

Ranc Care Homes Limited

Romford Nursing Care Centre

Inspection report

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Date of inspection visit:

13 June 2019

14 June 2019

18 June 2019

Date of publication:

27 September 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Romford Nursing Care Centre is a residential care home providing personal and nursing care to 64 people aged 65 and over at the time of the inspection. The service can accommodate 114 people across five separate units, each of which has separate adapted facilities. Three of the units specialises in providing nursing care to people living with dementia

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

People and their relatives were not always positive about the service. They commented on the many leadership changes and culture at the service, low staff morale and staffing levels. One relative told us, "The place needs straightening out." When asked about the culture of the service one staff member said, "The carers here are good, the team are good but management needs to stand up."

The service did not have effective systems in place to monitor or improve the quality and safety of the service provided. Medicines were not managed safely as people did not receive medicines as prescribed. Risk assessments did not always reflect all possible risks to people using the service to ensure they were safe. Accident and incident reports were not always completed in full to ensure the service can learn from lessons and minimise risk of reoccurrence. Staff supervisions were ineffective and infrequent and staff did not always feel supported. The service had not acted on a previous recommendation about end of life training.

People and their relatives had mixed views about safety and staffing levels at the service, however, the provider had a system in place for staff allocation. We have made a recommendation about involving people and staff in decisions about staffing levels.

Processes were in place to prevent and control the risk of infection. We have made a recommendation about kitchen monitoring processes as we found an oversight in food use by dates.

Staff knew about safeguarding and whistle blowing. Safe recruitment practices were followed to ensure staff were suitable to support people safely.

Assessments of needs were not always robust when people joined the service. The service did not always work together with other agencies in a timely manner to ensure people using the service were in the best of health. We have made a recommendation about working with other agencies.

Staff received training to carry out their roles. People were supported with maintaining nutrition and hydration. People's dietary needs and preferences were detailed in their care plans. People's rooms were personalised to reflect their choices.

People and their relatives had mixed views about staff with some telling us that the staff approach was less positive at times. They said this was linked to staffing continuity and use of agency staff rather than staff

attitude.

People were included in decisions about their care. People told us staff promoted their dignity and privacy and encouraged their independence. 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 service did not always respond to complaints from people and their relatives in a timely manner. We have made a recommendation about the management of complaints.

Care plans were personalised and described each person's needs, likes and dislikes and how to meet them. People did not always participate in regular activities. Information about the service was not provided in other accessible formats. We have made a recommendation about accessible information formats.

Relatives of people using the service told us they did not always feel involved in the service. Robust systems were not in place to gather feedback for continuous improvement due to management changes.

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

Rating at last inspection

At our last inspection on 7 August 2018, the service was rated Good (published 19 September 2018).

Why we inspected

The service had a local authority embargo in place since December 2018 restricting new admissions. The inspection was prompted in part due to concerns received about medicines management and administration, safeguarding referrals, care planning, record keeping and complaints about nutrition, hydration and supporting people with complex health needs. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The provider has started to take action to mitigate the risks. The service was rated Good at the last inspection.

Enforcement

We have identified breaches in relation to staff support, medicines management and leadership of the service at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Romford Nursing Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out on 13, 14 and 18 June 2019. The inspection team consisted of two inspectors, a medicines inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Romford Nursing Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had recently started working at the service. They planned to apply to become the registered manager with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and eight relatives about their experience of the care provided. We spoke with 25 members of staff including the provider, director of quality, manager, two independent consultants, chief operating officer, administrator, five nurses, eight care staff, senior care staff, chef, kitchen assistant, housekeeper and one maintenance staff member. We spoke with three visiting professionals.

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 reviewed a range of records. This included 19 people's care records and 13 medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at training data and quality assurance records. We spoke with one relative about their experience of the care provided. We spoke with two professionals who regularly visited the service.

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 provider did not have oversight to ensure the proper and safe management of medicines.
- Guidance written for staff to help give people their medicines prescribed on a when required basis were not person centred. This meant staff may not be aware of symptoms the person would display when they needed this medicine. The service addressed this finding by updating one person's care plan during the inspection. Following the inspection, we received some assurances from the provider that they had started to make improvements to some of their medicines records.
- There was no information to help staff monitor or manage the risks and side effects of some prescribed medicines, for example anticoagulants. Anticoagulants are medicines that help prevent blood clots. These are considered high risk medicines and need close monitoring. There was a lack of specific information about the risks posed to people associated with their medicines, only generic information was available.
- There was incorrect information relating to thickeners prescribed. This meant there was a risk that incorrect amounts of thickener could be used to make peoples drink or food, putting people at risk of harm.
- Poor practice in medicines administration record completion meant if there was a medicines error it would be difficult to identify who had given the prescribed medicine. Following the inspection, the provider introduced measures to monitor medicine administration. We will follow up on the effectiveness of this at the next inspection.
- During this inspection, we found the medicine policy being used by staff was last updated in September 2015. This meant staff did not have up to date guidance for managing medicines, which placed people at risk of not receiving their medicines safely or in line with current best practice. Following the inspection, the provider assured us that the policy had been updated. The provider assured us the up to date medicine policy had been made available to staff members.
- Medicines were stored securely and at appropriate temperatures including controlled drugs (CD's)

Assessing risk, safety monitoring and management

- Risk assessments did not always reflect all possible risks to people using the service. Risk assessments were completed and reviewed monthly. However, we found this was not being consistently done. Individual risks such as risks to people when accessing areas of the service were not always assessed. Therefore, the service did not always have measures in place to mitigate any such risks to ensure people were safe at all times.
- For one person the service had failed to identify and mitigate risks associate with accessing the community which put them at risk of harm. The failure to accurately assess and document risks in these areas, placed people at risk of harm to themselves or others. The service amended the person's risk assessment following a second incident with actions in place to mitigate the risk of reoccurrence.

- Risk assessments for the environment were last completed on March 2018 by the previous manager and did not include actions or further controls. We raised this concern with the management team. They told us risk assessments had recently been carried out by the facilities manager and would be requested as the records were not on site. Failure to have this information on site meant staff were not aware of specific risks and actions to take to mitigate and manage such risks. Following the inspection, the provider confirmed the risk assessments were available to staff at the service.

Learning lessons when things go wrong

- The service did not always analyse incidents and learn from accidents. This meant appropriate information was not available to staff to manage and minimise the risk of reoccurrence. Accident and incident reporting seen for one person was completed following an incident but did not include analysis of the cause or recommendations to minimise the risk of reoccurrence. The document was not signed or dated by the member of staff who completed the document.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough, in relation to medicine and risk management, to demonstrate safety was effectively managed. This placed people at risk of harm. These findings demonstrate a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were not in place to ensure fire safety checks were carried out regularly and fire grab bags did not include items needed in the event of an emergency i.e. Medicine administration records and personal emergency evacuation plans (PEEPs). We spoke to the manage team about this. They took action to address this.

Staffing and recruitment

- People, their relatives and staff had mixed views about staffing levels at the service. People told us they sometimes waited longer than they expected to wait when needing assistance. One person said, "They do get short staffed now and again, for example when I want a shower I am told, I have to wait till after 10 am. They don't have time to give me a bath but I have a shower on a Tuesday and Friday. They don't have enough staff to take me to hospital in an ambulance my daughter is called and she meets me at the hospital."
- One relative said, "Its fine all week but then you get agency staff in at weekends and then it's like the blind leading the blind. On a Sunday they only have one nurse and two staff. It's not enough. You can listen and you can hear it, the strain on them (staff) and they're pushed to their limits. That's when things get missed."
- The management team told us they felt there were enough staff and staffing rotas showed staff absence at short notice was covered by agency staff.
- We explored staffing and observed timeliness of staff interactions with people. Despite management assurances, staff and people using the service told us that staffing was a concern. We recommend the provider seek guidance and advice from a reputable source about involving people and staff in resolving concerns about staffing.

- Safe recruitment practices were followed. Checks such as criminal record checks, employment history, references and proof of person's identity and eligibility to work in the UK were carried out during the recruitment process. The service could be assured that staff employed were suitable to provide safe care and support. However, we found staff photographs were not available in accordance with the providers recruitment checklist on 5 of the 6 staff files we checked. We spoke with the management team about this. After the inspection, we received confirmation that this was now in place.

Systems and processes to safeguard people from the risk of abuse

- The service had records of safeguarding concerns that had been raised to the local authority and notifications sent to the Care Quality Commission. However, we found this not always done in a timely manner and was being addressed through an action plan to ensure these were submitted promptly.
 - Staff knew about safeguarding and whistle blowing. They gave us descriptions of their knowledge of how to report incidents of abuse appropriately. The service had policies and procedures to guide staff.
 - People told us they felt safe at the service. When asked if they felt safe living at the service one person said, "Why would I feel anything else but safe here?" Another person said, "Yes, I suppose so."
- Relatives told us they had made complaints about their relatives' safety and this had been investigated. However, other relatives told us they felt the service was safe. One relative said, "There is no roughness, the carers are kind and gentle when doing personal care. I have never seen any bruises."

Preventing and controlling infection

- Processes were in place to effectively prevent and control the risk of infection.
- People and their relatives told us they felt the premises were clean and well maintained.
- Staff told us they were provided with equipment to keep the service clean and reduce the risk of infection. We observed this in action. Staff wore aprons and gloves when carrying out personal care and serving meals. We saw staff inspected the service daily for cleanliness. The service appeared well maintained and smelt clean.
- Staff carried out checks to ensure all kitchen areas were kept clean and food was appropriately labelled to prevent infection. The fridges were sanitised daily and staff removed food items, which were past the use by date. However, when we visited the kitchen, staff had been busy and there was an oversight in removing all out of date food items for that date. We spoke with the chef about this. They knew this had occurred and dealt with the issue immediately.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At the last inspection, we made a recommendation the provider seeks practice and training for staff on end of life care. Records submitted by the provider showed this training had been completed.

- Staff did not always feel supported in their role. Staff supervisions were ineffective and infrequent and therefore staff did not receive regular support to discuss personal development or have their competency assessed.
- Staff told us supervision meetings did not take place regularly and they did not always feel supported due to changes in management. A member of staff said, "I had my last supervision over a year ago." We looked at six staff files and found three staff had not received supervision meetings since starting work at the service in October 2017, January 2019 and February 2019. Of those that had received supervisions we found these had not been completed in accordance to the providers supervision policy. The policy stated, 'All staff must attend formal supervision sessions at least six times a year.' One staff member had not had a supervision meeting for over 18 months. The providers supervision records showed of the 105 permanent staff at the service, 18 had received supervision since January 2019.
- The manager told us supervision was one of their priorities to undertake at the service. By 15 June 2019 a further 27 staff supervisions had been completed. Following the inspection, the management team sent confirmation of improvements to the number of staff supervision carried out.

The lack of consistency in staff supervision and support demonstrates a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt staff were trained to carry out their role. One person said, "Yes the staff are well trained."
- Staff completed an induction programme when they started working at the service. Staff spoke positively about the process. One staff member told us, "I think I am ready for it (role) after the training I've had."
- Staff told us they received training to carry out their role and found the training useful. We looked at records of staff training and saw required courses and refresher courses had been completed by most staff. Where staff needed refresher courses we saw these had been scheduled.
- Staff told us they attended team meetings and handover meetings. We observed and records showed, senior staff from each unit and department of the service had a daily meeting with the manager to discuss service updates, people's needs, and incidents. One staff member said, "When we come in the mornings, they (night staff) give us a handover and tell what's been happening overnight. Team work."

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

- The service did not always work together with other agencies in a timely manner. Healthcare professionals told us the service worked with them to ensure people received prescribed treatments. However, they told us the service needed to be more proactive and ask for assessments and make referrals to other healthcare professionals in a timely manner. They told us staff were not consistent in their approach to referrals. We recommend the service seek best practice to review its processes to ensure people access healthcare services in a timely manner.

- People and their relatives confirmed access to healthcare services. One person told us, "Yes, they arrange for an optician. The chiropodist is arranged every six weeks." However, relatives shared concerns about staff not being able to accompany people to medical appointments and in ambulances in emergency situations due to staffing.

- Care records confirmed people were being supported to receive care from other health and social care professionals, including GP visits, opticians, physiotherapists, community nurses and dentists.

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

- Assessments of needs were not always robust when people joined the service. Healthcare professionals visiting the service told us some people could not have all their needs met following admission to the service and needed to move to a service that could meet their needs.

- We had also received information of concern regarding this issue prior to this inspection from relatives of people using the service. We looked at pre-assessment records in care files and spoke with the management team about this. They told us they would review the pre-admission assessment tool to ensure people were only admitted to the service once their needs had been fully assessed. After the inspection, the service responded informing us they had reviewed the pre-assessment process and planned to implement a system to ensure comprehensive assessment.

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

- People were supported with maintaining nutrition and hydration. People's dietary needs and preferences were detailed in their care plans. We looked at fluid intake records and noted people were offered drinks and this was recorded.

- People and their relatives had mixed views about the meals at the service. One person said, "Oh yes, the food is lovely and I definitely do get enough to eat and drink. I am always asked if I want biscuits when they come round with tea." However, some people thought the meals could be improved. One person said, "Yes, there's choices but breakfast is all eggs in every disguise."

- People on soft diets due to choking risks, and their relatives were less complimentary about meals. One relative said, "I get very upset about the food. Residents on soft food get the same thing every day, which are a dollop soft mash, corn beef and gravy. All [Person] gets night and day is porridge."

- A new menu had been launched on 3 June 2019 and was developed and implemented after consultation with people and their relatives. We spoke with the chef about menu choices and options for people on soft diets. We saw the kitchen team had information displayed about people's nutritional needs, like, dislikes and allergies. We saw meals chosen were pureed or mashed for people. If people required foods that were not on the menu the chef ensured these were cooked. During the inspection, we saw one person changed their mind about their meal choice and staff gave various options until they chose something they would enjoy.

- People were supported to eat and drink. We saw staff supporting people patiently, maintaining their dignity at all times and chatting with them to ensure their dining experience was positive. We observed one staff member supporting a person to eat a yoghurt as a snack. The staff member explained the persons

appetite had decreased and so they offered them additional foods throughout the day to increase their intake.

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.

- Records confirmed formal assessments of capacity were in place for people and best interest meetings had been held for people living at the service. Where DoLS applications had been submitted for authorisation by the local authority team, the service had a system in place to monitor the outcome of applications and action conditions.
- Records showed that people, where appropriate, had consented to the care and support provided. Where people were not able to consent, we saw the consent forms had been signed by health and social care professionals or a family member with lasting power of attorney. However, we saw one person's record did not have signed consent to photographs. We raised this with the management team who confirmed after the inspection that this had been updated.
- Staff demonstrated an understanding of consent. We observed staff seeking consent before providing care and supported people.

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

- People's rooms were personalised to reflect their choices. One person's room had various paintings they liked. They told us about the paintings and how important art was to them.
- The home was purpose built and accessible for people living with dementia. There were some themed areas and memory boxes outside people's rooms. The management team told us of plans underway to update each unit of the service using décor that was research-based to promote the well-being and independence of people using the service. They planned to do this in consultation with people and their family members.

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

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

- People were not always respected.
- People and their relatives had concerns about the approach of agency staff who sometimes worked at the service, they said staff did not seem to know people well. One person said, "On the whole, the staff are good we have so many different ones especially at night. Some of the night staff can't speak English, they don't understand me when I press the call bell and ask to be turned at night. Sometimes I get a bit annoyed about." Another person told us some night staff for whom English is a second language sometimes spoke in their first language when supporting people. We raised this with the management team and they told us they met with night staff to address this.
- People and their relatives had mixed views about staff approach but said this was linked to staffing continuity rather than staff attitude. One relative said, "The home isn't good but it isn't bad either. It depends what day you come in and what staff are on duty". I just want [person] clean & comfortable, that's all". Another relative said, "They're all nice, the staff. Yes, I think they're kind to [person] but they don't have a lot of time to spend with [person], that's why I come in every day." However, other people and their relatives were positive about staff and told us staff were, "Kind and sympathetic" and went on to name specific staff, speaking about them positively.
- Throughout the inspection, we saw positive interactions between people and staff, who demonstrated they understood the importance of equality and what it means when meeting people's individual needs. When asked about their understanding and practice of equality, one staff member said, "Never treat everyone the same because everyone is different. We do not discriminate against people because of sex, sexuality, religion, age, disability or culture."
- People and their relatives told us staff respected and facilitated people's religious practices and kitchen staff were knowledgeable about people's cultural preferences regarding their nutrition.

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

- People were involved in making decisions about their care. This was evidenced in their care plans, which showed that people signed to confirm they had agreed to their care. People and relatives told us they had recently been more involved in the care planning process and decisions about their care.
- People told us they had choice in how they spent their day. For example, people told us they could wake up when they wanted and have a late breakfast.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity and promoted independence.

- People told us staff promoted their dignity and privacy and encouraged their independence.
- We saw people were involved in small tasks throughout the day such as assisting staff to prepare cutlery at mealtimes. Staff told us they tried to think of ways people could maintain their independence by getting involved in the life of the service.
- Guidance about maintaining people's dignity and respecting privacy was included in care plans. Staff told us and we observed how they respected people's privacy and maintained their dignity. One staff member said, "If I am giving personal care, I make sure that the door is closed, and cover their body."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

End of life care and support

At the last inspection we made a recommendation regarding end of life care to ensure care plans were consistent, person centred and respectful of people's wishes. The provider had made improvements.

- Care records included end of life care plans however, these plans were not always fully completed by staff. The date of review was not always recorded and it was therefore unclear how long the plans had been in place and if changes to people's wishes had been acknowledged and recorded. In one person's care file we did not see a date when the end of life care plan had been completed or date of review. We spoke with the management team about this. They responded after the inspection confirming the person's end of life care plan had been updated and all end of life care plans were to be reviewed.
- Staff were able to tell us about care and support they gave to people in partnership with professionals such as palliative care teams.

Improving care quality in response to complaints or concerns

- The service did not always respond to complaints from people and their relatives in a timely manner. People told us they knew how to complain but some people were unsure if their complaint would be addressed appropriately. One person told us, "I did make a complaint once, but they (staff) all seemed to find out about it. They all knew." Relatives of people using the service told us of delays in receiving feedback about complaints.
- We looked at records of 10 complaints received by the service since the last inspection. We found one complaint did not have complete details of the response by the service and a second complaint had no response. We spoke with the management team about this on the first day of the inspection. They were unable to locate records of the complaint being resolved. On 18 June 2019, they told us an outcome letter had now been sent to the complainant. Delays in responding to complaints was outside of the timescale indicated in the provider's complaints policy, which stated complaints would be resolved within 28 days.

We recommend the provider seek advice and guidance from a reputable source, about the management of and learning from complaints.

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

- Care plans were personalised and described each person's needs, likes and dislikes and how to meet them. For example, one person's care plan stated they preferred their personal care delivered by female staff only.

- Care plans covered all aspects of daily living and contained information regarding personal cleansing and morning and evening routines.
- People's care plans were reviewed monthly. People and their relatives told us they had been involved in planning their care and specifying their preferences. The service also had a resident of the day scheme when people's care plans were reviewed, their rooms deep cleaned, they did an activity of their choice and chose a special meal. We spoke to one person who was resident of the day. They told us they were being, "Spoilt today."
- Each person had a summarised care plan. This was used when people needed to attend hospital in an emergency situation.

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 and their relatives were given information about the service in written format. The service did not have this information in other accessible formats such as easy read formats.

We recommend the service seek guidance from a reputable source regarding accessible information.

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 were encouraged to participate in activities within the service and received an activity schedule. The service had three activity coordinators who planned a programme of activities during week days. During the weekend, care staff organised activities. We observed the activity team interacted well with people using the service.
- During the inspection, we saw people attended coffee mornings, a yoga session, and an afternoon singalong session. We also observed armchair exercises took place. However, for people who are unable to leave their rooms to attend group activities there was less opportunity for one-to-one interactions.
- People using the service and their relatives had mixed views about the activities within the service. They told us the activities took place during the week but less so at weekends. One relative said, "The activities have really gone downhill. You hardly see them now. Another relative said, "When [person] first came in, there was a lot of activities but not now. On a lovely sunny day, you used to get activities but not anymore." One person said "The activities are not too bad, they have quite a variety. They have singers and it is quite informal. I go to quite a few of the activities. Another person said, "I like the films but they always show the same one."
- The manager told us they had reviewed the way activities were taking place and would be arranging more one-to-one sessions for people who were unable to leave their room due to their health conditions. This included reviewing care files and finding ways to ensure people had "purposeful days." We saw one person was going to be involved in watering the plants daily to give them a "sense of purpose."

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

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

- There were ineffective quality assurance systems in place that failed to identify the shortfalls we found with medicine management, risk assessments, maintaining records, fire safety checks, staff records and policy reviews.
- At the time of the inspection, the provider had three separate quality teams auditing areas of the service. However, systems in place were not effective in assessing, monitoring, or improving the quality and safety of the service provided and mitigating the risks relating to the health, safety and welfare of people using the service.
- When these issues were brought to the attention of the provider and management team, action was taken to address the findings during and after the inspection. However, these issues demonstrated that the service was not operating effective systems which enabled them to assess, monitor and improve the quality and safety of the services provided to people using the service.
- This put people's safety at risk, and staff were not provided with up to date policies or procedures to mitigate any risks that would be identified through assessment and monitoring processes.

These findings demonstrate a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture of the service was not positive.
- People and their relatives had concerns about the staff culture within the service. The service had undergone four manager changes in a period of one year. People and their relatives told us the management changes did not have a positive effect on the culture of the service. Relatives described staff morale as "Low."
- Staff told us they enjoyed working at the service however, they described the changes in staffing and the management team as "Unsettling." They told us they sometimes found it difficult to work as a team due to changes in management. One staff member said, "Staff undermine each other and don't have people skills. The culture needs to improve we need more team building, it makes the experience better for residents." Another staff member said, "We need incentives. We've been told to do more, like adding to our responsibilities and the documents need improving. It's hard if there's residents who need feeding for

example and there's only two staff to do it. We've been told that at 2.30pm we have to sit down and talk to all the residents. They put that in place last week and then we have to document it."

- The manager told us and we observed they did a number of "Walk around" of the service throughout the day, engaging with people using the service and staff. Discussions took place about people's care and staff gave updates and were given guidance. Staff were positive about the new manager. They told us the new manager was "Approachable." Staff commented the manager always greeted them individually each day, which they appreciated.
- The provider was reviewing the management structure. A new deputy manager post would be available to support the manager, nurses and team leaders. The manager was supported by the quality manager and an independent consultant. The new manager was planning to apply to CQC to become the registered manager.
- Following the inspection, the provider told us they had implemented processes to promote a good working culture at the service. We will follow up on the effectiveness of this at the next inspection.

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 and their relatives told us they did not always receive responses to their complaints or concerns in a timely manner.
- The service was addressing this and had an action plan in place, as it had been identified that when something went wrong this was not highlighted in a timely manner.

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

- The service did not always engage effectively with people, their relatives and staff.
- People using the service and relatives told us they did not always feel involved in the service. One relative said, "No, we don't feel involved in how the home is run or asked for feedback. No, they don't make contact and it is difficult for us to get to relatives' meetings. They make changes and never notify us. Our main concern is with the change of staff." One person told us they sometimes went to meetings in the service with their relative.
- On the first day of the inspection a relative's meeting with the provider and management team took place. The meeting had been previously arranged and was well attended. The management team explained they were committed to engaging with relatives and were planning a series of meetings and consultations.
- Staff told us they did not always feel involved in the service. However, staff told us this was changing because the new manager engaged with them more on the units. We saw the manager had started to have meetings with each department of the service.

Working in partnership with others

- There was a local authority embargo in place since November 2018 restricting new admissions to the service. There was an action plan in place, which the service worked through and this was monitored by the local authority.
- The management team told us they had been working with the local authority team and health professionals regarding quality of the service.

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 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff employed by the service did not receive appropriate support, personal development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.
Treatment of disease, disorder or injury	Regulation 18 (2) (a). Staffing

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medicines were not always being managed in line with best practice.
Treatment of disease, disorder or injury	The provider did not assess the risk to health and safety of service users of receiving the care and treatment, doing all that is reasonably practicable to mitigate any such risks.
	12 (2) (a) (b) (g). Safe care and treatment

The enforcement action we took:

We issued a Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The systems and processes for assessing, monitoring and improving the quality and safety of the service provided for carrying on the regulated activities had not been operated effectively.
Treatment of disease, disorder or injury	17 (1) (2) (a) (b) Good governance

The enforcement action we took:

We issued a Warning notice.