

The Hollies Nursing And Residential Home Limited

Hollies Nursing and Residential Home Limited

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

Hollies Nursing and Residential Home Limited is a residential nursing home, providing accommodation for persons who require nursing or personal care, and treatment of disease, disorder or injury, for up to 37 people, in one adapted building over two floors. 27 people were in the service at the time of the inspection.

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

Since the last inspection a new registered manager and nominated individual had commenced in post. They had identified areas of improvement and development, and actions to be taken.

The provider had addressed some of the issues from the last inspection, however we still found concerns that medicines were not always managed safely. Individual risks were not always being effectively managed and environmental risk assessments would benefit from more detailed information. Accidents and incident records were in place, but these were brief and one person's record had not been updated following an incident. Environmental checks and servicing were taking place.

There was an ongoing recruitment programme in place. We noted some gaps in the recruitment records. The nominated individual told us a review of the staff records had taken place. We made a recommendation about this. People told us that staffing levels were improving in the service. However, we noted times when staff members were not visible in the communal areas, and they were difficult to locate when people were asking for help and support. Systems were in place to investigate and act on allegations of abuse, this would support lessons learned going forward.

Preadmission assessments had been completed, and we saw professionals had been involved in people's care. We observed concerns in relation to the support of people during the lunchtime experience. Some areas of the service had been nicely decorated and personalised, however, others were sparse and required upgrading. The nominated individual told us there was a refurbishment plan. There was an ongoing training programme in place, we noted some gaps in the training provided. We were told that the training programme was being reviewed, to ensure all staff had the required training to support them in their roles. 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.

People and relatives were positive about the care received. Some people told us they liked their bedroom door wide open however, people's preferences and choices were not recorded in the care files we looked at. Not all people had access to a call bell system in their rooms. There was no assessment or checks completed that confirmed these people were monitored. The registered manager took immediate action to address this. They reviewed all people's needs in relation to call bells in the service. Information in relation to advocacy services was available if it was needed.

Care plans were in place however, they had not always been completed in full, updated and signed by staff. Daily checks were basic and lacked detail to confirm the care that had been delivered. End of life documentation was in place, but not all had been completed to reflect people's individual needs and choices. There was little evidence of meaningful activities taking place. There were some records to confirm the activities undertaken, and there were plans in place to support people to access activities of their choice. We saw visitors to the service and people wearing aids to support them with their communication needs. Complaints were being managed, we saw some positive feedback had been received.

Whilst some audits had been commenced, not all of these had been completed in full. Monitoring records had not always been updated to reflect the current needs of people. Evidence was seen that team meetings were taking place; surveys had been completed. The service had been working closely with professionals to make improvements. The registered manager and nominated individual were very open and honest about the shortfalls in the service, and demonstrated their commitment to address the concerns and make the required improvements.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 8 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. We worked alongside the provider and local authority to monitor progress. At this inspection we found the provider remained in breach of regulations.

We carried out a targeted inspection on 10 February 2022 to ensure the Infection Prevention and Control (IPC) practice was safe. A rating was not given at that time as we did not assess all areas of the key question. We were somewhat assured at this inspection. The registered manager took immediate action to address the findings from the inspection.

This service has been in Special Measures since 8 November 2021. 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.

Why we inspected

This was a planned inspection based on the previous ratings.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management of medicines, the management of risks and supporting people with their nutritional needs. As well as people receiving person centred care, records, operation and oversight of the service. We also made recommendations in relation to ensuring robust systems are in place to manage safe recruitment of staff. And that the premises and the service is suitable to meet the needs of people living there, as well as a recommendation that people were able to access meaningful and regular activities of their choosing.

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

Follow up

We will meet with the provider following this report being published, to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hollies Nursing and Residential Home Limited

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector, one pharmacist inspector, one specialist nurse advisor and one Expert by Experience undertook the inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on day two.

Service and service type

Hollies Nursing and Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care, and Treatment of disease, disorder or injury as a single package under one contractual agreement dependent on their registration with us. Hollies nursing and residential home limited is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. There was a

registered manager in post at the inspection.

Notice of inspection

The first day of this inspection was unannounced and the second day of the inspection was announced. Inspection activity started on 10 May 2022, and ended on 17 May 2022. We visited the service on 10 and 11 May 2022.

What we did before the inspection

Prior to the inspection, we looked at all of the information we held about the service. This included, feedback, concerns, investigations, action plans and statutory notifications which the provider is required to send to us by law. We also sought feedback from professionals. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, seven relatives and one professional. We spoke with 19 staff members. These included, three kitchen staff, two housekeeping, the laundry assistant, the maintenance person, one nurse, the clinical lead nurse, three senior carers, five carers, the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at six people's care records, associated documents, eight medicines records and medicines related documentation. We also looked at four staff files, training and supervision records. As well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.

Is the service safe?

Our findings

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

At our inspection on 12 and 13 October 2021 we rated this key question Inadequate. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate risks to people's safety were effectively managed. This was a breach of regulation 12 (1) 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

- Systems were not robust enough to ensure risks were assessed and managed safely.
- Individual risk assessments had not always been completed. In addition, the assessments were not consistent and didn't contain up to date information to ensure people's individual needs were assessed and managed safely. We saw that individual risks for three people had not been either assessed, reviewed or recorded correctly in their records. One record did not include the most recent guidance following an assessment by a professional. The registered manager took immediate action, and confirmed relevant risk assessments had been completed, and reflected their current needs.
- Accident and incident records had been completed. There was a monthly log in place, which supported monitoring of the incident and any themes or trends. However, we noted the accident logs were very basic. They contained very little information about the incident, the action taken and where these were reported to. The nominated individual confirmed they intended to review the reporting forms, to ensure they contained more information and details about how the incidents were managed. We saw one record which identified an incident where a review of the person's care plan was required. We could not see this had been undertaken following the incident. The registered manager confirmed this had been updated to ensure staff had access to up to date information to meet the needs of the person.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place so that risks were assessed, managed and updated appropriately. This was an ongoing breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risk assessments had been completed. Whilst these would benefit from more details, they included a risk rating, the actions taken as a result of the assessment, and they had been signed and dated.
- Checks on the environment and servicing were undertaken that would ensure the environment was safe. However, we noted some of these would benefit from more detail in their findings. For example, where emergency lighting checks had been completed these were not individual to each light to support actions

taken, where required. Fire risk assessment and personal evacuation plans had been developed, this would support people in the event of an emergency evacuation.

- The service had recently purchased anti-choking devices and provided training for staff to use in the event of an emergency choking incident.

Using medicines safely

At our last inspection the provider had failed to ensure systems were not in place or robust enough to ensure people's when required medicines were managed in a safe or effective way. This was a breach of regulation 12 (2) 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

- Systems for medication management were not being consistently managed safely.
- Controlled drugs were secure. The service had a system in place to secure medicines waiting to be returned to the pharmacy. However, it did not follow national guidance as the cupboard was not big enough for the amount of returns.
- We found the temperature of the fridge was showing low readings, (too cold) and staff had not acted on the result.
- The service had a system in place to record where a medicine patch was applied. However, staff did not always leave enough time before using the same area of skin, which may increase the risk of skin irritation.
- Times for administering when required paracetamol were now recorded. However, regular paracetamol doses did not have the time of administration. We could not be sure a safe four-hour gap had been left, so there was a risk people might receive an overdose.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place for the safe management of medicines. This was an ongoing breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a safe process to check what medicine a person should be taking when they were admitted to the service. Handwritten Medicine Administration Record, (MAR) charts were clear and were checked for accuracy by another member of staff. One person and a relative told us, "When my [family member's] medication was changed I was notified, but they are the experts and I do leave it up to them" and, "My medication comes on time."

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably competent, skilled and experienced staff were deployed. 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. However, we have made a recommendation in relation to the recruitment of staff.

- Staffing numbers were sufficient. Staff were mostly recruited safely.
- There was some evidence that staff had been recruited safely. However, we noted not all records confirmed that all checks had been undertaken. For example, one record had no scoring used as part of the

interview process. Where another's application form was very basic, there was no supporting evidence to support this application. The registered manager confirmed this had been added to their staff file since the inspection. The nominated individual told us the human resources department had undertaken a review of all of the recruitment records. They had developed a checklist which had been introduced to ensure gaps were followed up.

We recommend the provider seeks nationally recognised guidance to ensure robust systems are in place to manage safe recruitment of staff, and they take action to update their practice accordingly.

- We received feedback from people and relatives that the staffing in the service had improved. One told us, "We have had concerns about staffing levels, but it has improved over the last few months." Another said, "I am very happy here. The staff are lovely. The staff watch me so that I am safe." All of the staff told us that the staffing levels were improving, and less agency staff were being used. Comments included, "There are more staff in the home. "There are enough staff" and, "There is a difference in the last couple of months with the staffing. This has improved; there is a more consistent staff team. They (The service) are using less agency. We are using the same (agency) staff, they know the service users (people who used the service)." The registered manager told us there was an ongoing recruitment programme, and the permanent staff team was increasing.
- We noted there were lengths of time where staff were not visible in the communal areas, and they were difficult to locate in a timely manner when people were asking for help and support. During the inspection, we saw that there was no consistent approach to the management of staff breaks. We noted several staff were taking breaks in their duties at the same time. The nominated individual told us they had also identified this. They later confirmed a team meeting had taken place, and they had immediately implemented an allocation system for breaks with oversight from the management of the shift.
- Duty rotas had been completed which demonstrated the level of staffing including consistent agency staff cover. The service was completing a dependency assessment tool to ensure sufficient staff were in place to meet people's needs. However, this did not account for the layout of the building. The nominated individual told us they were looking at alternative dependency tools to ensure the layout of the building was considered in assessing the staffing required in the service.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff were not always wearing their masks in line with guidance. The registered manager took immediate action to ensure all staff were aware of how to wear masks safely. We noted improvements on day two of the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections. Systems had now been established to ensure all visitors LFD checks was taking place.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was supporting visitors safely to visit people. Systems and checks were in place on entry to the service.

At our last inspection the provider had failed to ensure safeguarding processes were either not in place or robust enough to demonstrate people were protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse) 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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risks of abuse. Lessons were learnt.
- People and relatives told us they felt safe in the service. They said, "There is always a friendly face to keep me safe" and, "I am completely confident in my [family member's] safety."
- There was evidence of safeguarding training being undertaken and policies and guidance was available. Staff understood the actions to take if abuse was suspected. They said they would speak with, "[The registered manager], would report to the safeguarding team and the Care Quality Commission."
- Systems were in place to investigate and act on safeguarding concerns. Records included the actions taken as a result of the investigation. A log was in place as well as audits undertaken to ensure investigations were monitored and followed up. This would support lessons learned going forward.

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 our inspection on 30 April and 1 May 2019 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to eat and drink safely.
- We undertook observations of the lunchtime experience in the dining room, on both days. The dining room was left unsupervised at times whilst people were eating their meals. The support and encouragement provided to people was mixed. Some positive interactions were seen, and choices were offered. However, not all staff provided positive and meaningful support to people whilst they ate their meals.
- We noted personal property was being stored in the kitchen, kitchen items were stored along with cleaning products, and some foods were not being stored appropriately in the food store. This situation was addressed immediately on the first day of the inspection.
- Menus were on display in the service. Meal choices were noted. However, where people required alternative consistencies for their meals their options were basic, one day soup was provided as an alternative to the main meal.

We found no evidence people had been harmed however, systems were not in place to ensure people received the safe and appropriate support for their nutritional needs. This was a breach of regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people required thickener to ensure drinks were provided safely, this was being done and recorded in a timely manner.
- Tables were nicely set on the second day of the inspection, with condiments and crockery available for people.
- People and relatives told us they were mostly happy with the meals and choices provided. People said, "My food here is good. I really enjoy it" and, "The food could have a bit more variety. It can be a bit boring sometimes." A relative told us, "[Person] has definitely improved since being in the home. [Person] is eating better, and therefore [person's] health benefits."
- There was a dedicated staff team to ensure meals were prepared and provided to people.
- Peoples weights were being monitored regularly. Where required, guidance was provided to the staff team to ensure any weight changes were monitored and acted upon. Information relating to people's nutritional needs was provided to the kitchen staff which would ensure staff knew people's needs and likes.

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

- The service design and decoration somewhat supported people's individual needs.
- During our observations we noted the service was clean, fresh and very welcoming in the entrance. There

was evidence of some improvements to the environment. However, we observed some paint work was chipped in the corridors and the walls in two bedrooms was damaged.

- Some bedrooms had been personalised however, others were very sparse and lacked homely touches. The registered manager and nominated individual told us there was an ongoing refurbishment plan and they were looking at a more dementia friendly environment.
- Most areas were clean and tidy and free from clutter and we saw evidence of cleaning being undertaken. However, we noted one communal toilet was dirty. The registered manager immediately addressed this to ensure people had access to clean facilities.

We recommend the provider seeks nationally recognised guidance to ensure the premises and the service is suitable to meet the needs of people who lived in the service.

- People told us they were happy with the environment. One person said, "My room is kept nice and cleaned every day" and, a relative commented, "This home is a great improvement on the last one. My [family member] likes to walk around a lot, but here they watch them and [family member] is safe."
- The service had lift access to the first floor and security gates had been installed on the stairs to support safety of people. Communal areas were accessible to all people and there were plans to develop the outside safe space for people to use. We noted some bedrooms had safety gates to the entrance to the room. We discussed this with the registered manager who told us all people living in these rooms or their representative had agreed to these to support their privacy, and that risk assessments had been developed in relation to these. One person told us, "I am in my room all the time, so I am safe and protected. I do feel very safe. I have a gate on my room which stops other people wandering into my room."

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team.
- People told us, "The [staff] keep me safe because without them I would fall. They always check on me to make sure I am ok." Relatives told us, "The staff really engage with my [family member], probably better than me. This enables them to care for [family member] better because [family member] trusts them" and, "The staff are wonderful, they treat my [family member] well. They do for them what I cannot."
- Staff told us they received the training required to support them in their role. Comments included, "I am up to date with training. I have done moving and handling, safeguarding, medication, fire, food hygiene, health and safety and first aid. I have enough training to meet the needs of people" and, "I am up to date with training. I have done a first aid course at the beginning of this year and I have also had training for the de choking equipment."
- Some staff told us they would benefit from. A training matrix was in place which identified the training provided. However, we noted some gaps in the training statistics. The nominated individual told us they were reviewing all of the training provided to staff in the service. This was to ensure people's individual needs were met by a skilled and monitored staff team.
- Staff told us they had yet to undertake supervisions recently, but most confirmed they had received the documentation in preparation for these. The registered manager told us they had developed a system to ensure all staff received ongoing and regular supervision going forward. This would ensure they were supported and monitored in their role. We saw some records to confirm that supervisions had been commenced with staff.

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

- People were mostly provided with appropriate support with their individual health needs. People and relatives told us they were supported to have relevant professionals involved in their care. They said, "I

always get a doctor if I need one. The staff just organise it for me" and, "It's a great help to me that doctor appointments are made and new prescriptions ordered for my [family member]."

- The registered manager confirmed professionals visited the service on a regular basis and the local advanced nurse practitioner provided feedback to relevant professionals where this was required. We received feedback from the local authority that confirmed regular meetings had been taking place with a range of professionals and improvements had been noted in the service.
- Most records confirmed that relevant professionals had been involved in people's care when it was required.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure systems were either not in place or robust enough to demonstrate compliance with the MCA 2005. This was a breach of regulation 11 (Need for consent) 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 11

- People were protected from unlawful restrictions and consent had been considered.
- We saw evidence that MCA and best interest assessments undertaken in most of the records we reviewed. We saw one person's record did not confirm whether capacity assessments had been completed. The registered manager confirmed they would take immediate action to ensure this was addressed. A record had been developed with details of all people where DoLS applications had been sent. This would ensure these were followed up and monitored. Evidence of consent had been recorded in people's care files, where relevant. A staff member told us, "I always ask people's permission."
- The nominated individual told us they were planning to introduce documentation in relation to supporting people's choices and decisions and, communication within the principles of MCA and DoLS.

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

- People's needs had been assessed. Records we reviewed confirmed that pre-admission assessments had been completed prior to people moving into the service.

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 our on 30 April and 1 May 2019, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's privacy and dignity was not always respected; people were not always supported to be independent.
- We noted a number of people during the inspection were in their beds with their bedroom door wide open. Some people and relatives did confirm they were happy for their doors to be left open. One person told us about a concern for their family members dignity. However, they told us the staff had addressed this immediately. Staff told us, "It is people's choices. A lot will ask for their door to be open. It is recorded in their care files regarding people's choices and the doors. No families have raised any issues about the doors." However, people's choices with regard to their bedroom doors had not been recorded in the care files we looked at.
- A number of people who were in their bedrooms were noted not to have access to a call bell system. Staff told us, "People are being checked in their rooms. There is at least two hourly checks. Not all people have call bells. A lot upstairs don't have them to be fair, due to capacity to use them, or it would be more of a risk to have them. If there is no buzzer it is recorded in the care records, and the reason why." Staff told us hourly checks used to be recorded but this had recently stopped. The care records we looked at did not confirm that the use of call bells for people had been considered or assessed. Immediately following the inspection, the registered manager undertook an audit of all people in the service and completed risk assessments. Hourly checks records for all people were introduced, where no buzzer was in use.
- Care plans had been developed however, they lacked a person-centred approach. Such an approach would support staff to provide individualised person-centred care. We noted there were plans in place going forward to support and guide staff on supporting people living with a dementia. The nominated individual told us the director of the service had been very focused since the last inspection on personalisation and how to support people living with a dementia.

We found no evidence people had been harmed however, systems were not in place to ensure relevant assessments and checks had been undertaken to ensure people received person centred care. This was a breach of regulation 9 (1) (3) (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information was stored securely in the staff office, as well as in the registered manager's office.
- People and relatives were positive about the care provided. Comments included, "The staff do all they can

to care for me. They are very kind", "The staff listen to what I have to say and care for me as well. They always ask how I am doing", "They know [person] well, they know how to look after [person]" and, "To give good care you need lots of patience. The staff appear to be very calm and caring with my family member]." We observed some interactions where staff discussed people's care needs and choices with them.

- Staff told us they felt people received good care. One staff member said, "People get good care and their choices are considered." A visiting professional told us, "The home had problems in the past, things had definitely improved." They told us the service went above and beyond and had been very helpful.
- We observed some kind interactions between staff and people who used the service and it was evident there were some very caring staff.
- Information relating to advocacy services was available for people to access to support them in making decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

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

At our inspection on 30 April and 1 May 2019 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection we identified in the well led section of the report that the provider had failed to ensure records with regards to care and treatment were not accurate or kept up to date. 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

- Assessments of people's current needs were not always carried out and people's end of life care and support was not always considered.
- People's care records had been developed however, they were not always person centred, and didn't contain up to date and current information, that would support the individual needs for people. The plans were also difficult to follow. For example, one person had a specific need, but their care record had not been completed to ensure staff knew how to support this. Where reviews had taken place, these were basic and lacked detail about any changes in people's care. The registered manager took immediate action to ensure the records were reviewed and updated so they reflected the current needs of people.
- A number of records were in place to record the daily care provided. However, these were tick boxes, not always completed in full, lacked detail, and had not always been signed as reviewed by the senior team. For example, the personal care monitoring charts had been prepopulated with times for all of the 12 people on the record. These had been initialled by staff as completed however, there was no specific time recorded to confirm when this was done or, any records of concerns or further action required as a result.
- End of life care documentation was in place, but it had not always been completed. One person's advanced care plan was blank. Not all records we reviewed confirmed families had been involved in their development. However, a relative told us they were kept up to date in relation to their family member's end of life care. DNACPR (Do not attempt cardio pulmonary resuscitation) were noted in people's care files however, some of these documented that reviews had been undertaken by the GP only.

Whilst no harm had occurred systems had not been established to ensure records included details assessments of people's current, individual needs and detailed reviews had taken place. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and nominated individual told us a number of records in people's care files had been introduced previously, and as a result the records were difficult to follow. The nominated individual told us they were introducing new and detailed care records documentation to record and demonstrate the needs of people.

- Relatives told us, "If I make suggestions about my [family member's] care they are listened to. It's very reassuring", "The staff know him well" and, "I know my opinion does matter. I am not involved with my [family member's] care. They do the plan for [family member]." However, the care records did not confirm that relatives had been involved in the development of the care files,
- Staff told us information about people's individual needs was recorded in the care plans. They said, "The seniors do the care plans, we go through the care plan and the staff will tell them if there are any changes so they can read." They said, the care plans reflect their needs.
- We noted good use of assessment tools such as MEWS assessments. This is an early warning scoring tool used to aid the recognition of deteriorating people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always supported to access activities. We noted very few activities taking place during our inspection, other than staff supporting people to access outside the front entrance to the property. The activities coordinator was on leave during the inspection. One member of staff told us, "[People] do not get day trips and they are not stimulated enough." The registered manager and the nominated individual agreed improvements were needed in relation to meaningful activities provided to people.
- An activities file was in place and we saw there was an activities checklist. This identified areas individual people may enjoy as activities. However, we noted one person had no record of activities being undertaken with them since January 2022. And in the main the last record of activities being undertaken for people was over ten days prior to the inspection. There was a notice board for activities in the lounge however, this was confusing to follow as to what activities some of these related to.

We recommend the provider seeks nationally recognised guidance to ensure people who used the service were able to access meaningful and regular activities of their choosing, and take action to update their practice accordingly.

- We received some feedback that people were supported to access activities of their choosing. We saw photographs of some activities taking place on display in the service and in the current newsletter. People and relatives told us, "We are planning with the staff how to get my [family member] out into the park in better weather. The home is doing all they can to assist", "The staff are my family and provide me with company and comfort" and, "I enjoy reading books and the newspapers. My family usually bring them, but staff will always get them for me as well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not consistently supported. We saw some people were making use of aids to support their communication needs. However, limited information was noted in alternative

formats to support people with their individual communication needs.

- The registered manager told us the service was now fully open to visits and we saw visitors to the service on the days of the inspection.

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. One person told us, "I have no complaints, the staff are just lovely."
- A system was in place to deal with complaints. Where complaints had been dealt with, people had been provided with details about how to escalate their concerns if they were dissatisfied with the outcomes. Information and guidance were available and information about how to complain was on display as well as in the newsletter which was available to people, relatives and visitors.

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 our inspection on 12 and 13 October 2021, we rated this key question inadequate. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we identified systems were not robust enough to demonstrate safety and quality was effectively monitored and managed. 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

- The provider did not always have a system in place to monitor and identify shortfalls. The registered manager and nominated individual told us they were developing a new and robust system to audit and monitor the service. Whilst some audits had been commenced and their findings recorded, not all had been completed in full. One record was blank and another said there was, 'no time' to complete a section. Oversight and monitoring of records had not always been updated to reflect people's current needs. For example, a one to one monitoring record had not been updated where one person's one to one staff support was no longer in place. The registered manager immediately amended this to ensure it was up to date. The nominated individual had completed a quality audit in the service.
- Whilst some audits had been commenced. We noted there was continued evidence of repeated shortfalls and breaches of regulations, already identified within this report. These had not been identified or addressed in the service prior to our inspection. Breaches were in relation to the safe management of medicines, the management of significant individual risks, supporting people with their nutritional needs, people receiving person centred care, records, operation and oversight of the service. We also made recommendations in relation to safe recruitment of staff, ensuring the premises and the service is suitable to meet the needs of people, and ensuring people are able to access meaningful and regular activities of their choosing.

Whilst no harm had occurred, systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The provider was developing systems to act when things went wrong, and understood their responsibilities.
- Since the last inspection the provider had employed a new registered manager and nominated individual. They had identified areas for improvement and development and had developed action plans to address the shortfalls in the service.
- Professionals told us things were improving. They said, "The home was a testament to her (registered managers) hard work" and, "[Registered manager] with proven experience managing this type of setting, and indeed, the high standards expected of professionals. There is also now a director of quality and governance (nominated individual), who also has significant experience in care and who is driving forward quality across all services in the group."
- There was some evidence of the actions taken as a result of investigations. A relative told us the provider had informed them immediately of a concern which had been identified in the past and took immediate action to support and resolve the concerns raised.
- There were policies and procedures available to support and guide staff. The nominated individual told us a number of these required review and updating and they were in the process of completing this.
- The registered manager, staff team and nominated individual were clear about their roles and responsibilities. The service had for several months been involved in multidisciplinary professional meetings about the previous concerns in the service, and the actions being taken to address the shortfalls and make improvements. A professional confirmed this had now been completed. One professional told us the provider had, "Shown some real backbone in terms of being honest with us, acknowledging that things were seriously wrong (but with a view to putting them right), and also investing a considerable amount of money in terms of recruitment etc." The registered manager and nominated individual were very open and honest about the shortfalls in the service and demonstrated their commitment to address the concerns and make the required improvements. The registered manager told us the local authority had recently undertaken an audit in the service.
- We received positive feedback about the registered manager and staff team and the changes that had been made. People said, "There have been lots of changes with the management of the home but it appears to be settling down", and "I don't think there is a time I come in when I don't see [registered manager], she is visible and accessible. She is the only (registered) manager I have seen on the floor." Most staff were very positive about the registered manager and the changes that had been made since they came to post. Comments included, "I think [registered manager] is great, she has been a rock to us all, worked really hard. I do see a lot of improvement in the home" and, "Things are improving, it is getting better than it was a few years back, [registered manager] is okay has improved a few things, making it nice."
- We observed the registered manager was visible in the communal areas during the inspection. The nominated individual was in attendance throughout the inspection.

At our last inspection, we identified a potential breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009

- Statutory notifications had been submitted to the Care Quality Commission in a timely manner, and we saw records of these were kept securely in the registered managers office. The registered manager confirmed a review of all of the previous investigations had been completed and they had been provided

with feedback from the local authority safeguarding team.

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

- An open culture which supported good outcomes for people was being introduced.
- All staff and the management team were very supportive of the inspection, and information we requested on both days at the service and following this was provided to us promptly.
- Certificates of registration and the ratings from the last inspection were on display, as well as their employers liability insurance certificate.

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

- People and staff were engaged and involved. Evidence of minutes from team meetings were seen along with dates, attendees and the topics discussed. We noted a team meeting was held immediately following our inspection to feedback the findings with the staff team.
- A recent questionnaire had been undertaken by the registered manager. The findings from these had been displayed in the service in the form of, 'you said and we did.'
- The provider developed newsletters with updates and information were available to people, relatives, visitors and staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People who used the service were not being protected because systems were not in place to ensure relevant assessment and checks had been undertaken to ensure people received person centred care. Regulation 9 (1) (3) (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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	People who used the service were not being protected because the provider had failed to ensure systems were in place to ensure risks were assessed, managed and updated appropriately. People who used the service were not being protected because the provider had failed to ensure systems were in place to ensure the safe management of medicines. Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs

Treatment of disease, disorder or injury

People who used the service were not being protected because systems were not in place to ensure people received the safe and appropriate support for their nutritional needs.

Regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care	
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	Regulation 17 HSCA RA Regulations 2014 Good governance
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Treatment of disease, disorder or injury	
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	People who used the service were not being protected because systems had not been established to ensure records included details assessments of people's current, individual needs and detailed reviews had taken place.
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	Systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service.
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	Regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
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