

Hampton (Midland Care) Ltd

# Midland Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: Midland Care Home is a nursing home that is registered to provide care for up to 66 older people. There were 30 people living at the service at the time of the inspection, some of whom were living with dementia.

People's experience of using this service:

The provider had made many improvements to the safety and well-being of people living at Midland Care Home. However, the management team had not been in post long enough to make all the improvements required.

The main areas that required improvement related to the management oversight of staff following care plans, the accuracy of care records, environmental checks, complaints and seeking people's feedback. Further clinical supervision was required to oversee the monitoring of people's health and end of life care. All of these were included in the provider's action plans; the management team continued to take action to improve all these areas.

The management team had been responsive to feedback from health professionals and commissioners, however, the provider had not been pro-active in identifying the issues raised themselves. The provider's audit systems were not robust enough to monitor, assess and improve the safety and quality of the service in all areas.

People were cared for by staff who knew them and their preferences. Staff had been employed to engage people in activities that interested them, but these could be improved upon to include all people's interests, hobbies and engagement with their local community.

Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.

The provider had improved the independence for people living with dementia and those with Gujarati as their first language, by introducing signage in pictures and in English and Gujarati.

People received food and drink that met their preferences and cultural needs. Staff ensured people's dietary needs were met.

People received their prescribed medicines as planned. Staff followed infection prevention procedures.

People and their relatives had been involved in planning their care.

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.

We made a recommendation relating to the skill mix of nursing staff.

Rating at last inspection:

The last rating for this service was Inadequate (published 23 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider continued to be in breach of two regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement:

We have identified two breaches in relation to the management oversight of people's care plans, care records, the environment, complaints and audits at this inspection.

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 continue to monitor the service and work with partner agencies. The provider will be instructed to provide action plans and reports.

This service has been in Special Measures since 15 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Midland 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection took place over two days. Day one was carried out by three inspectors 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; people living with dementia. Day two was carried out by two inspectors.

#### Service and service type

Midland Care Home is a care home, which provides nursing care. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law.

We contacted health and social care commissioners who have a responsibility to monitor the care of people

at Midland Care Home. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During this inspection we spoke to eight people using the service and six visitors about the care at 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 spoke with 14 members of staff including the provider, registered manager, clinical lead, three nurses, one senior care staff, two care staff, and activities staff, two kitchen staff, two domestic staff and the administrator. We also spoke with the consultant employed by the provider.

We looked at the care records of seven people who used the service including their daily records, medicines records and the assessments and care plans. We also examined other records relating to the management and running of the service. These included two staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring audits.

After the inspection the provider was asked to provide information about how they were managing complaint, which they sent. The provider continued to provide updates to their action plan showing the improvements they continued to make.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There continued to be a risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to have systems in place to assess risk and do all that was reasonably practicable to mitigate such risks or manage people's medicines safely or have adequate systems in place to prevent or control the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People continued to be at risk of not receiving their care as planned or in a safe way.
- People continued to be at risk of sepsis as staff failed to follow care plans and the provider's policy. Where people's care plans stated they required clinical observations to be taken twice a day to detect the early signs of sepsis, these had not always been carried out. Where people were receiving antibiotics for infection, the provider's policy stated they required clinical observations to be taken twice a day, these had not always been carried out. People who were unwell were at risk of staff not noticing clinical deterioration as they failed to monitor people's clinical observations as needed.
- Staff did not always follow their policies and protocols. Where people showed signs of ill-health, such as change in behaviour or not eating and drinking as usual, staff did not follow their policy to take clinical observations to identify if they require medical assistance.
- The provider did not ensure people's risk assessments and care plans always reflected their current needs as care plans and handover contained conflicting information. For example, care plans displayed in three people's bedroom were dated before February 2019, the information did not match their current care plan or information staff received at handover.
- The provider continued to not protect people from substances that could be hazardous to their health. People living with advanced dementia walked into all areas of the home where they had access to thickener powder (intended for drinks to prevent choking) and denture cleansers; they were at risk of accidentally ingesting these. Denture cleansers can contain toxic chemicals and NHS England published patient a safety alert in 2015 relating to the potential danger of ingesting dry thickener.
- One bedroom was used for storage. This room contained a variety of equipment and was readily accessible to people living with dementia as it was not locked. People were at risk of harm from accessing this room.
- Three people received all their care in bed. Staff had installed pressure relieving mattresses to help prevent these people acquiring pressure ulcers. However, the pressure relieving mattresses were not always set to the correct settings. People continued to be at risk of pressure ulcers as staff had not ensured the mattresses were set to therapeutic levels.
- People's risk assessments were not always updated as their needs changed. For example, one person had

been assessed by the GP as not being safe to eat or drink due to the high risk of choking. Although staff had received this information during handover, the care plans had not been updated and staff continued to provide drinks in their room for the two days of inspections.

The provider responded immediately during and after the inspection. They confirmed all the actions to ensure staff had information relating to people's current needs and suitable checks of the environment and equipment were in place.

We found no evidence that people had been harmed however, 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 continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- Most people received their medicines as prescribed. However, improvements were required in recording and monitoring of medicines administration.
- People prescribed medicines to be taken 'as required' did not have protocols for staff to refer to. For example, where people were prescribed a sedative for their behaviours, or pain relief; staff did not have guidance on when to give these, or record whether these had been effective. The registered manager told us these were normally available with people's medicine administration records (MAR); they arranged for the protocols to be stored with the MAR charts.
- Staff did not record the times they gave regular medicines prescribed for pain relief; these were recorded as morning, lunch, tea or night. The medicines rounds were not always carried out at the same times each day, there was a risk of people receiving these medicines at irregular periods and receive more than one dose in a four-hour period. The registered manager told us they were changing pharmacists and believed the new MAR charts would allow space to record these times.
- The regular monitoring of the medicine's management had not identified these issues and required updating to incorporate a more robust range of checks.

#### Preventing and controlling infection

- The provider had systems in place to maintain cleanliness in the home.
- Staff had received training in infection prevention and senior staff checked staff were using the correct personal protective equipment, disposing of them properly and washing hands between tasks.
- Domestic staff had schedules of cleaning which included deep cleaning for rooms and procedures required during an outbreak of infection. One member of domestic staff told us, "Our manager checks our work and, if we get time we will steam carpets and curtains. Each day one resident gets their bed frames, wheels, everything in their room done."

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from potential abuse by having the systems in place to protect service users from abuse or improper treatment. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One person told us, "I feel safe in my



home." One member of staff said, " If I saw any abuse, I would go to my senior and manager."

- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained, including sharing information with the local authority safeguarding and putting measures in place to reduce the chance of reoccurrence.

### Staffing

At our last inspection the provider had failed to employ or deploy enough staff to meet people's needs. This was a breach of regulation 18 (Staffing.) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff deployed to provide people with their care. Although there continued to be nurse vacancies, the provider had ensured a team of regular agency nurses were booked to provide continuity of care. Two nurses told us they regularly worked at the service, one nurse told us, "I am very familiar with systems and processes and the staff have been very supportive."
- People received care from a regular group of staff who knew people well. One senior member of staff said, "The staffing has improved. We generally have the same staff throughout the week. We can call in regular staff for overtime."

We recommend the provider continually assessed the skill mix of general nurses to mental health nurses on each shift met people's clinical needs.

### Recruitment

At our last inspection the provider had failed to have suitable systems in place to ensure agency staff were of good character or have the qualifications and competence to carry out their roles. This was a breach of regulation 19 (Fit and proper persons employed.) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had suitable systems in place to assure themselves that external agency care and nursing staff were of good character and had the qualifications and skills to work at the service.
- Accurate records were kept on the use of agency care or nursing staff, including their registration with the nursing and midwifery council.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

### Learning lessons when things go wrong

- The provider and registered manager were developing ways of using learning from incidents. In some cases, changes to the way people were cared for had improved people's safety. For example, one person was at high risk of falls in the day. The registered manager arranged for them to receive their care in a supervised area on a different floor to ensure they remained safe.
- There were areas that learning had been slow such as staff not following care plans. The provider had not implemented effective systems to ensure staff carried out clinical observations in line with their policies or recorded all care.
- The provider, registered manager and clinical lead worked closely with the local commissioners who

visited the home regularly. The clinical lead welcomed feedback from the commissioners and was using this to improve the clinical governance systems.

# 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 Requires Improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received sufficient support and training to staff to enable them to carry out their roles. This was a breach of regulation 18 (Staffing.) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Agency nurses received an induction and training to enable them to follow the provider's procedures for identifying and acting upon deteriorating health. One agency nurse told us, "There was a lot involved in the induction. The clinical lead is supportive all the time."
- Staff had received training in moving and handling, safeguarding, fire safety, falls and dementia awareness. Care staff had the skills and competencies to provide safe care that met people's needs. □
- Staff had received supervision from the registered manager where skills and competencies were discussed. Staff told us the registered manager had arranged for extra training for areas they were unsure of, such as moving and handling.

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

At our last inspection the provider had failed to have adequate systems in place to ensure people's nutritional and hydration needs were met. This was a breach of regulation 14 (Meeting nutritional and hydration needs.) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People had been identified as at risk of losing weight or dehydration. However, further improvement was required in recording people's target for daily drinks and daily reviews of the fluid records to assess whether people had received sufficient fluids.
- Where people received their nutrition via a percutaneous gastrostomy tube (PEG) feed, staff recorded they followed their prescribed feeding regime. However, staff did not record they had provided all the care required to ensure the PEG tube site was cleaned and rotated daily to prevent complications and infection.
- Kitchen staff were provided with information to provide meals that met people's needs, for example, likes, dislikes, allergies and special diets.
- People told us they enjoyed the food in the home. One person told us, "The food is good, and I get enough to eat. I prefer the puddings; my favourite is their chocolate brownie with custard."

- Relatives told us staff catered for people's needs. One relative told us, "[Staff] take a lot of trouble with [relative's] food and have got [them] back to the point where [relative] enjoys it again and chooses what they want. Staff weaned [them] off pureed food and [relative] feeds themselves now."
- People who required meals to meet their cultural needs received these regularly as the provider sourced authentic Asian food from a local Hindu centre.
- Staff monitored people's weight; where people had lost weight, they had been referred to their GP and dietitian for assessment and advice.

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

- The provider has a condition on their registration which requires them to seek permission from CQC before admitting or re-admitting anyone to the home. The provider had not provided the level of detail to demonstrate they could meet people's needs when being readmitted to the home from hospital. This had delayed some re-admissions causing distress to some people who remained in hospital for long periods.
- The clinical lead had taken over the assessments recently. The level of information recorded had improved which demonstrated how the home could meet people's needs. This needs to be fully embedded.
- Staff used evidence-based tools to assess people's risks and needs.

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

- On the first floor where people living with dementia were cared for, safety gates were fitted across the doorways to help prevent people from wandering into bedrooms where people were in bed. Further improvements were required to ensure all gates were sturdy as not all of them closed properly.
- Staff were involving people living with dementia to decorate one of the communal areas to make a themed lounge.
- People were kept safe from accessing stairways by locked and coded doors.

Supporting people to live healthier lives, access healthcare services and support:

- Training had been provided for nursing and senior care staff to complete clinical observations. However, staff were not always monitoring people's health regularly as they did not carry out the clinical observations as planned. This placed people at risk of deteriorating health not being identified at an early stage.
- The provider had introduced a tool for care staff to identify when people were becoming unwell. The tool helped staff to know when to report any changes in people's behaviour, eating or drinking to nursing staff. Nursing staff used a clinical tool to identify when people's clinical observations indicated they required urgent medical attention. Both tools relied on the responsiveness of the nurses.
- Staff accessed medical advice and clinical assessments via a telephone and video service linked to a central GP assessment centre.
- Staff referred people to the GP practice promptly when people's health deteriorated.
- Further clinical supervision was required to oversee the monitoring of people's health.

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 with appropriate legal authority. 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, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had suitable systems in place to identify people who required a DoLS assessment and made the appropriate applications. Three people had DoLS authorisations in place and the manager ensured they received their care in accordance with the conditions. One relative told us, "We've had discussions with the DoLS team and the registered manager about [relative] and are happy that [relative] is protected properly."
- The registered manager recorded people's lasting power of attorney to ensure decisions were being made by people's representatives that had the legal rights to make the decisions.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the provider had made significant improvements to all areas and were meeting the regulations. However, there were a few areas that continued to need improvement and be sustained over time.

Supporting people to express their views and be involved in making decisions about their care  
At our last inspection the provider had failed to ensure people were treated with dignity and respect, or support autonomy. This was a breach of regulation 10 (Dignity and respect.) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People and where appropriate, their relatives, were involved in creating their care plans.
- The registered manager was arranging for surveys to be carried out for people to feedback about their care.
- One person told us they would like their suggestions about the garden to be considered. They said, "I used to look after gardens. I've made several suggestions about how they could get better use out of the gardens here, but no one seems to take any notice. Now would be good time to plant wallflowers, they'd look lovely in the Spring. We don't have any raised beds, I'd love to do some practical gardening myself."
- Further improvement was required to ensure people who only spoke their native language, that was not English, had care plans or information about the service provided in their own language.

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

- People had got to know permanent and agency staff and built good relationships. One person told us, "We're all friends; staff and residents, it feels like home. The staff are the best thing here." A relative said, "All the staff are good and kind. [Staff] have got to know [relative] well."
- The provider employed a range of staff who reflected the nationalities of the people in the home. This had helped to understand people's cultural needs and communicate in people's own language. One person told us, "I like it here. Some staff can talk to me in my own language [Gujarati] so it feels like home." Another person told us, "The staff are kind to me and some can speak my language." A relative told us "The staff are good and kind. They've got to know [relative] although [relative] doesn't communicate much in English any more but some staff speak Gujarati which is very helpful."
- Staff treated people well. One relative told us, "The staff can be very reassuring and if [name] wants something, they get it." One member of staff told us people were supported to live how they wanted to, they said, "It's their home. it's their life, they need to be happy."

Respecting and promoting people's privacy, dignity and independence:

- People's dignity was maintained as people received their personal care in a timely way in the privacy of

their own rooms. One member of staff told us, "We make sure when doing personal care to close curtains, and staff knock on the door before entering

- People made choices about their care, such as where they spent their time, the food they ate and clothing. For example, people had music from their own culture playing.
- Staff were seen to be patient and kind, ensuring people had the opportunity to wash their hands and face after their meal.
- People were encouraged to maintain their independence. People told us staff encouraged them to do as much as they could for themselves. One person told us, "I want to stay as independent as possible but with my [medical condition] I do need help."

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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

At our last inspection the provider had failed to provide care that met people's needs. This was a breach of regulation 9 (Person-centred care.) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Where care plans had been updated, most of these reflected people's current needs and preferences. The registered manager and clinical lead continued to update the older care plans, their action plan showed there were two care plans left to update.
- Staff had involved people and their families where appropriate when updating the care plans to ensure they agreed with their care plans.
- People had access to their call bells; they could summon help. Where people were unable to use their call bells, planned checks by staff were carried out.
- People wanted to attend activities outside of the home. One relative told us, "[Relative] used to be very active in the Hindu community and in their later life attended the day centre. The staff have tried to get [relative] there but run into travel and staff problems." The provider told us they would expand the range external activities in the future.
- People were supported to practice their religion. One relative told us, "Sometimes we go to the temple, but it depends on getting [an accessible] a taxi."
- The provider employed three members of staff to support people to carry out their activities of choice six days a week.
- People took part in activities such as yoga or singing, where people had large print word sheets, so they could join in. However, some people found these activities did not engage them. For example, one person showed us their trophies and said, "I used to be a pool champion, but I've not had a chance to play since I came here. They push me along to some of the activities, but I do get bored."
- Activities staff had learnt what some people liked and planned activities around these. For example, staff took one person to a local event where they would see animals. Their relative told us, "[Activities staff] are fab, they took mum to see the owls because they knew [relative] likes animals."
- Some people chose to be alone in their bedrooms. For example, one person told us, "I like books and watching films in my own room, so I can concentrate."
- People did not have access to many resources, as the books that were available were not in large print and newspapers were out of date.



- The provider held coffee mornings to encourage people to socialise with their own and other relatives.
- People's relatives could visit the home at any time; they were made to feel welcome.

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

At our last inspection the provider had failed to operate an effective system to identify, receive, record, handle or respond to complaints. This was a breach of regulation 16 (Receiving and acting on complaints.) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The provider had a complaints policy which the registered manager followed.
- Relatives told us they had complained verbally to the registered manager; these complaints had been dealt with in accordance with the provider's complaints policy.
- The registered manager implemented a system to check complaints had been dealt with in line with the provider's procedure, a monthly complaint audit, and arranged for all complaints to be discussed at future staff meetings.

#### 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 living with dementia had signs around the home to help them to find their way around the home. These signs were pictures, in English and Gujarati.
- One person had picture cards to support them to communicate their needs to staff.
- Further improvement was required to implement systems such as large print, audio or visual recording of key information such as how to make complaints or advising people how to feedback about their care.

#### End of life care and support

- People had not always had the opportunity to express their preferences or wishes for their end of life care. People's care plans did not record people's wishes, or what was important to them.
- Where people's needs changed, these had not been reflected in risk assessments or care plans. Staff did not have enough information about when to give food, fluids or prescribed medicines to maintain comfort.
- Some staff had received training in providing care at end of life, but further improvements were required to ensure all staff understood how to provide all care.

# 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 Inadequate. At this inspection this key question has improved to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to have systems and processes to assess monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Although the provider, registered manager and clinical lead had made many improvements to the safety of the home, they had not been in post long enough to make all the changes required to meet all people's needs.
- The management team was bonding and had a clear direction to improve people's care and to provide person-centred care. The provider was very supportive and listened to the team. This helped to promote a strong positive culture of the team.
- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.

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

- All systems to monitor and assess the quality of the service had been recently implemented and had not had time to be embedded.
- The audits were not robust and did not identify issues relating to records of care and how these relate to people's current care plans and current needs. Audits to check the recording of repositioning, food, drinks, behaviours, safety checks were infrequent and only monitored a small number of records. The audits had not identified staff continued to not complete clinical observations when required.
- The management team did not have systems in place to analyse the data from falls, incidents and complaints which would inform them of areas for improvement.
- The provider's action plan showed areas where actions had been completed in August 2019, however, we found were not completed. For example, the removal of old care plans in people's rooms, staff had conflicting information about people's current care needs as the care plans in people's rooms differed from the handover information.
- The provider did not have a suitable system in place to check the safety of the environment. People living

with dementia continued to be at risk of accessing substances such as thickener which could cause them harm.

- The provider had introduced some systems to monitor, assess and improve the service which had been effective. For example, the training and supervision of staff.

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

- People and their relatives had not been asked for their feedback. The provider planned to issue surveys in the near future.
- People did not always have the opportunity to engage with the wider community unless they were with their relatives. The provider explained this would be considered in the future when the home was running without restrictions.
- People using the service and their relatives had the opportunity to attend meetings to discuss the service. This included discussion about activities and menus.
- Staff meetings took place regularly since January 2019; these had helped improve communication. These meetings prompted discussions about identifying areas for improvement and implementing new systems. These meetings were in their infancy and had not yet developed into a structure where key issues were always discussed.

Working in partnership with others

- The registered manager had been responsive to commissioners' feedback about people's care. Further improvement was required to identify these issues through internal audits and checks.
- The management team worked positively with the local GP practice to resolve issues.

We found no evidence that people had been harmed however the provider continued to fail to have sufficient systems and processes to assess monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to notify CQC of incidents which could indicate abuse or improper treatment, and DoLS authorisations is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider understood when to notify the Care Quality Commission of incidents of suspected abuse or injury. We had received notifications in a timely way.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider continued to fail to have systems in place or systems that were robust enough to demonstrate safety was effectively managed.

### The enforcement action we took:

We imposed conditions on the provider's registration at our previous inspection. The condition that prevents new admissions and re-admissions to the home is still imposed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider continued to fail to have sufficient systems and processes to assess monitor and improve the quality and safety of the service.

### The enforcement action we took:

We imposed conditions on the provider's registration at our previous inspection. The condition that prevents new admissions and re-admissions to the home is still imposed.