicines records, risk assessments, accident and incident records, quality audits and policies and procedures.



## Is the service safe?

### Our findings

At the last inspection, this key question was rated as inadequate. This was because people's safety from risk was not always ensured and the arrangements for the management of medicines were not always safe. Referrals to the Local Authority were not always made to safeguard people. There were not always sufficient numbers of staff deployed in line with people's support needs. We identified breaches in regulations 12, 13 and 18 of the Health and Social Care Act (2008) Regulations (2014). Separate to this inspection, CQC are also reviewing a serious incident for a person in accordance with regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, while the provider had not addressed all areas, they had made some improvements, particularly in relation to safeguarding people at risk of abuse and staffing; this key question has now improved to Requires Improvement.

The provider had not ensured improvements were made in all relevant areas to reduce people's risk. For example, the provider continued to not ensure people's risk of pressure damage was reduced. The National Institute for Health and Care Excellence (NICE) issued guidelines outlining that because pressure wounds, once they have occurred, take an extended period to heal, can be very painful and may lead to infection, the emphasis must always be on their prevention.

We met with a person who told us their sacral area was often sore and uncomfortable. They also told us they could not move themselves without support from staff. The person had been assessed as being at high risk of pressure damage. We discussed the person's risk with four members of staff. Two told us they did not think the person was at risk. The two other staff knew the person was at risk, but both described different ways they supported the person to reduce their risk. The person had no care plan to direct staff on how their risk of pressure damage was to be reduced.

We met with other people who were also assessed as being at risk of pressure damage, discussed their needs with staff and reviewed their records. For one person who was assessed as being at high risk of pressure damage, one member of staff was not aware of their risk and three others who were aware of the person's risk reported on different interventions to support them. What they told us did not reflect what was written in the person's care plan. For another person what some staff told us about how they supported a person to reduce their risk was not reflected either by what other staff told us, or in their care plan. People were therefore still at risk of not receiving appropriate care if they were at risk of pressure damage.

The provider was not ensuring risk was reduced to people in other areas. We met with a person whose records showed they had lost 6.5kgs and their body mass index had also reduced. Two staff told us they were not aware the person had lost weight recently. Two other members of staff told us they were aware the person's eating habits were changing, and one of them told us they had reported this to a more senior member of staff. The person's loss of weight had not been reported to their GP or other relevant professional. Their care plan had been reviewed every month but their care plan had not been changed to consider how their nutritional risk was to be reduced.

One person had been assessed as being at high risk of falling and their records showed they had recently fallen. Their care plan documented they were to use appropriate correctly fitted footwear. It documented the use of different mobility aids in different parts of their care plan. It also documented the person used a pressure mat so staff could be alerted if they got out of bed unassisted. Because the person had disconnected the alarm, their care plan also documented the mechanism was to be covered, to stop them from doing this. The person's care plan was not being followed. When we met with the person they were wearing loose fitting slippers. They had two frames in their room, they told us they did not think either of the frames was theirs and staff told us the person did not use them to walk about. Each time we visited them that day, the covering to the mechanism for their pressure pad alarm was open and unsecured.

The provider had a system for analysing accidents and incidents to people. We were given two documents relating to this during the inspection. One was a management audit of where people fell and another an internal audit which also documented other incidents such as a person rolling out of bed. These did not reflect each other. For example, the internal audit for November 2018 documented a person had rolled out of bed and an ambulance had been called to attend to them. The management audit documented there had been no falls in November 2018 which necessitated medical attention. The internal audit documented a person had sustained a cut after sliding from their bed to the floor, this was not reflected in the provider's management audit. After the inspection, the provider sent us a third audit which did include the first incident but not the second. Because the provider's audits did not include all relevant matters from the service's local audit and all the available audits did not reflect each other, the provider was not in a position to review all relevant on-going trends and identify actions needed to reduce risk to people.

The service had a medicines policy and pharmacists had visited the home to carry out medicines audits. However, the service had not always acted on audit recommendations. For example, an audit conducted in March 2018 reported that there were medicines in the fridge that did not require refrigeration. On the day of our inspection we found that there were medicines in the fridge, including injections and creams, that did not require refrigeration. The use of cold medicines when they do not require cold storage can cause discomfort to the person. The service was storing some medicines for people who may need end of life care in the future. For some people, these medicines had been prescribed some time ago. Some of the people had undergone changes in their conditions, including changes in their weight. This meant there was a risk that medicines or doses may no longer be appropriate for these people when they needed them. Such matters had not been identified and appropriately acted upon.

The provider had not ensured risk to people was reduced, including in areas relating to prevention of pressure damage, nutritional risk and risk of falling. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had met other matters identified at the last inspection. All people who used catheters now had clear care plans, which outlined key areas relating to their care, and complied with guidelines. When we discussed these people's care with staff, what they told us fully reflected what was documented in their care plans.

Following the last inspection, the new manager had fully reviewed all people's emergency personal evacuation plans (PEEPs) to ensure they were up-to-date and reflected people's current needs. Staff now had full access to PEEPs in people's rooms, as well as PEEPs being available in the entrance area to support emergency services if necessary. The service's record of fire drills now showed what actions had been taken to address matters if issues were identified during a drill.

Medicines were stored and given safely with the exception of the medicines that did not need to be

refrigerated. We observed medicines being administered to people. Registered nurses encouraged people to take their medicines and understood how they liked to take them. Medicines were stored securely, including those belonging to people who were self-administering. Staff recorded medicines received and kept records of unwanted medicines. Staff were able to explain how they reported medicines incidents and reflected on their practice.

The provider had introduced a fluid needs assessment to support them in identifying people who may be at risk of dehydration. This was being used by staff to support people who may not have been drinking enough, to ensure their risk was reduced.

The service continued to ensure all people who needed support with moving about were appropriately supported to do so. Observations showed staff were supporting people who needed such assistance in a safe way, which followed national guidelines.

The provider had safe management systems to ensure all equipment was regularly serviced and full records were kept. There were clear systems for checking on the safety of fire protection systems. All parts of the service were clean. We observed domestic workers undertaking their roles, they worked a systematic way, checking back on themselves, to ensure all areas were clean.

For the past two inspections, we had identified issues in relation to appropriate safeguarding referrals to the local authority, where people may be at risk of abuse. The provider had taken full action and had now met the breach in regulation. The new manager understood their responsibilities in this area and was supported by staff who also understood their responsibilities. We spoke with a range of staff throughout the inspection. They were aware of matters which might indicate a person was at risk of abuse. They also knew how to report such concerns. Staff were confident the new manager would take relevant action if they reported a matter to them. One member of staff told us, "The new manager would take action, I'm sure."

At the last two inspections, people had raised issues with us in relation to staffing levels. The provider had taken action and they had now met the breach. The provider told us that although the service had many empty beds, they had decided to maintain staffing levels to support service improvement. The provider had also been successful in recruiting more permanent staff and were up to establishment for care workers, although they continued to need to use agency registered nurses for some shifts. People told us about improvements in staffing. One person told us, "Staff have improved a lot lately – it used to be very poor two years ago." One person who had a pressure mat in their room told us they were frightened of falling and, "If I set it off they come at once. It makes me feel safe." One member of staff told us "There's been a big improvement," about staffing levels. As at previous inspections, the service continued to have safe systems for the recruitment of new staff.

## Is the service effective?

### Our findings

At the last inspection, this key question was rated as Inadequate. Some people's healthcare needs were not being met in a safe and consistent way by staff. The requirements of the MCA and Deprivation of Liberty Safeguards (DoLS) were not always being followed. Staff were not trained in relevant areas to effectively meet people's needs. Some staff were not supported in their role by effective systems for supervision. Some people did not always receive appropriate support to have the diet and fluids they needed. The service was judged to be in breach of Regulations 9, 11, 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, while the provider had not addressed all areas, they had made some improvements, particularly in relation to meeting the requirements of the MCA, and staff support, including training; this key question has now improved to Requires Improvement.

As at previous inspections, the service continued not to ensure people's healthcare needs were met in an effective way. One person who was living with diabetes continued to have differing information in relation to their required upper and lower blood sugar levels, in different parts of their documentation. This unclear information risked confusing staff, including agency registered nurses, who were not familiar with the person. The person's record outlined actions staff were to take if their blood sugar levels were over a certain level, however when we looked at a recent record where they had blood sugar levels over this level, there was no evidence that staff had followed this care plan. NICE guidelines outline that people who are living with diabetes may have raised blood sugar levels after eating, therefore it is advised that recordings are made before meals. The person's care plan and other documentation did not reflect these guidelines. We looked at the records of another person who was living with diabetes. They also had differing required blood sugar levels documented in different parts of their care plan.

At the October 2017 inspection, we identified issues about the care and treatment of people who had needs relating to their blood pressure. At this inspection, one person had a care plan relating to angina. All of their records documented their blood pressure was to be kept within a "normal range", with no documentation to state what the normal range was. Their blood pressure monitoring record indicated their upper blood pressure levels varied. This variance had not been included in their care plan reviews. On one occasion, the person had experienced an incident relating to their prescribed medicines. This did not relate to an error on the part of the service. The report into the incident from the service documented the person's blood pressure had remained stable during this period. This report was based on only two blood pressure recordings, which varied both from each other, and the previous month's recording. Another person also had a history of blood pressure issues. Their records, including care plans, documented differing blood pressure levels for them. The person's blood pressure recordings also showed symptoms of fluctuation. There was no evidence such fluctuations were re-checked or reported on, including after the person experienced a higher reading.

The provider had not ensured risk to people was reduced in relation to certain areas of their healthcare needs. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

The provider had addressed other areas relating to people's healthcare needs. One of the people had a percutaneous endoscopic gastrostomy (PEG). The care plan about their PEG followed national guidelines. All staff we spoke with were aware of the person's PEG care plans. Records showed staff were following the person's care plan.

Some people needed support with wound care. People now had clear records about their wounds, which registered nurses knew about. People's records showed registered nurses were following wound care plans and the effect of interventions and dressings used were being regularly monitored and reviewed.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We found service was now working within the principles of the MCA and had met the breach in regulation.

One person told us about having an alert mat placed by them because of their risk of falling, they told us, "They made sure I understood, and I agreed to it." Another person told us registered nurses always asked when they gave them their regular injection. Staff told us about a person who was beginning to have difficulties in relation to consenting to care. Their records showed the service was contacting relevant persons, and their relatives, to ensure they could appropriately support the person. People who had difficulties with consenting to care had assessments completed. These were decision specific. The service had ensured they had contacted people's families about power of attorney where people needed support. The home manager was fully aware of their responsibilities for making applications under DoLS where relevant and had ensured they had appropriate information relating to this on people's files.

At the last inspection, we identified areas relating to staff training and support. The provider had taken action and the service was no longer in breach of regulation. One person told us staff training had, "Improved a lot lately, used to be very poor." Staff commented positively on the training provided. Two of the staff who had been employed since the last inspection told us their induction had been supportive to them. One member of staff told us it had given them, "Everything I needed," and commented particularly on how supportive they had found their period of shadowing a more experienced member of staff.

Staff told us they had been trained in areas such as fire safety, safe moving and handling and food hygiene. They also told us about training in other areas such as catheter care and PEGs. Registered nurses told us about training in wound care. The provider had systems for reviewing which staff had been trained in which areas and who were due for training. These records were clear and easy to audit.

Staff told us they received supervision. One member of staff told us this had improved since the last inspection and said one to one sessions were still being developed between them and their supervisor, which they appreciated. Another member of staff told us they could bring up issues with their supervisor and they felt they were listened to. The provider had also ensured they had recommenced clinical supervision for registered nurses. One registered nurse told us they had taken part in clinical supervision recently and anticipated this would now be a regular part of support to them.

At the last inspection, we identified issues relating to supporting people with eating and drinking. The

provider had taken action and the breach in regulation had been addressed.

People gave us positive comments about the meals. People were not kept waiting for long times before they were served. Meals were served by catering staff, they looked appetising and hot. Catering staff responded directly to people and staff at mealtimes when requests were made about meal content and size. Catering staff circulated around tables and assisted directly with both the service and clearance at table, to check what people thought about the meal. Pureed meals were well presented. In one dining room a member of the catering staff checked with a registered nurse to ensure that a dessert for three people on a puree diet was of the appropriate consistency. Four people ate in a separate small dining room, they told us they were invited to do so and it was up to them; they liked it. They needed minimal assistance or oversight but staff showed interest and looked in often, checking whether people had what they needed and offering extra.

Staff supported people in an effective and kindly way with their meals. One member of staff checked a person's cup of tea remained at the temperature they preferred, saying, "You sometimes forget it let it go cold don't you, and we have to make sure you drink enough." Where staff provided direct assistance, they sat on a level with people, showing an interest in the meal and supported the person at their own pace. Communication between staff about what people ate and what assistance they needed was discrete and effective. One person had a swallowing difficulty and chose to eat their meals in a particular way. Staff we spoke with knew about how the person preferred to eat and supported them appropriately, so the person could continue to eat their meals in the way they wanted.

The service was purpose-built as a care home with nursing. It provided accommodation for people over three floors, with a choice of different sitting and recreational areas. All parts of the building were wheelchair accessible, including the garden. All toilets and bathrooms were suitable for wheelchair users. The décor of the home was well maintained, giving a pleasing appearance. People commented favourably on the building.

## Is the service caring?

### Our findings

At the last inspection this key question was rated as Requires Improvement. This was because people were not always treated respectfully and people's privacy and dignity was not always protected. The provider had made developments in service provision and this key question has now improved to Good.

People made positive comments about the caring nature of staff. One person told us, "Staff are very good" and another described staff as, "Extremely caring." One person's relative told us staff, "Do take notice of what you say" and another, "Staff are all nice here."

Staff supported people in an appropriate, caring way. One member of staff came into a person's room to help them in going out into the garden. The person wanted to go at once, the member of staff was patient and kindly with them, suggesting they needed more robust footwear and a coat first, due to the temperature outside. The way the member of staff supported the person meant they did not become impatient or anxious due to their not being able to do what they wanted to immediately. When the person came back from outside, they looked pleased and were smiling.

People told us staff respected their choices and were supported in the way they wanted and needed. One person told us they liked the way staff came to take them out for a, "Smoke on the balcony after lunch and after midnight." One person's relative told us their relative was, "Happy – they know what she has and she always makes sure they give her the right thing." One person told us, "They know I like to go to bed at 9 pm and the nurse brings my medication along. I have a shower at 6.30 am and staff always manage to be here to help."

People told us staff treated them with respect and ensured their dignity. Some people had difficulty with maintaining their own appearance in the way they wanted, for example after breakfast, some people had inadvertently dropped food or liquids on their clothing. By mid-morning these people had been supported to ensure their appearance was fully presentable and some had been supported to change all their clothing. One person chose to remain in their room all the time. They preferred to live with a range of items around their bed, staff respected this person's preference to live with clutter in their room. Records showed people had been asked if they wished to have a person of the opposite gender to provide them with personal care. One person told us, "Staff know that if my bell is ringing to answer, but they know that I won't have men."

Staff supported people's independence. One person stumbled and staff came promptly to assist them, so they did not lose confidence when walking about independently. One person had some difficulty with keeping food on their cutlery. Staff told us the person wished to continue to support themselves with independently eating their meals and preferred not to use aids. They respected the person's wishes in remaining independent, in the way they wanted.

Staff spoke warmly about the people they provided care for and knew about people's individual preferences and wishes. For example, one member of staff told us about the way a person preferred to have their pillows placed when they were in bed. Another member of staff told us about the songs the person liked to sing.

Another told us one person had two particular members of staff they preferred to support them with a bath, so they arranged matters so the person had their bath on days when those members of staff were on duty.

People's confidentiality was ensured. Their personal records were kept securely locked away when not in use. The administrator showed an awareness of Data Protection legislation and described how they used it in their role.



## Is the service responsive?

### Our findings

At the last inspection, this key question was rated as Inadequate. This was because people's care plans did not always clearly set out how they needed to be cared for and some staff did not follow people's care plans. The provider's own systems for addressing people's concerns and complaints were not being followed. The service was judged to be in breach of regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, while the provider had not addressed all areas, they had made some improvements, particularly in relation to provision of activities and complaints management. This key question has now improved to Requires Improvement.

As at the last inspection, some staff did not follow people's care plans. One person told us they did not like to use bed pans at night and wanted to use a commode when they needed the toilet. They told us, "I have to have a bed pan, they say they have too much work to get a commode." The person's care plan reflected the person's preference for them to use a commode, not a bed pan, for the toilet. When we looked at the person's night care records, some records of care showed staff had used a bed pan, not a commode when the person had needed the toilet at night. We asked the registered nurse in charge of the person's floor about this. They said they did not know some staff were not following the person's care plan.

As at the last inspection the service did not always appropriately support people who were living with dementia or other behaviours which may challenge. Staff told us about a person who was experiencing changes in how they were and could show behaviours which challenge at times. They said the person had been referred for assessment by external professionals. The person had records which included references to the person being 'agitated', 'very anxious' and 'disinhibited' behaviour. We asked staff how they supported the person when they showed behaviours which challenge. They reported on differing ways they supported the person; these were not consistent between staff. The person's care plan did not direct staff on how they were to appropriately support them in the light of their current needs, as reported by staff.

Another person had records which showed they could show behaviours which challenge, including physical aggression towards staff, over the past four months. Their care plan documented a range of ways the person needed supporting, but intervention documented for when the person showed behaviours which challenge was that staff were to record what had happened. It did not give further directions on what staff were to do in such situations. We asked two members of staff what they did when the person showed behaviours which challenge, what they told us did not show a consistent approach by staff when the person showed such behaviours.

The provider did not always appropriately support people who had continence care needs. Staff told us about a person who was experiencing difficulties with maintaining their urinary continence. The did not have a recent assessment of their urinary continence needs. The person's continence care plan did not reflect what we were told by staff in relation to their need for support with current continence needs.

Staff told us about a person who had bowel care needs, including both constipation and diarrhoea. This was shown in their daily records and assessment. The person's care plan did not outline how the person was to be supported with their ongoing bowel care needs, and there was no evaluation over time to identify any trends the person may be showing in their bowel care needs. We asked four staff about how they supported the person, they gave us different responses, including one member of staff who told us they did not think the person had any particular needs relating to their bowel care.

The provider had not ensured people had clear care plans, which were being followed by staff. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken action in other areas to ensure people received a responsive approach to their care needs. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. We met with a person who had difficulties with verbal communication. Staff told us that now the service did not use agency care workers, and the person was supported by consistent staff, who had got to know them, they were able to appropriately support the person. One member of staff told us about how the person, "Shows with their face whether they consent or decline." They also showed us the picture chart the person had which they could also use to communicate. This was reflected in the person's care plan.

The provider had also made developments in the provision of recreational activities. One of the activities workers told us, "There's been a big shake-up. All the staff are involved in activities now, it's not just us." They told us they changed the activities plan every week, this was based on people's expressed preferences and by making sure they engaged with everyone in the service. There was also a lot of use of outside entertainers and therapists, including Pet as Therapy animals. People from all floors were involved in group activities. One to one sessions for people were slotted between planned group activities. There were comprehensive records of people's involvement in activities, including evaluation of their responses. Activity workers used these records actively to refine what they offered.

We saw people enjoying a music activity, with a keyboard being used for live playing. One person was enjoying partly playing a keyboard, with an activities worker providing the extra hand. People had percussion instruments to play along with and were supported to be engaged with joining in and playing along. All TVs were multi-media compatible and this was used to meet individual people's preferences. We met with one person of European origin with whom activities staff had shared images, film clips and music from their part of Europe.

At the last inspection, the provider had not followed their own complaints procedure. The provider had taken action since the last inspection and was no longer in breach of the regulation. People told us they knew who to go to if they had a complaint. One person told us they knew the complaints procedure and also had a form in the room for them to complete if required. They told us staff were, "Very responsive," and, "Try to get it sorted." We looked at the complaints records. The new manager had ensured all complaints, including verbal concerns, were logged and responded to. If issues were identified, there were records to show actions taken to address them.

As at the last inspection in June 2018, the service was not currently caring for any people who were at the end of their lives, so we could not assess if they had met the issues raised at the October 2017 inspection about meeting the needs of people at the end of their lives.

## Is the service well-led?

### Our findings

At the last inspection, this key question was rated as Inadequate. This was because the service lacked appropriate governance and risk management frameworks, this resulted in poor outcomes for people who used the service and people did not receive a consistent, safe and appropriate service. We identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After our last inspection, we followed our enforcement policy.

At this inspection we found the provider had not been successful in making necessary improvements and this key question continued to be rated as Inadequate.

People gave us mixed views about the provider. One person told us, they did not feel they received value for money, saying, "It costs a lot of money to live here" and another said, "No, not always, no" when they were asked if they received the care they had expected. One person's relative said they were concerned that although they visited the service often, no-one from senior management had ever approached them when they visited to ask them what their opinion of care provision was. One person told us they did not feel the provider was, "Very involved" with the service. However, another told us the provider was, "Making improvements now."

The provider had been regularly completing reports and sending them to us. However, despite this, they had not ensured full action had been taken to address all matters identified at the October 2017 and June 2018 inspections and three of the breaches identified at the last two inspections had not been fully addressed. As outlined in the Safe, Effective and Responsive key questions above, the provider continued not to ensure all people had assessments and care plans which reflected their individual needs, which were followed by staff. They were also not ensuring the safety of people in all areas relating to their care and well-being.

The provider had systems for individual and general audit, completed by one of the managers from the provider. We looked at individual audits. One person had an individual audit of their care dated October 2018. The audit documentation did not show if it had included any discussions with the person who was receiving the care. The audit had not identified that the person, who was assessed as being at high risk of pressure damage, did not have a care plan about how their risk was to be reduced. It also did not identify that some night staff were not following parts of their care plan. The area manager reported this type of audit had been recently identified as not being effective and was being discontinued for the present.

The most recent overall audit sent to us by the provider documented that all areas relating to prevention of pressure damage were following NICE guidelines and, in September 2019, that care plans had 'improved greatly;' subsequent monthly audits did not identify issues. The audit had identified some issues which needed addressing relating to care planning, including dementia care. However similar matters had been identified at this service since October 2017 and the provider had not ensured they had been identified and addressed earlier. We asked two of the senior clinical managers about this. They told us they had been asked to support the service in making developments during the past three months. We asked why actions such as they reported on had not been taken earlier, after the October 2017 inspection, they said they did not have that information.

At the October 2017 and June 2018 inspections, issues relating to record-keeping were identified. The provider had not taken appropriate action to address such issues. We looked at the records of three people who had been assessed as being at high risk of pressure damage, who needed regular changes of position to reduce their risk. They all had movement position records, but none of the records had been completed. This matter had not been identified in the provider's 29 November 2018 audit. Two people were having their food intake documented, their records did not include enough evidence to assess their actual dietary intake. For example, they both had records documenting 'toast,' with no information on how many slices of toast they had eaten. One of them had references to 'other' being provided for their evening meal, with no information about what 'other' was. Two of the people were having their behaviours that challenge recorded. Both of their records did not include certain occasions when they had showed challenging behaviours. This means any reviewer would not have complete information about these people and their needs.

Some assessments were not accurate. One person's assessment of risk of pressure ulcers did not reflect other matters documented in their records, so they were assessed as being at a lower risk than they would have been had such risks had been taken into account. Some people's care plans had not been up-dated with relevant information. For example, one person who had been assessed as being at high risk of pressure damage had an incomplete care plan because it stated only how their pressure damage risk was to be reduced at night, with no instructions about how they were to be supported to reduce their risk during the day. This person remained in bed throughout the three days of the inspection. One person's care plan documented their blood pressure readings were to be taken both lying and standing. This was not taking place. The home manager told us this had been discontinued. Their care plan had not been updated to show when and why this decision had been made. Where records were updated, some additions to people's care plans were made and had not been dated and signed. This meant it was not clear who had made the decision and when. Examples of this included care plans for one person who had been losing weight and a person who was at risk of pressure damage.

The provider had not ensured their audits included all relevant areas and accurate records for people were maintained. This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service had not had a registered manager for over 18 months. The provider had been successful in appointing a new manager, who had experience with managing this type of service. They were being assessed by CQC at the time of the inspection. This new manager was being supported by a peripatetic manager. As at the last inspection, the home manager did not have a deputy or junior clinical lead to support them. We were told that a new deputy manager had been appointed and was expected to start their role shortly. The home manager was supported by registered nurses, care workers, an administrator, activity workers and a team of ancillary and catering staff. The home manager was also supported by an area manager; they told us they had recently taken over responsibility for the service. Senior clinical leads and managers were also working to support the service.

People spoke highly of the new manager. One person told us there had been a, "Terrific difference since she came," another person told us the new manager came to see them, "Frequently and is very, very good." One person's relative told us, since the new manager came, "It's 100% better, he's put on weight and has a much better life. We wouldn't want to move him now." One person told us that since the new manager came the laundry was, "A lot better – it used to get muddled." We saw the new manager took time to talk to people, their relatives and staff as they walked round the home. People and their relatives clearly knew them well enough to call them by their first name and bring matters up with them as and when they wished.

The new manager told us they were keen to develop an open management style. They had called a meeting

to discuss the results of the last inspection with people and their relatives. Most of the people we spoke with were aware the service had been rated as Inadequate. One person told us about the rating for the last inspection, "We had a meeting, there have been changes for the better, staff seem more interested and things are better organised, there are more people about checking how things are done," another, "The home manager was open about the outcome of the last inspection."

The manager had also involved staff. One member of staff told us, "Since she came the whole atmosphere has changed." The new manager gave us minutes of a range of meetings which showed they were seeking feedback and ideas from the staff. The new manager and their team were also seeking to improve working links with local services, including GPs. Since the last inspection, the service had received support from the local authority and clinical commissioning group (CCG), as well as other specialists such as the tissue viability nurse, to support them in service development.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People's care and treatment was not appropriate, did not meet their needs, and reflect their preferences. This was because the provider was not consistently carrying out an assessment of people's needs and preferences for care or designing care with a view to ensuring people's needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's care and treatment was not always provided in a safe way. This was because their risks were not always appropriately assessed and the provider was not always doing all that was reasonably practicable to mitigate people's risk. They were also not consistently ensuring the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured its systems operated effectively to assess, monitor, mitigate risk and improve the quality and safety of the services provided. They were also not maintaining an accurate and complete record in respect of each person, including a record of the care and treatment and decisions taken in relation to the care and treatment.

