

Mrs J & Mr H Chamberlain & Mrs N Woolston & Mr
D Chamberlain & Mr Thomas Beales

Grove Villa Care

Inspection report

24 Mill Road
Deal
Kent
CT14 9AD

Tel: 01304364454

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

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

The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 18 people. Thirteen people were using the service. This is larger than current best practice guidance. There was a risk that the size of the service had a negative impact on people, there were identifying signs outside of the property and industrial bins which indicated it was a care home. Staff were encouraged to wear a uniform that suggested they were care staff when coming and going with people.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; people lacked control over their lives, had limited independence, were not included in everything that happened at the service and had limited inclusion in the local community. Some action had been taken since our last inspection to support people to begin to live a fuller life and achieve the better outcomes. However, people had lived at the service for many years and had little or no experience of a service which reflected the principles and values of Registering the Right Support and had not been supported to expect these from any service they received.

People's experience of using this service:

- ☐ At our previous four inspections we found that people received an inadequate service which did not protect them from harm and no significant action had been taken to improve the service people received.
- ☐ At this inspection people continued to receive a service which was not well led and managed. They and their loved ones had not been asked for their views of the service to ensure it met their needs and expectations. People were not involved in planning what happened at the service and had not been taken part in the selection of their keyworker or new staff.
- ☐ Quality assurance checks had not been completed on the service to identify any shortfalls. The provider and manager did not know about the shortfalls we found at the service.
- ☐ Records about people's care, the staff and governance of the service were not accurate and complete. They were muddled and could not easily accessible. Agency staff who worked alone at night have limited information about people and their needs.
- ☐ People continued to be at risk at the service. Despite improvements in the management of safeguarding

risks, people were not always protected from other risks, such as the risk of falling or not receiving their medicines safely. One person had lost a significant amount of weight and had not been supported to regain this.

- ☐ Effective processes were not in operation to learn lessons and improve the service people received when things went wrong.
- ☐ One person's behaviour which challenged continued to have a negative impact on other people and we observed the atmosphere in the service change when the person returned home and other people were quieter and appeared anxious.
- ☐ Robust assessments of people's needs had not been completed to inform staff about people's skills and abilities and plan their care and support.
- ☐ Care had not been consistently planned to ensure people's healthcare needs were met consistently and care and treatment was effective.
- ☐ Information about people's equality and diversity needs and wishes had not been obtained so their care would be delivered as people wished.
- ☐ People had not been fully involved in planning their care, including their end of life care preferences, with staff and did not have copies of their care plans to refer to. Care plans had not been reviewed to ensure they reflected people's needs and were accurate.
- ☐ Two people had moved out of the service and staff had more time to support other people. However, staffing levels were not consistent or based on people's needs, so people were not always supported to go out or be as involved as possible in their care.
- ☐ New staff had not always been recruited safely and had not received a suitable induction to develop this skills and knowledge they needed to meet people's needs. Staff had not developed all the skills and knowledge they required to fulfil their role and their competence to provide people's care had not been assessed.
- ☐ People were now being supported to take part in some day to day tasks, such as making snacks and drinks. However, these goals had not been agreed with them to make sure they were what the person wanted to achieve. People's skills had not been assessed so their progress towards goals could be reviewed and celebrated.
- ☐ Staff had worked with the local authority safeguarding staff to protect people from the risk of abuse.

Rating at last inspection: Inadequate (The last inspection report was published on 25 December 2018).

Why we inspected: This was a planned inspection based on previous rating.

Enforcement: The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. We will keep the service under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, we will inspect it again within six months. We expect that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Grove Villa Care

Detailed findings

Background to this 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:

This inspection was completed by three inspectors.

Service and service type:

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before, during and after the inspection we reviewed information we had received about the service since the last inspection. This included:

- ☐ Details about incidents the provider must notify us about, such as abuse.
- ☐ We sought feedback from the local authority safeguarding team and service commissioners.
- ☐ Providers are required to send us key information about their service annually, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the information the provider sent us in August 2018.
- ☐ Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

- ☐ We spent time observing staff with people in communal areas during the inspection.
- ☐ We spoke with the manager, deputy manager and nine staff.
- ☐ We looked at four people's care records,
- ☐ We looked at medicines records.
- ☐ We looked at recruitment records for two new staff members
- ☐ We looked at training records for nine staff.
- ☐ We reviewed records relating to the management of the home including audits, policies and processes.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management.

- ☐ At our previous four inspections, risks relating to people's care and support had not been adequately assessed and guidance for staff did not contain the level of detail necessary to keep people safe.
- ☐ Behaviour support plans had been put in place since our last inspection, however these lacked specific guidance around the support people needed to remain safe. For example, one person's plan did not provide guidance to staff about how they would recognise and respond to a trigger to the person's behaviour which challenged.
- ☐ We observed that staff did not plan another person's care in accordance with their behaviour support plan to avoid a known trigger and we observed that twice the person became anxious and have behaviours which challenged staff.
- ☐ ABC charts continued not been completed to record people's behaviour. An ABC chart is used to record behaviour that challenges to help analyse what was happening before the behaviour (the antecedent) the behaviour itself and what happened after and how people responded (the consequences). People's behaviour which challenged could not be analysed as detailed and specific information about was not available to staff and visiting professionals such as community nurses.
- ☐ Risks relating to people falling had not been consistently assessed and action was not taken to support people to remain safe. We observed five people in the lounge, at least three were at risk of falling. The people were not supervised for 27 minutes while staff attended the daily handover meeting. One person with a history of falling walked without the support of their walking aid during this time, increasing their risk of falling again. The manager knew the person was at risk of falls when they walked without their walking aid, but had not put in any safeguards to ensure this person was safe during the daily meetings when no staff were around to provide support.
- ☐ One person used bedrails to stop them from falling out of bed. The manager initially told us nobody used bedrails, however, staff showed us the rails on the person's bed and confirmed they used them daily. The person's risk assessment stated they had not had any falls since living at Grove Villa Care and when they went on holiday they did not need use bedrails. We asked the manger if they person's risk of falling from bed had been reassessed. They responded that the bedrails 'had always been there'. There was a risk that the person may have been restricted by the bedrails.
- ☐ Previously we found that risks that people living with epilepsy were not managed well. At this inspection no one was living with regular, prolonged or serial epileptic seizures.
- ☐ At our previous two inspections we found action had not been taken to keep people safe in the event of a fire.
- ☐ Risks to people continued as no action had been taken to review and practice plans to keep people safe in an emergency. Staff described different evacuations processes to us. Agency staff working alone at night had not been supported to develop their knowledge of the evacuation process at the service. We informed Kent Fire and Rescue Service of our concerns.

Learning lessons when things go wrong

- Effective processes were not in operation to learn from accidents and incidents.
- Staff handover records showed one person had fallen on 23 February 2019. The manager and deputy manager were unaware of this. The deputy manager told us later the accident had been recorded but staff had not followed the correct process to inform the management team.
- Another person had fallen on 22 February 2019 and an incident form had not been completed. The deputy manager told us this was because they had forgotten to record it.
- Although analysis of accidents and incidents had been completed, the outcome was inaccurate because records were not complete. There was a risk that any patterns or trends would not be identified.

The provider had failed to assess risks and mitigate risks to people. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- At our last inspection we found guidance had not been provided to staff about people's 'when required' medicines. At this inspection guidance available to staff was not sufficiently detailed and did not include guidance about medicines where the dose varied between one and two tablets. For example, one person was prescribed diazepam every six hours to support them when they were upset. However, information was not available to staff about when to administer one tablet and when to administer two tablets. There was a risk that staff would administer too much or not enough medicine.
- The recorded stock balance for one tablet was wrong. Staff did not know that the balance was not correct and checks had not been completed to the balance was correct. There was a risk that the person had not received their medicine when they needed it.
- One person's pain management plan stated they were prescribed paracetamol when required. However, the person was not prescribed paracetamol and a stock of over the counter paracetamol was not kept. The person had behaviours which challenged and there was a risk that they may injure themselves at times. No pain relief was available for the person if they required it.
- One person had lost a considerable amount of weight. Their medicines, including paracetamol had not been reviewed to ensure that they remained at a safe dose.
- Records of when creams and other prescribed items had been applied were not completed and could not be used by health care professionals to assess if treatment was effective.
- Some people's medicines had been reviewed by their health care professional. Staff told us one person's medicine had been reduced and this had had a positive impact on them. We observed the person was more alert and engaged in tasks. They chatted with staff and inspectors which they had not done previously.

The provider had failed to ensure the proper and safe management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment

- At our previous three inspections we found people were not protected by robust staff recruitment processes.
- Staff selection processes had improved. However, checks had not been completed on staff's conduct in previous caring roles to ensure they were of good character and had the skills and knowledge they needed to fulfil their roles.
- Shortfalls in the recruitment process was identified by the provider's consultant in November 2018. However, action had not been taken to ensure new staff were recruited safely.
- A staff member had been dismissed in December 2018 and the local authority safeguarding team had requested the manager refer the person to the Disclosure and Barring Service so they could consider barring

them from working with vulnerable adults. The manager had not made the referral. The lack of action by the manager had the potential to put other vulnerable people at risk if the person was employed elsewhere.

The provider had failed to ensure that persons employed were of good character and to ensure recruitment procedures were operated effectively. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staffing

- ☐ At our previous two inspections there were not enough staff on duty to meet people's needs. During this inspection there were enough staff, however, the provider and manager had not followed advice from their consultant to put a process in operation to assess people's needs and goals alongside the number of staff required to support people at different times of the day, when planning staff deployment to ensure this was always the case.
- ☐ The deputy manager told us they planned staff deployment on staff's contracted hours rather than people's needs. The number of staff deployed varied from day to day but was not based on people's needs or planned activities. One staff member told us they were looking forward to 'consistent staffing' so they always had time to spend with people and support them to be independent and go out.
- ☐ Staffing levels were usually low at the weekend when staff were busier because people were not out at day services and there were no domestic or management staff on duty.
- ☐ The Sunday before our inspection an additional member of staff had been deployed. Staff told us having additional staff on duty, had enabled them to take some people out to a local Zoo, which people told us they enjoyed. However, the rotas for February showed that staffing levels at the weekends were not consistent.
- ☐ People continued to be supported by agency staff at night. Risks to people continued as agency staff were not inducted into the services' processes. Information available to agency staff was limited and did not contain important points such as any behaviours which challenged and the support people needed to remain safe. Agency staff had not all worked at the service previously.
- ☐ The start and end times of day shifts had been changed to 8am and 9pm and night staff were no longer required to get people up. The deputy manager told us this had improved people's sleep and they were more awake during the day.

The registered persons had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet service user's needs. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Preventing and controlling infection

- ☐ At the last inspection we asked the provider to take action to make improvements to the way the risk of infection were managed and this action has been completed.
- ☐ The service was clean. Records of cleaning completed were dated and showed a cleaning schedule was followed.
- ☐ We observed staff using disposable gloves and aprons to reduce the risk of the spread of infection. However, some staff had not completed infection control or food hygiene training.

Systems and processes to safeguard people from the risk of abuse

- ☐ At our previous two inspections people were not protected from the risk of abuse and harm because the provider and management team had not recognised safeguarding concerns. We asked the provider to take action to make improvements to the way safeguarding risks were managed and this action has been completed.

- Since our last inspection the local authority safeguarding adults at risk coordinator had spoken to the manager on a weekly basis to discuss any incidents that had occurred. Any safeguarding concerns had been identified and investigated by the local authority.
- Incidents of assaults by people on each other had reduced significantly. The management team and staff told us this was because of a change in the people who used the service and the use of strategies to support people not to assault other people.

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

There were widespread and significant shortfalls in people's care, support and outcomes. Some regulations were not met.

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

- ☐ Previously we found people's risk of losing weight was not being assessed so action could be taken to keep them as healthy as possible. This risk continued and current guidelines from the National Institute for Health and Care Excellence, (NICE) guidance had not been followed.
- ☐ One person had lost approximately 23 lbs since June 2018. A regular assessment of their needs had not been completed to identify the change in their weight and ensure they were referred to the appropriate healthcare professional promptly.
- ☐ One person had recently returned to the service following a stay in hospital. An assessment of their needs had not been completed before they returned home so the manager could be assured that staff could continue to meet their needs.
- ☐ Staff had begun to support people to develop independent living skills such as preparing meals and drinks. Assessments of people's skills had not been completed so staff knew what people were able to do for themselves and could plan the support they required to achieve their goals.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People were not consistently supported remain as healthy as possible. One person had visited their GP and been diagnosed with a moisture sore. Although the person had been prescribed cream and a pressure cushion there was no care plan in place to advise staff on how to ensure the sore did not become worse or how staff could recognise if the person needed further treatment.
- ☐ One person had been referred to a dietician for support however care had not been planned to reduce the risk of them losing more weight. Staff discussed the weight loss at the handover meeting on the first day of our inspection and one staff member suggested giving the person extra calories. The deputy manager told staff they could not do this and must wait for the dietician's advice. We would expect staff to take action to reduce the risk of the person losing weight by following guidance to meet their complete nutritional requirements.
- ☐ The manager was unable to tell us why one person had been admitted to hospital and had not obtained any written information about their needs from the hospital. The manager and staff gave us different reasons for the admission and we could not be assured that staff would quickly identify any changes in their health.
- ☐ One person had a catheter to support them to manage their continence needs. Staff recorded how much the person drank and how much fluid they urinated. However, no guidance had been provided to staff about what was considered a healthy amount for the person. A staff member told us, "It should say on their care plan the amount we should expect to see. They had 300ml output today which I think is about right."

The deputy manager told us they had not been given any guidance about how much the person should drink and urinate each day and had not taken action to obtain this information. We asked the deputy manager how they would know if the person was not drinking or urinating enough. They told us staff "monitor to see if it was not emptying and make a decision together (with staff)." This was not a planned approach to managing the person's health and put them at risk of becoming unwell.

- ☐ Previously we found that mealtimes at Grove Villa were not a positive experience for people. Since our last inspection the dining experience had improved. New dining furniture had been purchased and a dining area developed. We observed people sitting together to eat their lunch with support from staff when they needed it.
- ☐ Mealtimes had been changed and people now had a light lunch and an evening meal. People were supported to make their own sandwiches for lunch and chose from a variety of fillings.
- ☐ The deputy manager told us a picture board continued to be used to help people choose between evening meals. However, they told us this was not prepared in advance and it was not used during our inspection.
- ☐ Staff followed guidance from a Speech and Language Therapist about how to prepare meals of people who were at risk of choking. This included soft and pureed foods which people could swallow easily.

The registered persons had failed to design care with a view to achieving service users' preferences and ensuring their needs were met. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff support: induction, training, skills and experience

- ☐ New staff and agency staff continued not to be supported to follow the provider's induction process to get to know people and develop the skills they needed to meet people's needs. Staff's competence had not been assessed to make sure they had the skills they required before working along with people and they had not read people's care plans. New staff continued not to be able to tell us important information such as how they would support people to remain safe in an emergency. Again, new staff had not enrolled onto the care certificate.
- ☐ There was no process to induct staff into the role of senior support worker.
- ☐ Three staff had not completed any of the provider's online training and other staff had not completed most of the training. We looked at the training records for three staff and found one staff member who had been working at the service for a number of years had no training records, another staff member had attended one course and the third had attended two courses.
- ☐ Staff we spoke with confirmed they had attended a communication workshop provided by local authority staff and described to us how this had changed their practice. One staff member told us how they had learnt that touch can be reassuring for some people. They told us that one person often rubbed their arm gently and they rubbed the person's arm when they were anxious and this appeared to calm them.
- ☐ The manager looked for other training records but did not provide any during or after the inspection. The deputy manager told us the document they used to track the face to face training staff had completed was not up to date. We could not be assured that staff had the skills and training they needed to meet people's needs.
- ☐ Staff continued not receive regular and meaningful supervision. One staff member told us they had not received any supervision in the five months they had worked at the service. Records of other supervision meetings were very brief notes which the manager told us they had not written up. Staff had not had the opportunity to discuss their practice and any issues they had or plan their developmental their role.
- ☐ No staff at the service had taken part in an annual appraisal.

The registered persons had failed to ensure staff were appropriately trained and competent to carry out

their roles. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff working with other agencies to provide consistent, effective, timely care

- Local authority staff had been supporting the staff to make improvements to the service. This included writing hospital passports for people and providing awareness around safeguarding people from abuse.
- One person had been supported by staff to visit a new service before they decided to move out of Grove Villa. Staff told us they had helped the person with the move as they had seen where they were moving to, had met staff and joined in with activities.

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.
 - People were not unlawfully restricted. The use of equipment to restrict people, such as bedrails had been considered as part of people's DoLS authorisations. We observed one person unlock the front door and wait for a staff member to support them to leave the building as part of an activity.
 - Assessments of people's ability to make day to day decisions had been completed and the outcome recorded.
 - People were supported to make choices in ways they preferred. Some people were offered a limited number of choices or shown pictures to help them make decisions.
 - DoLS applications had been made to the local authority supervisory body in line with agreed processes. Staff were waiting for the outcome of these applications.
- Adapting service, design, decoration to meet people's needs
- The provider had completed some refurbishment of the building including the lounge and dining area. People had been involved in choosing the colours.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- ☐ People had not been asked about their preferences and needs and any protected and other characteristics under the Equality Act.
- ☐ People had not been asked if they had a preference for a male or female staff member to support them with different care tasks.
- ☐ People's behaviour continued to impact on the day to day lives of other people living at the service and they were angry and upset by it. Staff told us that one person had become very distressed about another person's regular behaviour shortly before our inspection. Although the provider had served notice to this person as they could no longer meet their needs, they and the manager had not put any strategies in place to ensure other people were not impacted by this person's behaviour.
- ☐ We observed some kind and caring interactions between staff and people. One staff member sat with people and spoke to them in a caring and interested way, asking how they were, if they slept okay and complimenting them on how they looked.
- ☐ One person spent some time in the office with staff. Staff welcomed the person and laughed and joked with them.
- ☐ Another person listened to music through earphones, a staff member asked if they were okay and if they would like the music louder.
- ☐ Staff supported a third person to make their lunch. They encouraged the person to do as much as they could. The staff member offered choice and gave praise to the person they said, "Did you say you would like a cake and some crisps? What flavour crisps? Are they small enough squares for you? You made that all by yourself, well done. I will go and get your cake and crisps".

The provider had failed to ensure people felt supported and failed to ensure people were treated with dignity and respect. This was a continued breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Respecting and promoting people's privacy, dignity and independence

- ☐ The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. People were not supported to live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- ☐ People were not treated with dignity and respect and people were referred to in disrespectful ways in their care records.
- ☐ Staff gave people privacy. We observed staff knock and ask people's permission before entering their bedrooms.
- ☐ Action had been taken to support people to be more independent. Domestic staff encouraged and

supported people to be involved in cleaning their own room and doing their laundry. Records of what people had done were detailed. Staff had considered transferable skills, when planning people's involvement. For example, the staff told us one person was able to do buttons up on their clothes and was encouraged to do the buttons up on their duvet when they changed their bed.

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

- ☐ A new keyworker system had been set up and everyone had a keyworker. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. People had not been involved in deciding who would be their keyworker.
- ☐ People were no longer isolated and staff had more time to spend with people.
- ☐ People were now supported to eat together at mealtimes. We observed people sitting together at lunchtime in the dining area. People who needed support received the support they needed from staff who were no longer interrupted to support other people.
- ☐ Everyone was supported to advocate their views by their relatives or local authority case manager.
- ☐ When people needed support from an advocate and this was arranged by their case manager, usually as part of their Deprivation of Liberty Safeguards. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- ☐ At our July 2018 inspection we found that people continued not to receive person centred care and their care had not been reviewed. This had improved and goals were recorded in people's plans. However, staff told us they had the set goals for people to become more independent and there was no evidence that people had been supported to plan what they wanted to achieve.
- ☐ Not everyone had a person centred plan which was accurate and reflected their goals and abilities.
- ☐ Some people's care plans had been updated and were more person centred. However, other care plans contained out of date information and conflicting guidance. One person's care plan had not been updated following a change in their continence needs. A risk assessment around their continence had been put in place which contradicted the guidance in the care plan. Substantive staff knew about the change in the person's needs, however agency staff worked alone at the service at night and relied on people's care plans for guidance about their care.
- ☐ Systems were not in operation to make sure that people's care plans were written and reviewed by staff who knew them well, and were accurate. One person's care plan guided staff to support them to complete physiotherapy twice a day. Staff told us the person no longer required physiotherapy. We asked the deputy manager why this information was included in the person's care plan. They told us the staff member who had written the care plan was new to social care and had not written care plans before. They told us the care plan had been checked for accuracy but this error had not been identified and there was a risk that staff may support the person to take part in physiotherapy which they were no longer advised to do.
- ☐ Processes had not been put into place to review people's care plans to make sure they always reflected their needs and wishes. Staff did not know how often they should complete reviews.
- ☐ Detailed information about people's needs was not available to agency staff who worked alone at night. Agency workers were given a folder containing a 'one page profile' for each person. Important information about people's needs, such as behaviours which challenge, had not been included in the profiles and there was a risk that people would not receive the support they needed in the way they preferred.
- ☐ Some people's care plans now included goals. For example, one person's goal was to be more independent in the kitchen. An active support plan had been developed which broke down the steps they needed to complete to make a hot drink. We observed one person drying dishes, and activity they told us they enjoyed and were now encouraged to do by staff.
- ☐ Since our last inspection, people had been funded by local authority staff to take part in day activities in the local community. Several people had joined a day centre, one person was going to the gym and another attended a local age concern group where they had met several people they had not seen for many years. People told us they enjoyed going out more.
- ☐ The service had identified some people's information and communication needs. However, staff did not fully understand the Accessible Information Standard. Some people's communication needs had been identified, recorded and highlighted in care plans, others had not. These needs were shared appropriately

with others for some people in their hospital passports. Everyone's communication needs had not been met and although some information had been written in an accessible way, it had not been shared with people.

- Some care plans had been updated to include pictures and photographs to assist people to understand its content. Although some people showed an interest in being part of the planning and recording of their care needs they were not given full access to their records at all times. One person had made many handwritten notes on their care plan about things that were important to them. The deputy manager said they were updating the care plan to include this information and the person could have a copy once it was updated. The person had not been offered a copy of their care plan although this was something very important to them and the deputy said they would like to keep a copy in their room.

End of life care and support

- At our last two inspection we found that people, with support from their relatives, had not been encouraged to discuss and share their end of their life care and treatment preferences. Again, no action had been taken to find out about people's views and preferences about their end of life care.
- No one living at the service was at the end of their life, however, some people were older. National Institute for Health and Care Excellence, (NICE) guidance about person-centred future planning had not been followed to help people and their relatives consider what they want at the end of their life. It is important that staff know about people's preferences including any cultural or spiritual needs, where they would like to be cared for and who they want with them, so they can ensure everything is in place when the time comes.

The registered persons had continually failed to design, with service users and their representatives, care which met their needs and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- At our inspection on 23 and 24 July 2018 we asked the provider to take action to make improvements to the way complaints were managed and this action has been completed.
- An easy read complaints process had been developed and was displayed in the service. A new complaints policy had also been developed in December 2018.
- One complaint had been received since our last inspection. Staff were not able to resolve the person's complaint to their satisfaction; however they had explained to the person why this was. The explanation was reasonable.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Continuous learning and improving care

- ☐ At our previous four inspections we found that the provider lacked oversight of the service and there were multiple breaches of the Health and Social Care Act. At this inspection we found the provider oversight had not improved and they had failed to take effective action to address all the breaches of regulation.
- ☐ The provider met with the manager and deputy manager each month and very brief records were maintained. The provider did not complete any checks to understand people's experiences or how the service was received delivered.
- ☐ A consultant had completed an audit of the service in November 2018 and found a number of shortfalls. An action plan had been developed to address these; however this had not been reviewed to check the required improvements had been made. The manager told us they knew what had been done and would send us an updated copy of the action plan. We did not receive this.
- ☐ The provider's Quality Assurance: Monitoring and Reviewing the Service Provision Policy requires the provider and manager to 'establish, maintain and implement a quality management system. The provider's consultant had also recommended that a monthly audit system covering a number of areas be implemented. A system had not been established to check the quality of the service and the provider and manager were not aware of the shortfalls we found.
- ☐ The provider did not have a plan in place to ensure the service people received was not interrupted by Brexit, such as the availability of food and medicines. The manager told us they would develop a plan and send it after our inspection. We did not receive the plan.

The provider had continually failed to operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- ☐ There was a continued lack of leadership and direction at the service. The manager again demonstrated that they did not know people well. They left the service frequently during the inspection and told us they often worked at another service because it was 'quieter'.
- ☐ Action had not been taken to make sure staff fully understood their responsibilities. The manager told us they supported staff to understand their role and any changes at the service at regular staff and supervision meetings. These meetings had not taken place regularly and there was no process or plan in place to ensure that they occurred.
- ☐ Staff did not always store records as required, including accident records. The deputy manager told us,

"Staff are putting the forms in the pigeon holes instead of the designated folder. We have told staff any falls have to be notified straight away. It's a difficult culture you can only keep telling staff the same things so many times". Action had not been taken to change this culture.

- ☐ Records relating to the service, including staff records and records about people's care continued to be muddled, inaccurate and incomplete. We found medicines audits relating to another of the provider's services in the complaint file for Grove Villa Care. Some important records such as police checks and training records could not be accessed promptly when required. Other records we requested could not be found and were not sent to us after the inspection as requested.
- ☐ Records around people's health were not detailed and this made it difficult to determine when people's needs had changed and what action had been taken. One person's records were not clear about changes in their health or reasons for treatment. The manager and staff were unable to tell us why the person had required treatment. There was a risk that deterioration in people's health would not be quickly identified and health care professionals would not have all the information they needed to plan effective care and treatment. ☐
- ☐ There was a manager in post and they were supported by a deputy manager. The manager did not receive supervision to discuss their practice and development in their role with a suitable qualified person.
- ☐ The manager was not registered with CQC. The manager had applied to be registered by CQC to manager the service and two other services the provider owned.
- ☐ Staff felt supported by the deputy manager who was available at the service and approachable. They told us the manager was also approachable but not at the service as often. They told us they did not feel supported by the provider who was "not around much".
- ☐ Staff told us they were motivated by the people and worked as a team provide their care.
- ☐ The provider's statement of purpose continued to be out of date and had not been amended to reflect the change in manager or the advice of the consultant. It did not provide a detailed description of the aims of the service or the services provided.
- ☐ At our previous three inspections we asked the provider to take action to make sure we received notifications about important events that had occurred at the service. This is so we can check that appropriate action had been taken. This action has been completed.
- ☐ The latest CQC rating was displayed on a notice board in the entrance hall. The provider did not have a website.

The provider had continually failed to maintain accurate and complete records. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- ☐ A number of new policies had been written and the manager told us these were shared with staff at staff meetings. This was not the case and staff had not been supported to understand the new policies when they were introduced. A new medicines policy had been introduced in November 2018, but was not discussed with staff until January 2019. The medicines policy did not have an issue date, a planned review date and had not been signed. There was a risk that staff would not follow the provider's latest policy when managing medicines.
- ☐ Following our inspection, the provider sent us a number of policies in use at the service. These had not been signed or dated. Some contained a number of spelling and grammatical errors and did not make sense. Policies were not detailed and specific and did not give staff clear guidance about processes they were required to follow.
- ☐ We were not confident that the policies we were shown were in use at the service. For example, the staff development policy stated the induction programme had been developed in line with the 'Scottish Social

Services Care Council's guidance, Preparing for Practice'. However, we found that it reflected the Care Certificate.

- Again, the provider did not involve themselves in the inspection process, despite invitations from inspectors and chose not to attend the feedback session at the end of the inspection.
- During our inspection we asked the manager to send us a number of items. We did not receive all of these, including the staff training and supervision matrixes.
- We observed that staff were not always available to answer the phone during our inspection. The answer phone was full, and people were not able to leave a message. The manager informed us they had not listened to or acted on the messages. There was a risk that staff, people's relatives and professionals would not be able to contact the manager and staff team when they needed to.

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

- People, their loved ones, staff and other people involved with the service had not been asked for their views to inform service development and check that changes made had been positive.
- The manager told us they planned to ask people for their views in July 2019.
- One residents meeting had been held since July 2018 and people discussed menus and going away on holiday. Action had not been taken to make sure that the views of everyone, including those who were not able to share their views at a meeting had been obtained and acted on.
- Staff had not been asked for their views of the service or any suggested improvements at the one staff meeting had been held since our last inspection.

The provider continually failed to seek and act on feedback from service users and other relevant people on the services provide, for the purposes of continually evaluating and improving the services. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- Since our last inspection local authority care managers, the safeguarding lead and commissioners had met with the manager and provider to offer them support to improve the service. One commissioner commented that although they had offered support they did not think that the provider and manager had implemented this to make improvements.
- The manager relied on support being offered by other agencies and had not explored opportunities such as the local 'registered managers network', a group of managers of similar services who share ideas and good practice.
- The manager received electronic updates from CQC and Skills of Care around best practice, however, they did not have a process in place to review if the information was relevant to the service and implement changes to drive improvement.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered persons had failed to design care with a view to achieving service users' preferences and ensuring their needs were met.</p> <p>The registered persons had continually failed to design, with service users and their representatives, care which met their needs and preferences.</p>

The enforcement action we took:

We cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess risks and mitigate risks to people.</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p>

The enforcement action we took:

We cancelled the provider's registration

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 continually failed to operate systems to assess, monitor and improve the quality of the services provided and reduce risks to people.</p> <p>The provider had continually failed to maintain accurate and complete records.</p>

The provider continually failed to seek and act on feedback from service users and other relevant people on the services provide, for the purposes of continually evaluating and improving the services.

The enforcement action we took:

We cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure that persons employed were of good character and to ensure recruitment procedures were operated effectively.

The enforcement action we took:

We cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet service user's needs. The registered persons had failed to ensure staff were appropriately trained and competent to carry out their roles.

The enforcement action we took:

We cancelled the provider's registration.