

Ashgale House Limited

Ashgale House

Inspection report

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Date of inspection visit:
21 January 2020
22 January 2020

Date of publication:
18 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ashgale House is a residential care home providing personal care to 14 people. The home provides care and support for people living with learning disabilities who may have autism and additional physical disabilities. The home also provided a respite service for people. At the time of the inspection there were eight people using the service, none of whom were receiving respite care.

The care home had been registered before Registering the Right Support (2015) and other best practice guidance had been developed. Registering the Right support ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The care home is a large house in a residential area, located close to a range of community amenities and facilities. It is registered to provide care and support for up to 14 people. This is larger than current Registering the Right Support standards and other best practice guidance. However, at the time of the inspection there were only eight people using the service. The building design of two floors with bedrooms, kitchen facilities and communal areas on both floors enabled people to be cared for individually and in smaller groups when fully occupied. This mitigated any negative impact that may occur from accommodating more people than current best practice guidance for a similar service.

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

Quality monitoring systems including audits and checks of the environment and other areas of the service were not always fully effective in identifying shortfalls and for driving improvement. Some checks had not been carried out within the provider's timescales. Whilst it was not evident this had any significant impact on people, it did not show that a fully effective governance system was in operation.

Records did not show that regular written analysis of incidents, accidents and complaints had taken place to identify any patterns and trends and to help prevent similar events being repeated.

There were gaps in people's care monitoring records. This could mean that people received ineffective care due to a lack of up to date, accurate information about people's needs. This had not been identified by senior staff.

Improvements were needed in some areas of medicines management and administration to ensure that people always received their prescribed medicines safely.

People did not always have the opportunity to take part in a range of personalised meaningful activities to keep themselves stimulated and minimise the risk of social isolation.

Staff received the training and support to enable them to carry out their roles competently. Sometimes refresher training had not been completed within the provider's timescales.

Feedback from people's relatives was mixed. Some relatives provided positive feedback about the care people received. Others told us that communication between them and staff about people's needs and progress could be improved.

Some healthcare and social care professionals told us that staff had not always understood people's communication and behaviour needs, so engagement between some people and staff was ineffective.

The service applied some principles and values of Registering the Right Support and other best practice guidance. People were provided with choices and involved as far as they were able to be in decisions to do with their care. However, it was not evident that all the people using the service had the opportunity to frequently spend time out and about in the local community.

Staff knew what their responsibilities were in relation to keeping people safe. Recent action had been taken by management staff to better protect people from the risks of harm, abuse and discrimination.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to manage and resolve complaints.

People had a choice of meals, snacks and drinks. People received the support they needed to access healthcare services.

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

Rating at last inspection

The last rating for this service was Good (published 22 November 2017). The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

We have made a recommendation about developing and improving the opportunities for people to take part in a range of personalised meaningful activities.

Why we inspected

This comprehensive inspection was brought forward due in part to concerns received about some areas of the service, including, medicines, moving and handling, reporting of incidents and staff engagement with people.

Enforcement

We have identified breaches in relation to the management and administration of medicines and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ashgale House

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

This inspection was carried out by one inspector

Service and service type

Ashgale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We informed management staff that we would return the following day to complete the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections.

The provider had completed a Provider Information Return (PIR) in November 2019. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this, the previous inspection report and information from a recent quality check carried out by the host local authority to plan our inspection.

During the inspection-

The registered manager was not present during this inspection. We spoke with the head of residential services, regional manager, deputy manager, six care staff and a healthcare professional. We spoke with two people using the service. Most people were unable to speak with us but communicated by gestures, behaviour and sounds. Observation of staff engagement with people was an essential part of the inspection due to people's varied communication needs.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, four staff employment records, quality monitoring records and some policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and a range of other records including policies and quality checks. We received feedback from eight people's relatives and friends, and four health and social care professionals.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The support people needed with their medicines was detailed in their care and support plans.
- The service had a medicines policy which covered the recording and safe administration of medicines. Staff had received medicines training and their competency to administer medicines had been assessed.
- However, we found shortfalls in some areas of medicines management. There was not a detailed personalised protocol for the administration of one person's medicine that was given when needed (PRN) by staff. This could mean that staff were not provided with the information they needed to administer the PRN medicine in a safe and personalised way. Following the inspection, we were provided with a protocol for the administration of this PRN medicine.
- One person was prescribed skin lotions and creams. These were not stored securely and safely. They were located in the person's bedroom on top of a cabinet. People using the service and possibly others could be of risk of being harmed by accessing these medicines and using them not as prescribed or even consuming them. There was no risk assessment in place detailing these risks or risks associated with contents of these creams being flammable. Following the inspection, we were supplied with a risk assessment and confirmation that those medicines were being stored securely.
- Medicines audits to check that medicines were managed safely in the home had been carried out but not always monthly in line with the provider's policy. At the time of the inspection a medicine audit had not been completed for over three months despite a medicine error having taken place in October 2019. Medicine audit records we looked at did not show if and when deficiencies found had been addressed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that medicines were always safely and effectively managed. This is a breach of Regulation 12 (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and they followed local safeguarding protocols when required. We had been notified of a concern regarding the reporting of safeguarding issues. The provider had investigated this. Action had been taken to ensure all staff understood they must report all concerns by following safeguarding or whistleblowing procedures.
- All the staff we spoke with knew they needed to report and record all allegations or suspicions of abuse without delay. Staff were knowledgeable about the provider's whistleblowing procedures. A care staff told us they would not hesitate to report any poor staff practise.
- People told us they felt safe living in the home. One person told us they would tell staff if they were worried

about their safety. A relative told us, "[Person] is safe. [Person] would tell me if something was wrong."

- Some people's monies were managed by the service. Records of expenditure were completed, and receipts obtained from purchases. Numerous receipts were stored in envelopes in a disorganised way. We randomly checked some people's receipts and found one receipt that indicated one person had bought two main meal items. The deputy manager told us that they had looked into this when they were provided with the receipt and found no indication of financial abuse as the person had eaten both items. This action had not been recorded. Records of purchases by people should include the information needed to demonstrate the proper management and handling of people's monies. The person's financial records were promptly updated.

Assessing risk, safety monitoring and management

- Personalised care and risk support plans, informed staff how to provide care that reduced known risks. Staff were observed supporting people with moving and transferring in a safe way.
- Staff were familiar with risks to people's safety. These included risks of people falling, self-harm and choking. They told us about guidance they needed to follow to keep people safe and minimise the risk of them being harmed.
- Staff knew that they needed to report any concerns to do with people's safety to the registered manager and/or other management staff. Accident and incident records confirmed this.
- People had a personal emergency evacuation plan (PEEP). PEEPs include information that staff, and emergency services needed to support people to leave the premises in an emergency.
- There was an up to date fire risk assessment in place. However, it was not evident that it had been completed by someone qualified to complete a robust and effective fire risk assessment of the premises. The provider's head of residential services told us this had been identified by the provider. Following the inspection, we were provided with confirmation a new fire risk assessment had been completed by a trained member of the provider's quality team.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- There were systems in place to plan staffing levels according to individual's needs. Staff told us they felt there were enough staff, although at times they were busy. They told us that staffing numbers were flexible, which ensured people had the support that they needed to attend healthcare appointments and visit family members. During the inspection there were sufficient staff to support people to attend some community activities and a health care appointment.
- However, some people's relatives told us they felt that there were not always enough staff available to ensure people were able to participate in community activities to support their well-being and lessen the risk of social isolation.

Preventing and controlling infection

- The home was clean. However, an extractor fan located in the laundry was dusty, which could cause it to be ineffective and a potential fire risk due to this flammable material being in the laundry extractor system. Management told us this would be quickly addressed.
- Records showed that a recent service check of the water systems for the presence of legionella bacteria had been carried out.
- Cleaning tasks were completed each working shift by staff. A care staff was observed to promptly mop up a water spillage to prevent anyone being harmed from slipping.
- Training records confirmed that staff had completed training on infection control and food hygiene.
- Protective clothing, including disposable gloves and aprons, were available to staff to use such as when

supporting people with their personal care.

Learning lessons when things go wrong

- Staff were aware of how to report concerns and record incidents and accidents.
- We saw records of the action taken in response to incidents, accidents and complaints. However, at the time of the inspection a regular written analysis of incidents, accidents, and complaints to identify any patterns and trends and to help prevent similar events being repeated was not in place. The regional manager told us that this would commence.
- Staff meeting minutes showed that staff had been provided with information and direction to improve their practice in areas where shortfalls had been found.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New care staff completed an induction that included the Care Certificate standards. The Care Certificate includes a set of standards that care staff should abide by in their daily working life when providing care and support to people. Staff spoke positively about their induction.
- Staff told us that teamwork had improved and they received the support they needed from management. Records showed that staff had received one to one supervision, and appraisal of their development and performance.
- In response to some safeguarding concerns staff had recently completed positive behaviour support training. Training matrix records provided to us following the inspection indicated that some of the provider's required refresher training topics had not been completed by all staff. The deputy manager told us that there had been a number of staff changes including staff leaving that had an impact on this data. He told us and staff meeting minutes showed that staff had been reminded to complete the training they needed to do.
- Care staff spoke highly about the training they received, which they said helped them provide people with the care they needed. Staff told us they often had to complete electronic training and learning in their own time due to being busy caring and supporting people during their working hours.
- Staff told us they were confident that management would provide additional training in areas that were not included in the provider's required training if they felt they needed it. In response to some safeguarding concerns staff had recently completed positive behaviour training.

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

- People's needs were assessed before they moved into the home. This and information from the commissioning local authority, people and people's representatives provided information about the personalised care and support each person needed.
- People's care plans were developed from this assessment information. Care plans provided staff with the guidance they needed to provide people with personalised care. The information about people's care was kept in large folders with a range of other information, so not easily accessible to staff and others involved in people's care. Management staff told us that this would be soon addressed when people's care plans were in an electronic format.
- People's care plans included the person's life history, personal, social and health needs. They provided staff with the details and guidance they needed to provide people with personalised care. The recent recommendations from a healthcare professional's assessment report of a person's needs had not been added to the person's care plan. However, staff were aware that this assessment had taken place and records showed they had been asked to read the report so that they were aware of the recommendations.

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

- People's nutritional and dietary needs were assessed and detailed in people's care and support plans. Staff understood the importance of supporting people to eat and drink enough.
- Staff were knowledgeable about people's specific dietary needs and of the guidance they needed to follow to meet those needs and keep people safe. Care staff told us about one person having pureed foods and a thickening agent added to their drinks to minimise the risk of them choking.
- The menu had been checked that it was nutritionally balanced by the provider's quality team. It included a range of varied meals. A person told us the food was good. They told us, "I have what I like."
- We saw that food was freshly prepared for people and they were provided with choice. Care staff asked people what they wanted to eat and drink. People who could not say what they wanted were shown options. We saw a person point at the breakfast cereal they wanted to eat.
- When a person gestured that they were hungry staff promptly provided the person with a snack of the person's choice.
- There were a few pictures of food items and meals to help people decide what they wanted to eat. To support people to choose what they wanted to eat, the development of a collection of pictures/photographs of each meal on the menu was discussed with staff.

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

- People spoke positively about their bedrooms, which they had personalised with items and objects of their choice.
- The home had handrails, ramps and a stair lift. Wheelchairs and walking frames were also available to people to support them with their mobility needs.
- Some areas of the carpets in the passage ways were loose. If not attended to, they could be a trip hazard. The head of residential services told us that this would be addressed.
- A health and social care professional told us that they felt a person would benefit from having their bedroom redecorated.

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

- There was detailed information and guidance in people's care files to inform staff about people's health, behaviour and general wellbeing.
- Staff knew they needed to report all changes in people's health to management staff and contact healthcare professionals when needed. During the inspection care staff made an appointment for one person to see their GP.
- Records showed that people using the service had seen a range of health and social care professionals including, GPs, psychiatrists, chiropodist, dentists, speech and language therapists, occupational therapists and community nurses.
- Health professionals told us that staff had at times demonstrated a lack of awareness of how to manage some people's behaviour needs. Staff had recently been provided with training to help address this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

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

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

- Some people had DoLS. Records showed that where a DoLS had expired the registered manager had applied for DoLS authorisations to the relevant local authority. The regional manager contacted the local authorities again during the inspection to ask them to review and complete these authorisations. Soon after the inspection we were notified that a person's DoLS had been authorised.
- People's capacity to make individual specific day to day decisions about their lives and care had been assessed and reviewed in line with the MCA. Where people were unable to express these verbally, staff followed people's communication plans to understand their wishes.
- Staff knew that if the service was concerned about a person's capacity to make decisions they would ensure that decisions were made in people's best interests by those involved in their care. Records showed that a decision to have a sensor mat in one person's bedroom to support their safety had been made in the person's best interests.
- Staff completed training to help them understand the principles of the MCA. Staff told us they always asked for people's agreement before providing them with support.
- We saw people being supported by staff to make choices about what they wanted to do and eat.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Before this inspection we had been notified about some instances where staff engagement with people had not been positive. Management staff had taken action to address the issue. During the inspection we only saw very positive, friendly and caring interaction between staff and people. Care staff praised and encouraged people. Two people we spoke with told us they were treated well by staff. A person spoke of enjoying living in the home.
- Staff knew people well. They spoke knowledgeably about people's personalities, individual needs, and what was important to them.
- Relatives comments included, "Staff seem caring and know [person] well. [Person] seems happy, which is good." One relative told us that a person had a good relationship with their keyworker (specific member of staff who helps provide a person with continuity of care and support in all aspects of their life). They told us, "They [keyworker] looks after [person] extremely well."
- One person who was unable to communicate verbally, showed distressed behaviour. Staff engaged with the person in a sensitive way trying to identify the reason for the person's agitation. The person became calmer when staff spoke quietly to them and offered them food.
- Staff received training about equality and diversity and values and beliefs. Staff told us, "Being fair to everyone is important." "We have had training about culture, disability, gender, race, religions and sexuality." "It is important to treat everyone as an individual, everyone is different."
- One person told us they had enjoyed celebrating festive occasions and their birthdays in the home.

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

- People who were able to express their views verbally, told us they were fully involved in making decisions about their care and other aspects of their lives.
- Guidance helped staff support people who were unable to say what they wanted. Care staff told us "People know what they want, but it is difficult for some people to tell us what they want. Patience is key, being calm is very important."
- Staff understood the gestures and signs that people made when communicating their wishes. We saw staff encouraging and supporting people to make decisions about their care. They gave people the time they needed to communicate choices that included what they wanted to eat, wear and do.

Respecting and promoting people's privacy, dignity and independence

- Staff were considerate and respectful of people's privacy. They closed the bathroom door when assisting people with personal care. A person told us that their privacy was respected by staff.

- Staff understood the importance of respecting people's privacy and confidentiality. They knew not to speak about any person unless they were involved in the person's care. People's care records were stored securely.
- The care plans we reviewed included personalised details about people's preferences and guidance for staff to follow to ensure people were treated with dignity and their privacy and independence promoted and respected.
- Care plans provided information on how to involve people in their care. Staff spoke of the support and encouragement they provided people to do as much as possible for themselves such as washing their face during personal care. One person told us about their involvement in the laundering of their clothes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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

- People's care and support plans were personalised and included the information and guidance staff needed to provide responsive and effective care. Care staff spoke knowledgeably about people's care needs. A person's relative told us, "Some staff know [person] very well. They know exactly what person likes." However, one relative told us that although a person was now receiving personalised care, it had taken some staff some time before they provided the person with care in a way that met their individual needs and preferences.
- On-going and regular reviews of people's needs were carried out. People and their representatives participated in annual reviews of people's care. A relative told us they had been asked for their feedback before a person's care plan was reviewed. However, records of monthly care plan reviews did not always show that people and where applicable their representatives had been asked for their feedback during these reviews.
- Some relatives told us they would like to be regularly updated about people's care, progress and participation in social activities. One person's representative told us "I don't hear much about [person], only when things are wrong."
- Staff told us they communicated effectively as a team to ensure they were kept up to date about all changes in people's care and support needs. Care staff told us that during each shift staff constantly spoke with each other about people's needs. Handover meetings and a communication book were also used to share information with staff.

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.

- People's communication needs were detailed in their care plans. A person's relative told us staff were knowledgeable about how a person communicated. They told us "They know all [person's] mannerisms."
- Staff knew how people preferred to communicate. They understood meaning of the gestures, sounds and signs people made. We saw several positive examples of staff interacting with people, which showed they understood what people wanted to convey.
- Pictures were used to help some people communicate their choices and needs. However, there was little indication that staff had considered the use of a range of technology and electronic aids to support people to access information and communicate their needs. This was discussed with senior staff. The deputy manager told us this would be explored by the service.

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

- People's relationships with family members and friends were supported by the service. Relatives told us that people were supported by staff to visit them.
- We saw some people were supported to take part in activities including art, puzzles, manicures and listening to music. Two people took part in a swimming activity at a local pool. One person indicated by gestures and facial expressions that they had enjoyed the swimming activity. Another person told us they had liked a recent holiday.
- However, during the two days of our inspection people mostly spent time either in their bedrooms or in the ground floor lounge. There was little indication from "daily" monitoring records that people were supported to take part in a range of personalised meaningful activities. One person's activity record indicated that the only activity they did during one day was 'relaxed in lounge'. Few records showed people went out. The head of residential services manager told us that people's activity plans would be reviewed with their involvement to ensure they include people's preferred activities.
- Some relatives and health and social care professionals told us that people had limited opportunities to engage in a range of social and other meaningful activities within and outside the home. One relative told us they felt the provision of a wider range of activities such as pet therapy and a more engagement with the local community would benefit people.
- A health and social care professional told us they felt people's one to one staff support hours were not always used effectively.
- We saw one person spending time in the sensory room (specially designed room which combines a range of stimuli to help people relax as well as develop and engage their senses). This room contained a bubble tube light, picture projector and fibre optic light strands. There was no indication that the sensory room equipment had been reviewed and developed since the last inspection. Additional personalised objects, sounds, soft play objects and aromas could possibly benefit people and support their well-being.

We recommend the provider consider current guidance and information about developing a wide range of personalised meaningful activities for people within and outside the home, to enhance and support their well-being.

Improving care quality in response to complaints or concerns

- The complaints procedure was in picture and written format and displayed in the home. A person told us they knew how to make a complaint. They informed us they would speak to management staff if they had a concern and were confident it would be addressed.
- People's relatives and representatives, we spoke with, all knew how to raise complaints or concerns. A relative told us "I would call the [registered manager] she is very good." Another relative told us that the registered manager had addressed issues they had raised with them.
- Care staff knew that they needed to report all complaints and concerns to the registered manager and/or other management staff. Records indicated that complaints had been investigated and responded to appropriately.

End of life care and support

- At the time of the inspection the service was not providing end of life care and support.
- Management staff told us that when they had provided people with end of life care, they had liaised closely with healthcare professionals including a palliative care team, so people received good, personalised end of life care.
- Records showed that several staff had completed end of life care training.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the time of the inspection the registered manager was not working in the home. The home was being managed and run by the regional manager with support from the deputy manager. Quality audit information we requested either took time to obtain or was provided following the inspection.

- The provider had systems in place to review and check the quality of the service provided to people. We found some audits and checks of record keeping had not been completed within the provider's timescales and some not at all. No records were provided that showed the provider's 'Good Governance' audits which checked all areas of the service had been carried. The head of residential services completed this check during the inspection.
- We found that other audits that had been routinely completed by the registered manager had not been completed when she was away. This indicated that there was not a robust system in place to ensure these tasks were shared and completed when the registered manager was away.
- Fire checks had not been completed within the provider's timescales. Weekly visual checks of window restrictors had not been carried out weekly since October 2019. Monthly medicines audits had not been carried out monthly. There had been no 'monthly' medicine audit since 25 September 2019.
- It was not clear that shortfalls found from audits had been addressed. For example, a medicine audit carried out in May 2019 identified the need for a pharmacist to provide staff with medicines training. It was not clear from the medicine audit records that this action had been completed.
- Records in people's care files did not always include details of the member of staff who had completed them, and did not show that staff had read people's updated care plans. Despite the written guidance within some people's risk assessments instructing staff to sign to confirm that they had read them, this had not been done. For example, staff had not signed that they had read a healthcare professional's report and recommendations to do with a person's swallowing needs.
- Body maps had been completed when changes in people's skin condition had been found, and a person's seizures had been monitored. There were no records to show that these body maps and seizure records had been regularly reviewed by management staff to check that appropriate action had been taken or to look for any patterns and trends and make improvements when needed.
- There were gaps in monitoring records including bath and shower water temperatures, cleaning tasks, people's food and drink and behaviour records. For example, one person's nutritional record dated 17 January 2020 indicated they only had eaten breakfast on that day. No records to show that management had checked these records and responded to the deficiencies in record keeping

- Some records in people's care files were difficult to read. No audits were available to show that this had been identified by the service and action taken to address that and to check that daily records were effective and well written.

The provider's audit processes were not responsive and effective in identifying and preventing the shortfalls that we found and to show that improvements had been made to the quality of the service. This was a breach of Regulation 17 (1) (2) (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

- We received mixed feedback from people's relatives and representatives. Most were satisfied with the care people received. They told us, "I am very satisfied. Person seems happy." "[Registered manager] is very good, she manages the home well. I would rate her 100%".
- Some relatives told us that communication with management staff could be better. They told us they would like regular updates about people's progress and of them taking part in activities. One person's relative said that during visits to the service it would be nice if a manager approached them and ask them "how things are". Another relative told us, "It has been hard work communicating at times."
- Care staff informed us that teamwork was good. They spoke of the ways it had improved. These included staff being more responsive in supporting and helping each other to meet people's care needs. Care staff were positive about the team building training which they had recently completed.
- Staff meeting minutes showed a range of issues to do with the service and best practice had been discussed.

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

- People's relatives told us they were informed by management staff of incidents and accidents to do with people using the service.
- Staff we spoke with knew they needed to report to management if they had any concerns to do with the service including people's care.
- Management had notified us and appropriate agencies of incidents and when things had gone wrong.
- However, a whistleblowing issue had shown that there had been a delay in the reporting of some matters relating to people's care. Records and feedback from senior management staff showed this had been addressed with staff and was being monitored closely.

Continuous learning and improving care; Working in partnership with others

- Staff worked with healthcare and social care professionals to help ensure people received the care and support they needed. Professionals had supported staff to communicate with people and to understand and manage people's difficult or distressed behaviour.
- Records and health and social care professionals from the host local authority quality team told us that the registered manager had been responsive and addressed recommendations from quality checks they had carried out.
- Some staff, relatives, professionals and people (with staff support) had completed feedback surveys in 2019. Feedback had been mostly positive. However, there was no action plan to show any action had been taken, including improvements made in response to this feedback. A relative told us they had been recently sent a feedback questionnaire, which they planned to complete.
- Feedback from healthcare and social care professionals was mixed. Some were positive about the service

provided to people. Others told us that communication had not always been good and healthcare referrals and appointments "not always followed up."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that robust processes and procedures were in place to ensure the safe management and storage of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance processes were not robust. The provider had failed to ensure that audits and checks were effective in identifying concerns found at this inspection. The provider had failed to ensure that records kept were always accurate and complete.</p>