

Family Care Private Company Limited

Conifers Care Home

Inspection report

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Chichester
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Conifers Care Home is a residential care home that provides accommodation and personal care support for up to 20 people. People have a range of care and support needs including diabetes and some people were living with dementia.

Conifers Care Home is a detached house located in a residential area of Selsey. The service had been adapted and was over two floors. At the time of our inspection 18 people were living at the service.

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

People were not always protected from avoidable harm because the provider did not have effective procedures in place to make sure people were safe. Incidents were not always reported to the appropriate authority. Environmental risks were not well managed.

Risks to people's health and wellbeing were not consistently managed. Processes were not in place to ensure support plans and risk assessments contain detailed and person-centred information to accurately reflect the needs of people and mitigate identified risk.

There were not adequate processes in place for assessing and monitoring the quality of the services provided and that records were accurate and complete. People's care risk assessments lacked important detail to guide staff on how to make people safe.

Some refurbishments had taken place since the last inspection. In some areas further work was required to repair and update the environment. There was no hot water or heating to parts of the building. Portable heaters were being used to maintain care. Some furniture and fittings were worn and required replacement to further improve peoples' living experiences. This was an area that required improvement.

People's privacy and dignity was not always respected. Confidentiality of personal information was not always protected. This was an area that required improvement.

People were cared for by staff who had the right skills and knowledge to meet their needs effectively. Checks were carried out prior to staff starting work to ensure their suitability to work with people. People received support from a consistent staff team who knew them well. There were sufficient numbers of staff to ensure people did not feel rushed and people received their support on time.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 18 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, protecting people from harm and good governance.

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 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 well-led.

Details are in our well-led findings below.

Inadequate ●

Conifers Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Conifers is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. The new manager was in the process of applying to CQC to become the registered manager of the service. The registered manager 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 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the manager, head of care, administrator and five members of the care team. We also spoke with two professionals who regularly visit the service. 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 six people's care records and multiple medication records. We looked at four 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.

The inspection took place over two days. We returned for a second day to follow up information received by CQC following our first visit to the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We continued to seek feedback about the service from relatives.

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. 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.

Assessing risk, safety monitoring and management

- Environmental risks were not well managed and had not been adequately assessed in order to mitigate risks. We observed some poor practice with environmental safety. For example, portable electric heaters were in place throughout the building including bedrooms and communal areas. Records showed, and staff confirmed intermittent boiler breakdowns meant this practice had been a regular occurrence over the last few months with the current portable heaters being in place since the 23 December. At inspection the heaters were observed as being extremely hot to touch as most had been set to very high or maximum setting. Some were positioned where they could pose a trip hazard, including from their trailing leads. Risk to people of tripping or burns when coming into contact with the heaters had not been considered or identified. This placed people at risk of avoidable harm.
- We observed portable heaters positioned by chairs and at the bottom of beds with flammable materials such as towels, and blankets draped in close proximity above them. There was a risk of these items falling onto the heaters. The foot of one heater was broken resulting in the appliance being unsteady. The heater was resting directly on the electrical lead which had become very hot. The inspector took immediate action to make the situation safe by switching the heater off and removing the lead from underneath it. This was shown to a member of staff who took immediate action to remove the broken heater from the bedroom. They also took immediate action to ensure the safe temperatures and safe positioning of all the heaters in the building. Following the inspection, the manager implemented measures to identify and mitigate the risks further. This included regular checks to ensure safe temperatures and safe positioning of the heaters.
- People and staff were at risk of injury. Due to the boiler breakdown staff were transporting very hot water from the kitchen water urn and kettle through the building in plastic jugs fitted with lids to people's bedrooms. This was observed during inspection. Staff told us they were unsure how long this practice had been happening for, two staff described it as "a long time". This practice had not been adequately risk assessed and consideration had not been given to ensuring the water was mixed to a safe temperature when it was used to support personal care. This placed people and staff at risk of scalding. The shift leader was made aware of this and immediate measures were taken to ensure staff only used water from the downstairs bathroom which had thematically controlled water at a safe temperature. The providers quality monitoring systems and skills of staff had not been effective in identifying these obvious risks prior to the inspection.
- People were not protected from avoidable harm. For example, the care plan for a person who was cared for in bed identified they were at high risk of developing pressure ulcers. This risk was mitigated by regular re positioning of the person and the use of a pressure relieving air mattress. During the inspection we identified the air mattress was not switched on. Regular checks were not in place to ensure the mattress was working or on the correct setting. There was no record to determine how long the mattress had been off. There was

no evidence that the person's skin integrity had been affected by this, however the person had been placed at risk of avoidable harm because measures were not in place to ensure equipment was operating correctly. The manager took immediate action to switch the mattress on. Following the inspection, the manager arranged for a new pump to be fitted to the person's mattress. On day two of the inspection we observed the mattress to be working correctly. We saw that a new checking and recording system implemented to ensure air mattresses were functioning correctly.

- Where plans were in place to reduce risks, records were not always sufficient to monitor the effectiveness of these plans or ensure safe care. For example, the care plan and risk assessment for a person with diabetes did not contain sufficient information to ensure the person's diabetes was managed and monitored safely. The person's blood sugar levels were recorded daily, however there was no information as to what was considered a safe level for this person. The person's care plan did not guide staff on identifying what levels blood sugar readings would be considered either too high or too low, or action to take if the person's blood sugar rose or fell beyond these safe levels. There was no evidence the person had experienced adverse effects relating to their diabetes, however should this happen information was not available to guide staff on when to administer rescue medication or when to seek further medical assistance. This meant that people could not be assured of receiving safe care and treatment in a timely way. This continued to leave the potential for risk of harm to people.
- Following the inspection, the manager sought advice from a medical health professional. The manager had ensured that each person had been provided with a range considered safe for their blood sugar levels. Guidance had been implemented on what action to take if these fall below, or exceed, the range considered to be safe for that person.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to protect people from the risk of abuse were not operating effectively. The provider's processes were not robust enough to ensure incidents were responded to appropriately. For example, staff were not considering unknown injuries or bruising in line with the local authorities safeguarding guidance. Injuries with an unknown origin were being recorded on body maps but were not being reported to the relevant authority for consideration under safeguarding guidance. This placed people at further potential risk of harm.
- One person who was cared for in bed had 27 separate bruises of unknown origin recorded on their body map between 14 April and 30 December 2019. There were no corresponding accident and incident reports for these injuries. One senior care worker told us the repeated bruises around the person's mouth were thought to be caused by staff feeding the person and records did not identify the cause of a bruise to the person's forehead or that it was treated as a head injury. The person's repeated injuries had not been considered under the local authorities safeguarding guidance. This meant the person may have been exposed to ongoing preventable harm.
- On two occasions the manager had sought to identify the cause of the person's bruising through medical investigation with no underlying medical reason found. The manager judged the injuries to be caused by the person's frailty and body movements and provided knitted hand protectors to mitigate the risk of further injury. Records showed the person experienced some unexplained bruising after these were introduced. The manager and a senior care worker told us they never considered unexplained bruising as a potential safeguarding concern. This demonstrated a lack of professional judgement and understanding in protecting people from abuse.

The provider had failed to record, report and investigate injuries in line with safeguarding guidance. This was a breach of Regulation 13(Safeguarding service users from abuse and improper treatment). of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection process CQC received information regarding the safety of some people. Concerns were raised about some staffing practices and environmental risks. The provider took immediate and appropriate measures to ensure people's immediate safety and to mitigate any potential further risks to people. CQC raised these concerns to the local authority under their safeguarding guidance and procedure.
- Safeguarding training was completed by new staff during induction and there was a system to ensure staff undertook refresher training. Staff had an awareness of the signs indicating a person might be vulnerable to abuse. Staff understood their responsibilities for reporting concerns. A member of staff told us they would report any concerns they had immediately to the most senior person on duty.
- People and their relatives told us that they felt safe. One relative told us that they had never had cause to be worried about their loved one safety "it's very safe here", another said "there are cameras in the communal areas, this give me reassurance as [relatives name] is a wanderer and their safety is so important to me, I have no reason to be concerned in that area."

Preventing and controlling infection

- Infection control procedures were not always implemented effectively. Staff had received training in infection control but did not always follow safe practices to prevent and control of infection. For example, due to the breakdown of the boiler staff were using the water urn and kettle in the kitchen as a source of hot water. In the morning some staff were observed going in and out of the kitchen and people's bedrooms wearing the same protective clothing they had used to support with their personal care. This meant that people were at risk of infection due to cross contamination. This was brought to the attention of the shift leader who took immediate steps with staff to ensure this practice did not continue.
- The environment did not always support good infection control. For example, there had been a lack of hot water intermittently in some bedrooms and bathrooms since May 2019 and a lack of hot running water to the kitchen and hand basins in cloakrooms since 30 December 2019. Records confirmed this. There were no reports of any infection outbreaks during this time however people and staff were hindered in effectively following good hygiene practices including handwashing as the running water available was cold.
- There were some areas of the service where the carpets were heavily stained. The manager provided us with evidence that these carpets were going to be replaced during February and a new boiler was due to be fitted on the 25 January 2020.
- Audits and cleaning schedules were in place to promote cleanliness and hygiene. For example, mattresses were audited regularly for odour and staining. Records showed, and staff confirmed the provider's infection control practices ensured that any mattresses that did not meet the required standard were immediately replaced.
- Following the last inspection, the provider had undertaken a refit of the ground floor bathroom. This ensured the area met the required standard of hygiene control to mitigate the risk of infection and cross contamination. At the time of inspection, the new ground floor bathroom did have hot water and people were able to use this to bath or shower whilst waiting for the boiler repair to provide hot water to bathrooms and people's bedrooms. Most people's personal care needs were met in their bedrooms during this time. Staff provided people with a bowl of hot soapy water in their rooms to enable people to have a full body wash.

Using medicines safely

- At the last inspection there was a lack of robust systems to ensure people received their regular medicines. At this inspection processes were in place to ensure people's medicines were received from the GP surgery

in a timely manner. People received their prescribed medicines in line with requirements and on time.

- People received their medicines safely. We observed staff administering medicines in a safe way. Staff had received training in the administration of medicines and only those staff who were assessed as competent were able to administer these. Staff administering medicines wore a red tabard that clearly identified that they should not be disturbed. This mitigated the risk of errors occurring due to staff being interrupted.
- Systems and processes were in place to identify omissions and errors with recording and administering medicines and medicine records (MAR) were audited regularly. This ensured that appropriate action was taken to safeguard people in the event of an error occurring.
- People received their medicines on time and in line with their personal preferences. A relative told us they were assured their loved one was receiving their prescribed medicine appropriately and said, "I have no concerns in that area at all." The manager told us that they made a conscious decision to, "try all we can to support people to have their medicine in a way that they were comfortable with." For example, where people had some difficulty swallowing tablets the manager had requested medicine in a liquid form. This had ensured that only one person in the service was receiving medicines covertly. Covert medication is when people are receiving medicines in a disguised format such as in food or drink. Where medicine was being administered covertly appropriate authorisation and decision making was in place.

Staffing and recruitment

- There were safe systems and processes for the recruitment of staff. The provider followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs and support them to stay safe. Our observations were that there were enough staff on duty. People received care and support in a timely way and we saw staff taking the time to sit and talk with people. One person said, "Staff are always available for a chat and there is plenty of them." Relatives told us generally there seemed to be enough staff. Feedback included, "There is always plenty of staff around," and "you never have trouble finding one, I can't complain, there is always staff around." We viewed the planned and worked rotas for the service and saw these reflected a consistent number of staff providing direct care seven days a week.
- There were enough permanent staff employed to provide people with continuity of care. Staff told us they covered each other's absences where possible to keep the use of agency to a minimum and the rotas confirmed this. This ensured people received consistent support from staff who knew them well. One relative told us, "There has been some turnover of staff but that has settled now. There is a core of long-term staff which is good."

Learning lessons when things go wrong

- Lessons had been learnt when things had gone wrong. The manager reviewed accidents and incidents records and looked for trends and areas where risks could be mitigated. For example, the number of falls in the service had been reduced since the manager had implemented a new falls guidance policy.
- The service engaged the support of the community falls team when it had been identified that a person had experienced an increase in falls. For one person it had been identified they were falling when getting out of bed. The person was provided with a higher mattress that enabled them to have the correct posture to move from sitting to standing. This had a positive impact on reducing the risk of falling for the person.

Is the service effective?

Our findings

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

- At the two previous inspections concerns had been raised about the maintenance of the environment. The last inspection report acknowledged that the provider had invested resources to improve the environment and that ongoing works were scheduled. At this inspection we found some improvements had been made. However, work was required to further improve the environment.
- The environment did not always support the wellbeing or needs of people who were living there. 17 people living at the service were living with dementia. The general environment did not reflect national good practice guidance for supporting people with dementia. This included the lack of adequate signage to support the orientation of people and provide them with meaningful occupation. Some people were prevented from using bathing facilities on the same floor as their bedrooms doors were locked. These facilities had been condemned and there was no date for when they would be updated. People who did not have showers in their bedrooms had access to bathing facilities on the ground and second floor. This had the potential to cause confusion or disorientation to the people living with dementia.
- Records showed there had been a problem with areas of the building not having constant hot water since May 2019. For example, on every monthly water temperature check since 23 May 2019, six occupied bedrooms were recorded as having no hot water. Records showed that action taken by the provider to address this had been unsuccessful. This meant people had been experiencing limited access to bathing facilities for eight months and were relying on staff to source hot water for them, so their personal care needs could be met. On the second day of inspection we were informed that the provider had arranged to have the boiler replaced and work was commencing on 25 January 2020. Individual pumps were being fitted to these bedrooms. The manager told us this would ensure all parts of the building had hot water and heating.
- Some of the furniture and fittings around the service were in a poor state of repair. For example, people were exposed to the risk of tripping due to the poor maintenance and upkeep of flooring. Some carpets upstairs had become threadbare and were heavily frayed around the edges. In one of the main communal areas yellow and black hazard tape used to identify uneven surfaces, or where the flooring was damaged, had become loose and developed holes. These posed a trip hazard to people. Following the inspection, the manager told us they had taken measures to make these hazards safe and had made a request to the provider for new flooring.
- One relative said the building required "further investment and an upgrade." Another described the lounge as "shabby and requiring a complete overhaul of everything to make it a nicer and brighter place to be". This was also noted in feedback received in the services recent stakeholder survey 'The rooms could be updated as some parts look worn and tired'.
- The manager's monthly environmental audits had identified some of the concerns we had raised. The manager told us the provider had a schedule of works in order of safety priority. We saw that some refurbishment had taken place since the last inspection. For example, during the inspection the roof was being repaired to address water damage to some ceilings. The provider was asked to notify CQC once urgent and repair and maintenance work had been completed, such as the repairs to the boiler and replacement flooring. Ensuring a safe and well maintained environment was an area that required improvement.
- In rooms where refurbishment had taken place the areas were designed and decorated to a high standard

and taken into consideration the needs of people living in the service. For example, a recently refurbished bathroom met the needs of people living with dementia as well as those with visual impairments and reduced mobility. Contrasting colours had been used to easily identify items such as toilet seat and hand rails. This design supported people to maintain a level of independence with their personal care needs.

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

- People's needs were assessed before they started to receive support from the service, to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.
- For example, a distress assessment tool was used for people with cognitive impairment. This enabled staff to identify more easily the signs of distress in people who, because of a cognitive impairment or physical illness, have severely limited communication.
- A range of assessment tool were used to ensure people received care and support appropriate to their needs. The Waterlow tool was used to assess the risk for the development of pressure sores and we observed the Abbey Pain Scale being used to assess if a person required pain relief when they were unable to communicate this. This ensured people's diverse needs were considered and promoted within their care.
- People had access to technology and equipment that met their assessed needs. People had access to call bells and sensor mats to alert staff of their movements and equipment such as stand aids were used to support people's mobility.

Staff support: induction, training, skills and experience

- New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their job well. One staff said, "My induction was very good, it covered all the things I needed to know, and I found this really helpful." Another staff member told us they received all the information and training they needed to start their role.
- Staff had opportunities to learn skills to enable them to support people's assessed needs. There was a programme of staff training which was covered a range of topics such as safeguarding adults, medicines, equality and diversity and moving and positioning. We observed staff supporting a person to use a stand aid to transfer between chairs. Staff used the equipment and techniques appropriately and provided verbal reassurance and encouragement to the person. This was demonstration of staff using the skills and knowledge they had learnt and applying it appropriately in practice.
- Staff were supported to gain qualifications in health and social care. Staff completed National Vocational Qualification (NVQ) training courses and were supported by an NVQ assessor to complete this vocational training. One staff member told us how they had achieved NVQ levels 2,3 and 5 in health and social care and NVQ level 2 and 3 in leadership and management. They told us the provider was very supportive of vocational training and staff felt valued by this.
- Staff received supervision with their line manager and their practice was observed by senior staff. Records showed that staff were competent to provide care safely and effectively to people. People and their relatives felt staff were trained and competent to provide the care they needed. One person said, "staff are always training in something, so they must be competent at what they do." A relative said "oh yes the staff seem to know what they are doing, they are very good."

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

- Nutrition and hydration needs were met, and people had enough to eat and drink. We observed staff ensuring people had access to drinks and snacks throughout the day. People told us that they had plenty to eat and drink and the meals were very good. We observed people at lunch time and saw that they were

given a choice of food which was nutritious and looked appetising.

- People's dietary needs were assessed. The Malnutrition Universal Scoring Tool (MUST) was used to identify people who were at risk of malnutrition. People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT).
- Modified diets were provided in line with SaLT guidance. For example, we observed a person requiring a soft diet being served food that has been set in moulds to resemble the foods original state prior to it being softened of pork, potato and peas. Staff told us the person's sandwiches were also presented in this way and it made the food much more appetising to the person and had a positive impact on their dietary intake.
- Specialist diets were catered for. The service used ready-made meals provided by an external caterer who specialise in providing meals for health and social care services. People gave very positive feedback about the quality and variety of meals provided. Staff told us they were able to cater for specialist diets including allergies and health requirements. We reviewed a menu for a person who had several food allergies and saw they had a varied menu of nutritious meals that catered for their specific dietary requirements.

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed that people had regular access to health care professionals, GPs and specialist nurses. Oral health assessments were in place and people had access to good oral hygiene practices and services. Staff were knowledgeable about the impact poor mouth care could have on a person's nutritional intake, health and behaviour and understood the importance of supporting good oral hygiene.
- Care records showed that people had access to routine and specialist health care appointments. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented. We reviewed one person's medical records and saw that staff had sought a medical investigation when they had become concerned about a change in the person's well-being.
- People told us that they had good access to health services. A relative said that their loved one had a fall a few weeks ago. They said the service had ensured they received prompt medical assistance and kept them up to date at all times.

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.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way.

- MCA assessments and best interests decisions had been completed. DoLS authorisations had been applied for. The manager had a process to check DoLS authorisations to ensure they remained valid.
- Where people had conditions attached to their DoLS these had been actioned. For example, we saw that one person had regular reviews of the best interests decision to administer their medicines covertly.
- Staff described when and how decisions would be made in people's best interests. We saw evidence of best interests meetings and these were carried out appropriately and in line with requirements. For example, a best interests decision for one person had been made with involvement from a medical practitioner and three members of the persons family.
- People told us that staff checked with them before providing care and this was observed during the inspection.

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

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People's privacy and dignity was not always respected, confidential information was not always held securely. For example, we observed private medical information being left unattended. The MAR's for all people receiving medicine were left on top of the locked medicines trolley in the communal lounge at lunch time. All staff had left the room and the records were left open clearly displaying medicine records for one person for several minutes.
- People did not always receive care in a dignified way. For example, in the morning we observed two people sleeping with their bedroom doors open. Both had removed their bed covers during the night and could be seen from the communal hallways. Staff did not act to protect the privacy and dignity of both people by either covering them up or closing their doors. Ensuring people's privacy and dignity was an area that required improvement.
- Consideration had not always been given to ensuring the environment was a pleasant place to be in. For example, some of the glass window in the lounge overlooked a broken fence and several industrial wheelie bins, radiator covers were broken, and curtains did not fit correctly in the dining room. Good practice guidance for people living with dementia shows people feel more anxiety and stress and become more sensitive to their physical environment, relying on their senses to understand what is going on around them. The lack of consideration to ensure that the home environment was organised and pleasant did not fully consider the wellbeing of the 17 people living with dementia. This is an area that required improvement.
- Care staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible and wherever possible. For example, people were encouraged to make decisions about what they wanted to wear.
- Staff responded appropriately and sensitively when people needed support. For example, we observed staff providing reassurance and comfort to a person who had become disorientated and confused. The person reactive positively to this support and was greatly comforted by the staff presence and offer of, "chat and a nice cup of tea."
- People felt staff treated them with kindness and were caring. Comments included, "The warmth of the place makes it special, the staff are so caring, they can't do enough for people." One relative told us their loved one was, "Made to feel welcome from the very first day," and it's like a different world they make my wife happy and look after my wellbeing too."
- The service had a record of compliments which included, 'I think it is an excellent home and I am looked after very well' and 'A very friendly care home and the staff always greet you with a smile'. One relative described the service as, "A very welcoming place to visit and a very happy place."

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

- People's relatives told us that they had been involved in developing their loved ones' support plans. People were not always able to tell us about their own involvement. Relatives told us they felt their loved ones were listened to and given choice and control in the way that their care was delivered. One relative said, "I am made to feel part of making my wife happy and they involve me in all decisions about her care." Another said, "I am kept up to date with care and we are always involved in his reviews, we are always asked what we think and if there is anything he wants that the service are not supplying."
- Staff had a very good understanding of people's communication needs; this knowledge was used to support people to make choices and decisions. We observed positive relationships between people and staff; interactions were warm, friendly and pleasant.
- People were encouraged to make decisions about the care they received. We observed people being offered choices such as food and drink and what activities they wanted to participate in. People were able to walk safely and unrestricted throughout the building and we saw people stopping to engage with other people and staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's needs were not always documented in a way that supported a person-centred approach. Care plans did not always reflect people's individual preferences for how they wished their care and support to be delivered.
- Care plans did not clearly identify which aspects of their care people could manage themselves or the type of support people required. For example, one person's care plan stated that the person's dementia was progressive and identified the person as being at risk of deteriorating mental health if they were not supported by the correct interventions. There was no record of what these interventions were, so that staff could provide safe and responsive support.
- Despite the lack of personalisation in some care plans, people and their relatives generally felt staff knew them well and staff provided support in a personalised way. One relative said, "everyone here is different, and you can see that staff respect that" another told us the service provided "bespoke, individualised care" to their loved one and "The staff all know what she likes/dislikes and are responsive to her changing needs."
- Staff told us that they knew people well and had a good understanding of their life stories. People's personal histories were recorded, and staff supported people to continue to follow their interests. For example, a person who had enjoyed gardening had their bedroom recently decorated with a bold garden theme and they were able to tend to the raised flower beds in the enclosed garden. One relative told us that staff knew a lot about their loved one, "not just how she is now but also what she was like before she had dementia."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified; however, this information was not always reflected accurately or clearly within people's care records. For example, one person's communication plan outlined the need to provide the person with effective assistance to enable them to communicate their wishes and needs. The care plan did not provide guidance as to the person's communication skills or what assistance was required to support the person to communicate effectively. Another person's communication plan said the person had communication requirements due to their dementia and were at risk of isolation. It did not provide information as to the communication requirements of the person and the measures to take to mitigate the risk of isolation.
- Staff said they were able to communicate with people effectively. They told us they used communication

methods appropriate to each person and gave an example of using a white board to enhance the communication for one person. We observed staff engaging with people effectively using verbal communication throughout the inspection.

- We did not see evidence of information being provided to people in an accessible format however staff told us they provided information in large font and pictorial form including photographs when required. We were told that most often information was passed to people verbally by staff or relatives by reading information out loud and this worked well.

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

- There were good opportunities for people to participate in activities; people choose whether to participate and staff respected their decision. During the inspection we observed people taking part in table top activities in the lounge. People were engaged and participating at their own level and pace. People were interacting well and there was lots of laughter.

- People and relatives gave positive feedback about activities. They commented, "There is usually something going on and the activities co-ordinator does a great job." People told us they did all sorts of things, in the service and local community including visiting garden centres, having lunch out and watching local amateur dramatic productions. One person told us that they went out for walks and enjoyed an ice cream on the seafront. Relatives told us they were able to visit whenever they wanted and were also invited to social events and parties. People were able to attend local community groups including attending faith service with a social gathering afterwards.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns if they wished to and none of the people we spoke to said that they had felt the need to raise a formal complaint. The service had a complaint procedure, and people said that they knew how to complain and who to complain to.

- Records showed that complaints were responded to appropriately and in a timely way. Relatives told us that when they had raised a concern it was responded to appropriately and in a timely way with good outcomes. For example, one relative fed back an occasion when they had not been informed about a medical practitioners visit. They complained verbally and since then the communication has been much better.

End of life care and support

- The service supported people with end of life care. Staff received training from the local hospice in end of life care and was an accredited provider of the Six Steps to Success Programme. The programme provides staff with a toolkit to provide quality end of life care in residential homes.

- Staff had received training in providing care for people at the end of life. Staff were positive about the training they had received and told us that they felt more confident and skilled to support people in their last days and provide emotional support to their families.

- We observed staff supporting a person nearing the end of their life. They did this with the up most compassion and care. The persons wishes were being upheld and their environment was relaxing and calm with low lighting and soft music. Staff were very attentive ensuring the person was comfortable and their dignity was maintained.

- People and their families were supported to make decisions about their end of life arrangements. Staff said that they undertook this with compassion, sensitivity and dignity and recognised that this was an important and difficult subject for people to talk about.

- The service held medicines for people reaching end of life. These were reviewed by a GP on a regular basis. People had clear plans in place to support their end of life in a comfortable and dignified way which was in

line with their personal preferences.

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

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

- The service had been without a manager registered with CQC since 21 October 2019. This is because the previous manager had moved to a new role within the company. The deputy manager had been appointed as the new manager. They provided day to day management oversight of the service and were supported by the area manager and head of care. The new manager was in the process of applying to CQC to become the registered manager for the service.
- At the last inspection newly implemented audit processes had not fully embedded into the service. At this inspection these audit systems were embedded within the service but were not robust to identify some of the significant concerns we found.
- For example, the providers own audit systems had failed to identify the obvious and significant risks to people in relation to the transportation of hot water through the building and the use of portable heaters. These risks had been apparent for a considerable amount of time and had not been identified through the providers monitoring processes or the day to day management of the service. Management processes and oversight had failed to identify the continued risks posed to people and staff through unsafe care practices.
- Systems and processes for quality monitoring had failed to identify the lack of accurate and contemporaneous information in people's care records. People's care and risk management plans did not always reflect accurate and up to date information. Records did not provide enough guidance on how to support people appropriately and mitigate identified risk. For example, a person's dietary needs care plan did not contain the most recent guidance in relation to modified textured diets. We observed the person receiving the correct consistency of food in line with their Speech and Language therapy (SaLT) assessment however, the quality monitoring of care plans had failed to ensure all records relating to the persons dietary needs reflected this and were up to date. The manager acted to address this during the inspection.
- Risk management processes had failed to identify and consider some of the risks to people identified at this inspection. Systems were not in place to identify risks to people's health and wellbeing were being assessed and documented when people's needs, or environmental factors changed. This meant the provider could not be assured all reasonably practicable actions were considered and taken to mitigate risks to people.
- Management skills, knowledge and oversight did not foster a culture that protected people from avoidable harm. This was in part due to the lack of professional judgement and understanding shown by the management team in relation to the local authorities safeguarding guidance and their own responsibilities within this. The providers processes for quality checking of records and quality assurance audits had failed to identify that records of continued and unexplained bruising were not considered under the local

authorities safeguarding guidance.

- There was a complacent culture within the senior team with regards to leadership, managerial oversight and staff boundaries. There was a lack clarity around the powers of decision making within staff roles and delegated responsibilities. For example, processes were not effective in ensuring the manager had operational knowledge and agreement for all new packages of care. At inspection the manager arranged for the inspector to interview a visitor about the service their loved one was receiving. Following the interview, the visitor was observed receiving treatment from a community health practitioner and at lunch time staff were observed administering medicines to this person. The visitor's medicines were held within the medicines trolley and they had an active MAR which had been completed for the previous four days.
- When asked about this the manager was unclear as to the status of the person with regard to them being a visitor or in receipt of care. The manager told us they were not aware of this arrangement which had been decided without their knowledge or agreement. The rota showed that the manager and staff member who had arranged this had worked three shifts together during the time this was being arranged and implemented. The manager acknowledged that although a care plan was in the process of being written for this person the usual pre- assessment documentation including an agreed package of care had not been completed. This demonstrates the lack of oversight of the manager in the operation of the service
- Consideration had not been given to the impact this may have on the persons loved one. This included risks posed to the person by having unrestricted access to their relatives personal belongings being kept in their bedroom. For example, we observed a staff member taking a box of prescription medication belonging to the visitor from the medicines trolley and taking it to their family members bedroom. The persons' whose bedroom this was lived with dementia. We asked if the medicines had been stored securely in the bedroom and were told by staff they had placed the box of medicines in the visitors bag which was not being held securely. Staff immediately returned to the bedroom and collected the box of medicines and locked them away. The person was placed at potential risk of harm from having unrestricted access to medication. The failure to ensure management oversight of all new admissions meant the provider could not always be assured processes were in place to ensure people were in receipt of safe care and treatment in line with guidance and the law.
- The manager had not considered the risks to people, staff or minors when allowing staff to bring children into work whilst they were on duty because they did not have child care. During the inspection a member of staff was observed to be talking openly about bringing a relative's child to work the previous day. The manager confirmed the person had brought a nine year to work and had not considered this to be a concern. The rota showed the person had worked 8am -2pm shift and this was confirmed at inspection by the manager. The manager said although the person was showing on the rota they had mainly been working in the office. They had not considered the confidentiality of personal data being discussed, responsibility of the child in the event of an emergency such as a fire, possible implications on the providers insurance or risks to people, staff or the child when allowing this practice to happen.
- When asked about the providers policy on allowing staff to bring children to work whilst they were on duty the manager said they did not know if there was one. Following the inspection, the manager provided a copy of the providers policy on minors coming into the care home. This predominantly covered children visiting relatives/friends who live in the service and when accompanying staff to social events being held at the home. The manager advised CQC that a subsequent risk assessment had been undertaken and this practice had now ceased.

The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. Accurate and contemporaneous records were not always maintained regarding people's care. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from people, staff and visitors was positive regarding recruiting a new manager from within the service, comments included "it's a relief to know the new manager is a person who already knows people well" and "the home is managed very well, and it's good that the new manager is someone we already know".

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

- The service had a positive and welcoming atmosphere; The service was led by an open and transparent manager who actively supported the care staff in their roles. Staff told us the manager was approachable and they felt very supported. Throughout the inspection we observed positive communication and supportive interaction between the manager and the team.
- Staff demonstrated a commitment to providing people with good care and improving the quality of their lives. It was clear from discussions they knew people very well, this included their past lives, interests and needs. We observed warm and positive interactions between the manager and people living in the service and it was clear the manager was very much part of people's lives.
- Staff were fully aware of their responsibility to provide a person-centred service Staff treated people as individuals and encouraged people and their relatives to be involved in decisions about their care and the service. Relatives told us they were invited to care planning meetings and they had plenty of opportunity to discuss their loved one's care. One relative said, "If there is anything I want to discuss they are always available", another said, "I do not think another home would care for [relative] as well as they do."

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

- The manager had an open-door policy and staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.
- The manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views were sought of the care they received. Feedback was sought from people's relatives, friends, professionals and staff. The management team analysed the feedback and used this to drive improvements. For example, the manager told us comments about the need to update the décor were being addressed though the environmental audit.
- Relatives told us they had the opportunity to regularly provide feedback on the service and completed surveys. Comments from the most recent survey included 'staff cover much diversity in the resident's lives with activities and personal needs'. One relative told us how they had been encouraged to try out the new meals and gave feedback, prior to the provider making the decision to engage with a new catering company.
- There was a positive workplace culture at the service. Regular staff meetings took place. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas.

Working in partnership with others

- The service worked in partnership with other agencies. These included healthcare services as well as local community resources such as the local hospice, medical centre and community groups.
- The manager worked professionally with external agencies such as the local authority and GP practice.

People had access to a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs. Feedback from one health professional told us they were impressed with the way people were cared for another said they service supported people living with dementia well.

- Staff told us they supported people to make local community connections and accessed local resources such as a dementia friendly faith service and community group.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to record, report and investigate injuries in line with safeguarding guidance

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. Accurate and contemporaneous records were not always maintained regarding people's care.</p>

The enforcement action we took:

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