

## Pentlow Nursing Home Limited

# Pentlow Nursing Home

### Inspection report

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Date of inspection visit:  
03 June 2019  
06 June 2019

Date of publication:  
12 July 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Pentlow Nursing Home is a residential care home providing personal and nursing care up to 60 older people. Accommodation and services are spread over two neighbouring buildings called Pentlow and Summerdown. At the time of the inspection 28 people were in Pentlow and 11 were in Summerdown. People's nursing and support needs varied, some were living with complex care needs and a dementia. Others had been admitted for short term placements from hospital or for emergency support, until they could return home or move to another service.

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

People were not always receiving their medicines safely or as prescribed. People were not always supported to have maximum choice and control of their lives and records did not demonstrate that staff had supported people in the least restrictive way possible and in their best interests. People did not always have their care needs recorded or attended to. Personalised care plans were not in place for everyone. Systems to assess, monitor and improve quality of the service had still not been established effectively in all areas. This meant areas that impacted on people's safety and care had not been addressed.

The service was clean and hygienic. Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse or discrimination. Staffing arrangements ensured people's needs were responded to in a timely way. Staff were recruited safely. There were suitable arrangements in place to assess and respond to risks to people and staff.

Staff training was co-ordinated and planned. All staff completed essential training to ensure they had suitable skills to care for people. Staff had the opportunity to develop new skills and maintain their competencies. People's dietary needs were assessed, and food provided was tailored to their individual needs.

People were supported by staff who were kind and caring. Staff promoted independence and ensured people spent time with and enjoyed time with people who were important to them. People felt comfortable with staff and formed positive relationships. Staff were aware of people's privacy and dignity and made sure this was respected. People were listened to and had their choices responded to.

People were supported to take part in a variety of activities that they enjoyed and were meaningful. Complaints were responded to effectively. People's communication needs were assessed and responded to. End of life care was planned and delivered in a compassionate way.

The registered manager had established an open and honest culture where staff and people felt able to share their views, and where incidents, safeguarding concerns and complaints were dealt with proactively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement. (published 17 December 2018) and there were two repeated breaches of regulations, a warning notice was served in respect of one breach. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, improvement had not been made and the provider was still in breach of regulations. The service remains rated Requires Improvement. This service has been rated Requires Improvement for the last five consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to regulations 12, 11, 9 and 17. This is because medicines were not always handled safely. Staff were not working within the principles of the MCA. People's needs were not fully recorded and responded to and the quality monitoring systems had not supported safe, effective and responsive care in all areas. Following the inspection, we received information from the registered manager and nominated individual. This confirmed action being taken and planned. It included the recruitment of a new deputy manager and new quality monitoring and governance systems.

Please see the action we have told the provider to take at the end of this report.

## 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 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** ●

# Pentlow Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector, a pharmacist inspector and an Expert-by-Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection because they had completed one in the last year. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 18 people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, clinical lead, quality manager, chef, activity staff, housekeepers, registered nurses and care staff. 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 five people's care records and multiple medication records. We looked at three 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 reviewed. During the inspection we spoke to a health care professional who was visiting a person.

#### After the inspection

We spoke with a social care professional and two further health care professional 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 Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This is a fifth repeated Requires Improvement rating for this key question. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

### Using medicines safely

At our last inspection we found that there was a continued breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes for the management of medicines did not always keep people safe. A warning notice was issued to the provider. At this inspection not, enough improvement had been made and the provider was still in breach of regulation 12.

- People were not always receiving their medicines as prescribed. For example, one person was taking a high-risk medicine that required them to have a specific dose of the medicine according to their blood monitoring results. The prescriber had sent details of the dose required to the service. However, instructions were not followed and there was a risk to the person's health and wellbeing.
- People were not always receiving their medicines safely. Some people needed their medicines to be crushed and administered covertly (disguised in food or drink). Staff had not sought advice from the pharmacist about how each medicine could be given safely once crushed and there was no guidance for staff to follow.
- Medicine records were not always accurate. For example, staff recorded quantities of medicines delivered to the service and recorded on Medicine Administration Record (MAR) charts when they were given to people. However, random balance checks found that physical quantities did not always match what was recorded on MARs.

The lack of suitable arrangements including guidelines, processes and practice to ensure the safe handling of medicine was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were given by registered nurses, they had received training and had been assessed as competent in the safe administration of medicines. They were seen to follow best practice guidelines. For example, they wore a tabard, so they were not disturbed when completing medicine administration. There was an updated medicines policy and staff were aware how to access it.
- Medicines audits were being completed and action plans to improve practice had been written. A community pharmacist was working with staff to establish robust systems to improve safety.
- Medicines were stored safely and securely. People were supported to take medicines at the correct times. Staff were proactive to make referrals to the GP when people were not able to take their medicines as

prescribed, for example due to swallowing difficulties.

### Preventing and controlling infection

At our last inspection we found that there was a continued breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to assess and control any risk of cross infection. A warning notice was issued to the provider. At this inspection we found enough improvements had been made and the provider was no longer in breach of this part of regulation 12 pertaining to infection control.

- Pentlow Nursing Home was clean and hygienic, and people were protected from cross infection. Since the last inspection the sluice rooms, which were used to clean commode pots and dispose of waste products, had been redecorated. This ensured they were clean and did not pose a risk of cross infection.
- People told us the service was clean. One relative told us, "This is a safe, clean place to live. I would not let my mother stay if it wasn't." A dedicated housekeeping team worked in the service each day. There was an allocated infection control champion who had completed additional training.
- Infection control audits were completed, and any identified actions were addressed. For example, some carpets needed cleaning and as the service's own cleaner was not working another was sourced to complete required cleaning.
- All staff completed training on infection control and food hygiene. They followed infection control procedures. For example, one staff member was sick with 'a bug'. They did not return to work for 48 hours to ensure the symptoms were not related to an infection that could be spread.
- Staff used personal protective equipment (PPE) such as disposable gloves and aprons when needed. Hand hygiene was a priority with hand washing and sanitizers available throughout the service.

### Staffing and recruitment

- There were enough staff deployed to meet people's needs. Agency staff were used to cover any staff shortfalls. The registered manager told us agency staff completed induction training and regular agency staff were used to maintain consistency.
- Records confirmed a consistent level of staff was maintained and included a registered nurse on each shift and in each house. The nursing and care staff were supported by catering, domestic and activity staff.
- People, relatives and visiting professionals told us the staffing was suitable and ensured people were safe and their needs were responded to in a timely way. One person said, "It's safer living here than being alone at home." Another said, "When I was at home I could no longer cope, now I have no worries." One relative said, "My mother has settled down. I think she is safe, she rang her bell 108 times in 12 hours and they answered. She does not want for anything. She does not have any falls like she did at home."
- The call bell system was used to monitor how staff responded to calls for support. Audits identified when people waited over four minutes for a response and when this occurred the registered manager investigated to identify any reasons.
- The provider ensured a thorough recruitment procedure was followed. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed.
- The registered manager undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. DBS is the disclosure barring service. This is used to identify potential staff who would not be appropriate to work within social care.
- There were systems in place to ensure staff working as registered nurses had a current registration with the Nursing and Midwifery Council (NMC) which confirmed their right to practice as a registered nurse. This included checking staff employed via an agency.



Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. All staff including catering, maintenance, housekeeping and activity had received safeguarding training and were familiar with different types of abuse.
- Safeguarding procedures were clear and relevant contact numbers were available. One staff member described how they had raised concerns in the past. "I have reported unprofessional behaviour in the past. These were dealt with."
- The registered manager worked closely with the local authority and raised a safeguarding when needed to ensure people's safety. For example, when people were admitted from hospital with significant skin damage, these concerns were raised and referred as a safeguarding appropriately.
- Staff treated people equally and care plans reflected people's individuality. People were not discriminated against due to physical or care needs. For example, everyone had the opportunity to engage in activity, regardless of any mobility problems. Those people who spent time in their bedrooms had individual time allocated for activity in their rooms.
- People told us they felt safe and secure. One person said, "I feel safe because they look in at night to see if I am alright. They are never unkind to me."

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. Staff understood the importance of recording all incidents and accidents and were encouraged to report. The computer system used ensured these were reviewed by the registered manager to ensure appropriate follow up action was taken. This included an update to risk assessments and care plans to reduce the risk of future accidents.
- Any serious incidents were escalated to other organisations such as the local authority and investigated. For example, a recent medicine incident was investigated. Findings were shared with all registered nurses and improvements were put into practice. For example, stock control of medicines was routinely discussed with the registered nurses during a daily meeting. This demonstrated there was the opportunity to learn and improve practice when following up on accidents and incidents.

Assessing risk, safety monitoring and management

- Arrangements were in place to manage individual risks safely and appropriately. Risk assessments were used to identify risks and then recorded how that risk was to be managed. For example, people were routinely assessed for risks associated with moving people safely. Any risk was responded to with provision of equipment including mobile hoists when necessary. Staff were trained and competent with the specific care and support needed. Staff used the correct sling size and used the equipment safely when moving people.
- Risks associated with the safety of the environment, people and equipment were managed appropriately. Systems to ensure the security of the service were in place. All visitors entered a reception area and signed a visitor's book before entering the service.
- Health and safety checks and general maintenance were established and completed routinely by the maintenance staff. This included safety checks on all lifting equipment. Emergency procedures and contingency plans were established for staff to follow and use. There was an 'on call' system to provide advice and guidance from senior staff from within the organisation.
- Fire safety arrangements were reviewed and updated. A fire risk assessment was completed, and routine fire checks and training had been completed. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). Emergency information was accessible in the front entrance of the service and staff knew what to do in the event of a fire.

# 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 ensure good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff. Copies of the applications and authorisations were held within a separate file. However, there was no information within the care plans that reflected the conditions made within the authorisations that ensured the least restrictive practice was followed, or how these had been responded to. For example, one authorisation recommended the use of a suitable chair, reference to this condition was not recorded. Discussion with the registered manager confirmed an occupational therapist had been contacted for advice. However, not all staff were aware of who had a DoLS what conditions were attached, or what they needed to do to support the conditions.
- Where people were unable to make their own decisions about specific care and treatment, decisions had been made on their behalf. These had not always been made in accordance with MCA principles. For example, one person was having their medicines administered covertly. There was no record of how this decision had been made and who had been involved in the decision-making process and whether all attempts to support the person to decide for themselves had failed. There were no supporting mental capacity assessments to determine what decision the person lacked capacity to make, and there was no information to demonstrate if or how the person had understood.

Failure to work within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Code of Practice is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff had received training on the MCA and DoLS. They understood the importance of gaining consent and giving people the time and information to make their own choices. Staff supported people to make their

own decisions on a daily basis. For example, one staff member said, "I always check if people are happy to have their personal care. I go away and come back if they decline or get another member of staff to offer again later."

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

- People had their needs fully assessed before admission to ensure any admission was appropriate. For example, ensuring staff had the skills to support people effectively.
- Following admission further assessments were completed and were used to generate individual care plans. People were involved in the assessment process as able and staff ensured their views were central to this process. When this was not possible suitable representatives were involved. One relative told us, "We have been asked about her care, she would want us to be involved."
- Re-assessment and review of care plans was ongoing and was completed monthly. Choices and preferences were explored and recorded. One person said, "I have a care plan. It records what I want and when." Relatives were confident that people's choices were listened to and responded to. For example, one relative said, "He does not like early mornings, so the staff attend to him later when he is more receptive."

Staff support: induction, training, skills and experience

- People received care and support from a trained team of staff. All new staff received a full induction, which included shadowing experienced members of staff and an orientation to the building and the service's policies and procedures.
- There was a rolling programme of essential training for all staff. Recording and monitoring systems ensured staff completed required training when needed. For example, each staff member completed a moving and handling update each year. The computer system identified when staff had not completed this and this was then raised with them individually.
- Training managers within the organisation organised and co-ordinated training and staff development. This included practical sessions to promote effective care and supporting staff to complete diploma's in Health and Social care. For example, safe moving and handling training was provided using the equipment available in the home.
- Staff had access to online (E) learning and valued the flexibility and variety this provided. One staff member told us, "I really enjoy the training opportunities, I can complete the E learning when it suites me. It covers some interesting subjects. I have just completed one on dysphagia, people who have swallowing problems."
- The registered manager supported staff training from outside sources. One visiting health care professional told us, she is implementing extra training for the staff in order to enable them to work more safely and effectively and the training I have given to the staff has been received well, and everybody has been eager to learn."
- Registered nurses were supported to maintain and develop their clinical skills. One told us they had recently completed practical updates on taking bloods and male urinary catheterization.
- There were systems for staff to receive regular supervision and annual appraisal. Staff said they received supervision on a regular basis. They found these sessions useful and informative. One staff member told us, "We talk about all sorts at supervision. I feel I am listened to."

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

- People were supported to have enough to eat and drink. People liked the food and said it was varied and well balanced. One person told us, "The food is excellent." A relative said, "The chef comes around to their room and asks about his favourite meals and alternatives to the menu." Observations confirmed staff had choices and preferences responded to. For example, one person asked for a salad cream with their salad that was provided. Another person was offered fresh fruit and a banana as an alternative dessert.

- People's individual needs and preferences were responded to. The catering staff were committed to meeting any individual need along with ensuring people enjoyed their meals. The chef told us, "Whatever they really fancy they can have." Catering staff were involved in planning and delivering food that met people's needs. For example, the chef visited each person on admission and discussed their preferences, choices and cultural needs. For example, any specific beliefs affecting food were discussed. One person was vegetarian and this respected.
- People's nutritional needs were assessed, reviewed and responded to. This included monitoring people's weights, appetites and a nutritional risk assessment was completed. If necessary staff monitored and recorded people's diets more closely. For example, daily records were completed on food eaten.
- When nutritional concerns were identified specialist advice was sought through the GP. For example, if people had difficulty in swallowing staff requested a referral to the speech and language therapist. (SaLT) Any specialist advice received was acted on. For example, when the SaLT recommended a specific textured food this was provided. The catering staff had received training on providing modified texture foods and ensured they were presented in an appetising way.

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

- People were supported to maintain good health and received on-going healthcare support. People told us they had access to health care services as they needed them. One person said, "If I am unwell they will send for a GP." Another said, "A chiropodist is coming this afternoon."
- Staff worked with health and social care professionals for the benefit of people. For example, staff referred to tissue viability specialist nurses whenever a wound did not heal as expected. They followed specific wound care guidelines and, in this way, provided a consistent approach. One resident said he had a 'sore' "They look after it well and take photos for the nurse who comes in." A visiting professional was confident that staff contacted them in a timely and appropriate way.
- Some people were placed in the service on a temporary basis. Staff worked closely with the local authority to ensure the care and support delivered met their needs and to support them to move to other services or return home safely. A social care professional told us, "Staff communicated well with them and the hospital when planning a discharge to them."

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

- Pentlow and Summerdown had been adapted to meet the individual needs of people with nursing needs. Various equipment was provided to ensure people were as independent as possible. For example, people who had limited movement had bell facilities adapted so they could use them.
- People were supported to remain mobile. All floors of the service were accessible via a lift. Walking aids, such as walking frames were provided and staff assisted people who were unable to weight bear to transfer using either stand aid hoists or electrical hoists.
- The garden was accessible and had seating areas for people to use. People enjoyed spending time in the garden and staff ensured people could spend time outside. One person was sitting in the garden with their relatives and staff offered refreshments to promote their comfort.

# 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, Good. 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

- People told us they were happy with the care and support they received from staff. Relatives were confident staff looked after people with a kind approach. One told us, "Residents are well supported by nurses and carers without them giving the impression that the tasks were too much trouble or not their job." Visiting professionals were also complimentary about the way staff treated people. One said, "Nothing is ever a problem they always get on and deal with things in a nice way."
- People's equality and diversity was respected. Staff talked about treating people equally. They had received training on equality and diversity and looked to support people's differences. For example, staff supported people's spiritual needs regardless of their own beliefs. Some people held strong religious beliefs and staff supported them to attend services that met their needs. This included a visiting priest and a communion service.
- People were encouraged to maintain personal relationships. Visitors were welcomed and encouraged to spend meaningful time with people. Relatives were also encouraged and supported to take people home and out in the community. For example, one person was taken out by their sister and staff helped her to negotiate doorways and transport with the wheelchair. People's visitors could stay for as long as they wished and often stayed for a meal. One relative told us, "They make me feel part of the community. I am included in everything as a frequent visitor."
- Staff were attentive, friendly and promoted a pleasant atmosphere throughout the staff team and the service. One person told us, "The cleaner is very good with my husband. He works very hard but still has time for a chat." Genuine friendships had developed between people and staff. They greeted each other by name and sometimes with a hug and kiss. A visiting professional told us the atmosphere is friendly and helpful." Another said, "The home has a nice feel about it."

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

- Staff took time to ask people about what they wanted and how they wanted things done. For example, on finding a person walking around the service a staff member asked, "Where would you like to go, can I help you." This offer of support was responded to positively.
- Staff were caring and respected people's choices. Staff constantly offered choices to people, so they could make decisions. For example, people were offered a variety of drinks and given the chance to change their mind. Staff did not assume what drink people would like.
- Each person had an allocated 'key worker'. These staff work to promote people's individual rights and to support how they want their care delivered. One staff member told us they saw this role as working as an advocate and ensuring their 'voice was heard'.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. A relative told us, "They treat my husband with great respect and dignity." People's private rooms were respected with staff knocking on doors before entering. Staff were attentive to promoting individual privacy and dignity. For example, they used mobile screens when one person was being transported through a communal area on a stretcher to reduce any embarrassment.
- Staff understood the importance of confidentiality and had received training on how to prevent personal information being shared unlawfully. We noted that one staff member closed the computer they were working on before leaving the area. This ensured access to information on the computer was restricted appropriately.
- Staff encouraged people to be as independent as possible. They supported them to attend to their own personal hygiene whenever possible. This maintained people's feeling of self-worth. One resident said "They try to keep me as independent as possible. I wash my front and they wash my back. They are very discreet and give me privacy."

## 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 did not always receive care and support that met their individual needs. Some care plans for the management of long-term conditions, lacked details for staff to follow to ensure responsive care. For example, people who had diabetes did not have appropriate care plans that clearly recorded their needs and how these were going to be met.
- One person did not have a specific care plan for their diabetes at all. Other care plans did not say what medicines the person was taking or how often they should have their blood sugar levels tested. Some plans did not state what the person's blood sugar levels should be or what to do if the levels were too high or too low.
- Where we did find details of how to manage one person's high blood sugar, we saw that instructions to administer extra insulin were not followed on two occasions. This meant that the person's diabetes was not managed to ensure people's health needs were met.
- Where care plans recorded the need for daily blood glucose tests these were not completed in a consistent way. For example, one person's care plan recorded the need for daily blood glucose test. Records confirmed this test had not been completed for five days. This meant staff were not monitoring people's health needs and responding to them in a responsive way.
- We were told by a registered nurse that one person was registered blind. There was no reference to this person's sight loss within a specific care plan to ensure needs associated with their sight were responded to. This did not support staff to provide responsive care that met peoples' needs and preferences around this need.

The care and treatment of people was not always appropriate, did not always meet people's needs and reflect preferences, this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some care plans were completed to a high standard and explored people's preferences and individual choices and supported an individual approach to care. For example, preferences around how personal care was to be provided were clear and personal. Details included around clothing, make-up and creams that were important to people.
- A computer system was used to facilitate and organise a systematic approach to assessing people's needs. The individual care plans generated were available to staff on an iPod. Care staff and registered nurses recorded information directly onto people's records via these iPods as they completed any task. This ensured all staff could view the needs of each person and know what care had been provided and what was outstanding. For example, when people were being checked every half an hour each staff member knew



when and by whom this check had been completed. This ensured the registered nurses had an overview of care and support provided and could ensure a responsive approach to care.

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 social, recreational and meaningful relationships were assessed to inform the care and support provided. People's past life, interests and hobbies formed part of this assessment and ensured staff understood people had past life's and experiences, that made people who they were. One staff member told us how one person used to be a train driver and loved Lamberti motorcycles, which he could talk to him about.
- Providing a variety of meaningful activity and entertainment to people was given a high priority within the service. There were two part time activity co-ordinators working in the service with a view to increase this resource in the near future. The activity staff were seen as a key element in promoting people's general and emotional well-being.
- Activity staff were motivated and engaged with people individually and in groups. They tailored activity to interests of people. For example, one person enjoyed quizzes and word games, and these arranged in groups and on an individual basis.
- Activity staff had explored how they could enable people with different disabilities to feel motivated and involved. They also worked with people who spent all or most of their time in their rooms to prevent social isolation. People had expressed an interest in gardening and a garden group had been set up. People who were not able to go on trips to garden centres or go to the garden were involved in planting pots in their own room. This ensured everyone was involved as able.
- People were positive about the activities and entertainment provided. "There is always something to do." Relatives and visiting professionals were also positive about the activities and entertainment provided within the service. One visiting professional said, "Activities are nice and varied and specific to people. I saw a staff member reading a book to a resident the other day."

#### 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.

- The assessment process included a review of people's communication needs. These were recorded within the care plans and included practical tips like ensuring hearing aids were used adjusted and were working.
- Staff demonstrated that they responded and took account of people's communication needs. For example, one staff member told us, "She looks like she does not understand what you are saying, but if you are patient take your time and get to her eye level, she answers."

#### Improving care quality in response to complaints or concerns

- There were systems in place to record and respond to complaints following a complaints procedure. The procedure was displayed in the service and a copy was shared with people and their representatives.
- Records confirmed complaints in the past had been fully investigated in an open and transparent way. Areas for improvement were identified and shared with the complainant. They were also offered the opportunity to discuss matters further if issues were not resolved for the. Some records however were not complete, and this matter is discussed further under the well-led section of this report.
- People told us they knew how to make a complaint. One person said, "I have raised my concerns with the deputy manager. He has sorted everything out for me." People's complaints and concerns were listened to



and responded to.

#### End of life care and support

- When people needed end of life care, staff supported them to have a dignified and comfortable death. Staff had received training on end of life care and the registered nurses had updated specific clinical skills with additional training. For example, they had attended training on pain control and the use of syringe drivers.
- Staff work with other health care professionals to provide the best care for people. GP were contacted regularly and involved in the planning of the care. For example, information and guidance was recorded within the care records regarding any additional medicines that may be required. These were used to ease people's symptoms. These are known as 'Just in case medicines' (JIC).
- The registered manager had links with the local Hospice and contacted them for advice and guidance to support the staff when needed. Staff were compassionate in their approach and talked about supporting relatives through any bereavement.

# 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 Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This is a fifth repeated Requires Improvement for this key question. 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

At our last inspection we found that there was a continued breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because management systems that included quality monitoring had not always ensured safe and best practice was followed in all areas. At this inspection not, enough improvement had been made and the provider was still in breach of regulation 17.

- The leadership of the service was still not effective in all areas. Robust systems to assess, monitor and improve the quality of the service had still not been established effectively in all areas.
- There were ongoing concerns that related to the safe handling of medicines. This had been identified at previous inspections and had still not been resolved. Some medicines were not being given safely or as prescribed.
- Despite care records being audited. People's care records did not promote person centred care or ensure the principles of the MCA were being followed. Other records relating to the management of the service were not complete. For example, records relating to complaints. One complaint raised about staff approach had not been recorded and follow up action taken with staff following another complaint had not been documented.

There were continued breaches of regulations. The lack of effective quality monitoring systems to support safe, effective and responsive care was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we wrote to the registered provider. They have been required to provide a written report setting out how they are complying with this regulation. Along with any plans for improving the services provided to people to ensure their health and welfare.

- The registered manager had been in post for two years. It had been recognised that the service required a stronger clinical lead to support her and staff to provide safe, effective and responsive care. A temporary deputy manager from another service within the organisation was working in the service to establish this role.

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

outcomes for people

- The registered manager had worked hard on establishing an inclusive and positive culture in the service. They had promoted their visibility and accessibility in the service. They had daily meetings with the registered nurses and the management team. She encouraged all staff to approach her directly with an 'open door policy.' People knew who the manager was and told us, "She is very nice and approachable."
- Staff felt supported and able to approach her with any concerns. One staff member told us, "The manager is very good, they have time for you and listen to what you have to say. I know now if I say we need anything like a piece of equipment she makes sure we get it." This approach ensure staff felt like a valued member of the team.

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; Continuous learning and improving care

- The registered manager was fully aware of her responsibilities including those under duty of candour. She submitted relevant statutory notifications to the CQC promptly.
- She acted in an open, honest and transparent. For example, when dealing with safeguarding's incidents, accidents and complaints within the service. A health care professional confirmed this positive approach during a safeguarding meeting. They told us, "It was really worthwhile meeting with the manager. She listened and was positive about what could be done to improve the service."
- A safeguarding investigation raised concerns about communication between staff regarding medical matters. The registered manager had established daily clinical meetings with the registered nurses to improve the sharing of information, and a record of what action was being taken by whom. For example, who was following up on any referrals made and any medicines that were needed. This in turn improved outcomes for people with staff taking more responsibility on progressing issues quickly.
- Since the last inspection the registered manager had completed monthly reports to the CQC to provide an update on the performance of the service. She had reported on the negatives as well as the positives to give an honest review. Along with actions that had been taken to address issues identified.

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

- Staff were encouraged to share their opinions and views in meetings and supervision which were held on a regular basis. The registered manager had regular contact with staff. Staff told us they felt comfortable and able to speak to any of the senior staff. Staff also had the opportunity to share their views anonymously within surveys.
- People and their representatives were encouraged to feedback views and requests within surveys, meetings and informal conversations. One relative approached a maintenance person and told them about a small job in a person's room. This was agreed to immediately. Returned surveys identified the need for further redecoration and chair replacement. These matters were being addressed.
- Meetings were well attended and covered subjects that were important to people. For example, people's concerns related to the changes in the environment and use of buildings at the service were clarified. One person told us, "We discuss the proposed improvements and changes. We discuss menus and any issues which crop up." Another said, "I just talk to the manager when anything arises. I do not go to the meetings."
- Staff facilitated people's involvement in the meeting to ensure all could participate and understand what was being said. For example, one staff member sat by a person and explained what was being said and asked if they had anything they wanted raised.
- One person asked about improving the number of outings. They were responded to and discussion took place around using a mini bus more regularly.

Working in partnership with others

- The registered manager had established professional links with local social and health care professionals. She supported staff to work together to improve health and well-being outcomes for people.
- The registered manager kept up to date with changes in best practice guidelines and ensured important information was shared with staff. They took advantage of resources available within the community to gain updates on best practice guidelines. For example, the continence nurse advisor was recently contacted for an update on the best care for people with urinary incontinence.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	How the regulation was not being met: People did not always receive care and treatment that was appropriate, met their needs and reflected their individual preferences.  Regulation 9 (1)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	How the regulation was not being met: The provider had failed to ensure staff worked within the principles of the MCA 2005 and DoLS code of practice.  Regulation 11(1) (3)(4)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	How the regulation was not being met: People were not protected against the risks associated with handling medicines. Suitable arrangements including guidelines, processes and practice had not ensured the safe handling of medicines.  Regulation 12 (1) (2) (g)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

How the regulation was not being met:  
The provider had not established and operated effectively quality monitoring systems to ensure compliance with the regulations or to support safe, effective and responsive care and treatment.

Regulation 17 (1) (2)(a)(b)(c)