

SHC Clemsfold Group Limited

# Beechcroft Care Centre

## 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?

Inadequate 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 18, 19 and 20 January 2016. The inspection was unannounced.

Beechcroft Care Centre is nursing home that provides accommodation, nursing and personal care to 30 young adults with learning and physical disabilities. Accommodation is provided in three houses called Beechcroft Care Centre, Chestnut Lodge and Hazel Lodge which are all on one site.

There were 20 people living on site at the time of our visit. In each house there is a communal lounge and separate dining room on the ground floor where people can socialise and eat their meals if they wish. The houses share transport for access to the community and offers the use of specialist baths, spa pool, physiotherapy, weekly GP visits, 24-hour nurse support, multi-sensory room, social and recreational activities programme and a swimming pool.

At the time of the inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Following the inspection we were informed that the registered manager had left this service and an area manager was managing the service in the interim.

People confirmed they felt safe and staff demonstrated a good understanding of how to protect adults at risk. However risks associated; with people's care were not always appropriately assessed and plans had not always been developed to ensure that staff met people's needs consistently and reduced risks.

Recruitment practices and appropriate pre-employment checks were undertaken. The registered manager and staff told us that they had not been operating with sufficient staff on most days. There was a lack of clarity between the registered manager and provider about how many staff were required and how this should be deployed. Staff deployment was not effective and we found that people's care had been impacted by this. Staff supervisions were taking place although not as frequently as the policy stated and improvements need to be made in supporting staff to understand the specific needs of people using the service.

People confirmed staff involved them in making decisions. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005. Although staff had received training in this area they were unable to demonstrate they had a good understanding of the legislation. However we observed staff following the principles of the Act by seeking people's consent and offering least restrictive care. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The service had submitted applications for DoLS for some people living in the home to the supervisory body.

People described staff as kind and caring. They felt they were treated with respect and dignity. Most observations reflected this however we observed examples where staff did not treat people with respect and dignity. Whilst staff knew people well, care plans and care records were not always personalised, accurate, up to date and reflective of people's needs and preferences.

People and their relatives knew how to make a complaint and these had been investigated. Records were kept of the complaints and actions taken.

Systems were in place to gather people's views but these were not always used effectively to improve the service. Staff described the registered manager as open and approachable. They were confident any concerns would be addressed and staff and people felt listened to. There were ineffective systems and processes in place to monitor the quality and safety of the service and action had not been taken to respond to known shortfalls and risks. This had impacted upon the quality and safety of the service that people received.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach in Regulation 12 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Identified risks associated with people's care were not always assessed nor a plan developed to mitigate such risks.

Recruitment processes ensured staff were safe to work with people at risk. However the provider had not always ensured appropriate staffing levels were in place to meet people's needs.

Staff had a good understanding of safeguarding. They knew what to look for and how to report both internally and externally.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Systems in place for staff supervision and training did not ensure that staff were supported and skilled to deliver effective care.

All Staff did not have adequate knowledge of the Mental Capacity Act 2005 and the need for best interest's decisions to be made.

People's nutritional needs were met and they had access to healthcare professionals when required.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Although we observed examples of staff treating people with kindness and respect, this was not consistent. We observed examples where staff did not treat people with respect and dignity.

Care was on occasions observed as being task orientated rather than focussed on the person.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

People had their support needs assessed and agreed with them and their families. Care plans identified the support people needed but people's preferences were not always clearly recorded to ensure they received person-centred care.

People could access a range of recreational activities.

People told us that any concerns raised with the home were responded to appropriately.

**Is the service well-led?**

The service was not well led.

Systems were in place which monitored the service and gathered people's feedback. However feedback had not been analysed by the registered manager and actions that had been identified from audits had not been started or met in the recommended timeframes given.

Although audits took place they had not identified all of the shortcomings we found during the inspection.

**Inadequate** ●

# Beechcroft Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18, 19 and 20 January 2016 and was unannounced. The inspection was brought forward due to concerns being raised about staffing numbers and contents of care plans.

The inspection team consisted of two inspectors and a specialist advisor on the first day, two inspectors on the second day and one inspector on the third day.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law. Due to the inspection being brought forward, the provider was not asked to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to five people, the registered manager, two area managers, seven staff, an activity assistant and a visiting health care professional. We also spent time observing interactions between staff and people who lived in all three homes to help us understand the experience of people who could not talk with us.

We looked at the care records for four people and the medicines administration records for all people being administered medication. We looked at five staff members' recruitment, supervisions and appraisals records. We reviewed the staff training plan and the staff duty rota for the past six weeks. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures.

This was the first inspection of Beechcroft Care Centre since a change to the provider's registration.

# Is the service safe?

## Our findings

People said they felt safe living at the home. They said staff looked after them well and they had no concerns.

The registered manager provided a copy of the current staffing rotas. During the inspection staff told us that the staffing rotas were not correct. The registered manager told us she had supplied rotas that did not reflect who worked and when. For example they were one nurse short on shift the night before and a nurse on the day of the inspection. The rotas had not been updated to reflect these changes.

The registered manager stated she knew the required staffing levels by using a dependency score tool. This assessed needs of people using the service and then calculated how many hours were needed, reference to care and nurse cover. The registered manager stated over the last six weeks she had worked under that number on a weekly basis and had not informed her area manager, or made use of the on call procedures for ensuring the service worked within safe staffing numbers. Staff we spoke with felt they were working below safe numbers and that the nurses each week for the past six to eight weeks were covering two of the three homes on site which put pressure on care staff and put people at risk, such as being able to respond safely to people with epilepsy who may need urgent care. The registered manager agreed with this.

One person was receiving respite care and required 1:1 support during waking hours. On the first day of our inspection we observed they did not receive this support and were observed on their own during checks through the day which the inspection team brought to the registered manager's attention. The nurses on duty explained that the person was not getting their allocated hours because someone had called in sick and they were below numbers.

On the first day of our visit the registered manager informed us they were a nurse short on shift. We observed a nurse administering medicines who told us it took an additional hour for medicines to be administered to people and this had put additional pressure on the care staff on duty.

After the inspection concluded the provider contacted the Care Quality Commission and stated they had checked their rotas and assessment tool and assessed that they had been working within the correct number of needed staff for the number of people accessing their service. We did not see evidence during our visit that the registered manager had sufficient staff deployed. We observed this had impacted upon the staff being able to provide care in line with people's needs.

The registered manager confirmed that no cover had been sought to cover the shortfall during our inspection. The registered manager and area managers agreed that they would take immediate action and ensure all people who require 1:1 support would receive this. The registered manager had not ensured that there were sufficient numbers of staff consistently deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All electrical equipment for all three houses had not had portable appliance testing (PAT) since 2012. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to

use. Although not all items require PAT testing annually, there was no evidence any items had been tested since 2012. A family member informed the registered manager and the area manager in writing during October 2015 that PAT needed to be carried out. The provider responded that this would be done in October 2015; however this was not carried out. The registered manager said she was in the process of training someone internally to do the PAT testing however there was no date for it to be completed. Both area managers present agreed the PAT testing should have taken place by the time we had identified as it not being completed. The registered manager and provider had not ensured that equipment used by the service was safe, well maintained and complied with required safety checks.

At this inspection, whilst staff knew people well, the assessment of risk and planning of care to implement measures to reduce risks were not consistently in place or adequate. Care plans did not always give sufficient information to enable staff to act consistently to meet people's needs. As a result the support provided by individual staff members varied. For example people who received GP visits for reoccurring health conditions did not have their care plan updated or a risk assessment completed to help prevent reoccurring infections.

There were people who had a diagnosis of epilepsy who required an emergency medication to be administered. There was a care plan in place for the medication but did not contain information about who should administer the medication and there was no evidence it had ever been re-evaluated. When the registered manager was asked about this, she stated she had four care staff trained in administering this medication in conjunction with the nurses. Training certificates for the care staff were dated November 2013. The manager stated she did not think this was a problem and was unaware the care staff required this training to be renewed or refreshed. The inspectors informed the registered manager the training was out of date and there would be a risk to the person receiving this medication if those care staff had to administer that medication two years on without having received a refresher course or checks of their competency. The manager told us the four staff were booked on a refresher course with an internal trainer for the provider due to inspector feedback. People who may need this emergency medicine were at risk of not having this need met as their needs in relation to this were not clear and the staff responsible for administering it had not had recent training or competency checks to do so safely.

A number of people were assessed and prescribed as needing oxygen to help with their breathing. The registered manager was unable to evidence that people using oxygen had their own masks. Masks were not labelled, neither were the oxygen bottles. Therefore it was unclear what equipment was intended for which person. On the last day of inspection we found this was also picked up in an external audit carried out on 01 December 2015 with a timescale requiring immediate action and this had not been done. When the oxygen bottles were looked at one had a mask attached to it and was draped on a dusty floor. The registered manager said it would not have been reused but there was no evidence to ensure this was accurate. There was guidance in place on how the masks and oxygen bottles should be used and maintained but good practice was not being followed to ensure that people requiring oxygen had appropriate equipment given as instructed.

The registered manager and provider had not ensured the care and treatment was provided in a safe way in relation to assessing and managing risks to people and ensuring the safety of equipment used by the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. All the staff spoken to were able to explain different types of abuse. We saw from the training record that all members of staff had received



this training. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

People usually received their medicines on time, although we had found that staffing levels on the first day of our inspection had impacted upon the timeliness of this. We saw that medicines were handled safely. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Checks were made on a regular basis to ensure that medicines had been administered appropriately and documentation completed on a daily basis by the nurses on shift. Medicines were stored securely and the temperature records for the medicines refrigerators and rooms provided assurance that medicines were kept within their recommended temperature ranges to ensure the effectiveness of the medicines. The administration of medicines was recorded via Medicine Administration Records (MAR) which demonstrated people received their medicines as prescribed. Staff were able to explain how creams were applied and recorded. Plans for the application of creams were in place and reflected the directions on the labels.

The provider had undertaken Disclosure and Barring Service (DBS) checks and requested references for all new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager said she had four full time nurse vacancies which were being covered by the use of agency staff. Agency staff were employed by the provider from a separate business. Appropriate checks had been completed on agency staff used and profiles of the agency staff were viewed which showed they had been recruited and checked in the same way the provider's staff are checked.

Personal emergency evacuation plans were in place in care records to inform staff of people's support needs in the event of an emergency evacuation of the building. Additionally, staff had information available of the action to take if an incident affected the safe running of the service. This meant the provider had plans in place to reduce risks to people who used the service in the event of emergency or untoward events.

The internal and external premises were maintained to ensure people were safe. For example, there was no clutter and exits were clear in case of a fire, there was clear signage to tell people where fire exits were. However weekly testing of fire alarms were not completed as often as the provider's policy stated and there were gaps in the records sampled for fire system checks such as the weekly automatic door release checks and weekly alarm system checks.

## Is the service effective?

### Our findings

People told us they felt confident that the staff supporting them were knowledgeable and had the skills required to carry out their role.

The registered manager told us they felt the support and supervision of staff was adequate and showed us a schedule of supervisions they said had been undertaken. The provider's policy stated that 'Supervision should be undertaken three times a year.' Records sampled showed that supervision was not provided in line with the provider's policy, the content of supervision was very basic or sections were blank. The support and supervisions records seen did not discuss any training or development needs.

The task of supervising some staff had been delegated to the registered nurses. An area manager informed the inspector that supervision training was offered to nursing staff but the registered manager could not evidence this and the nurses spoken to had not received this training. The registered manager said she trusted the nurses to conduct the support and supervisions and feedback to her if there was anything she needed to know. The registered manager stated she knew the nursing staff did not always provide this feedback and had no system in place for monitoring support and supervisions and making sure staff were receiving appropriate support necessary to enable them to carry out the duties they were employed to perform. Therefore the systems for providing supervision to staff to assure their skills and competency was not effective.

We observed examples of staff interactions with people which did not demonstrate kindness or respect for people and have identified this as a breach of regulation in the Caring domain. The examples observed by the inspector during the course of the inspection were only addressed due to inspector's feedback. The registered manager had not noticed the conduct issues even though she had been present and observed them herself. The registered manager was unable to say if these were on-going concerns or if they had occurred the one time.

Although staff had received training in mandatory topics such as manual handling, safeguarding and fire safety, the registered manager was unable to evidence further training staff had completed to meet the specific needs of service users. This included topics related to specific conditions such as Epilepsy, Diabetes, Autism or other identified specialist needs. Therefore the registered manager and provider could not be sure that staff had received appropriate training to understand and meet the needs of people living at Beechcroft Care Centre. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were given a copy of the training matrix and told that this was up an up to date record of training staff had received. This showed staff had received training in moving and handling, fire training, food hygiene, Mental Capacity Act and DoLs, infection control and safeguarding. Agency staff also received an induction and we spoke with an agency staff member on duty who stated they had been shown emergency procedures and felt supported.

Although supervisions were not being completed in accordance with the provider's policy, staff confirmed they received some sort of supervision and felt supported. A training database was in place and the registered manager told us this supported them to monitor training. Staff told us they felt the training was helpful in supporting them to understand their role. One staff member said "Training is always available" and said they get as much support as needed. Another told us if they felt they needed any other training they just had to let the manager know and this would be arranged.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was one person who was subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty.

We observed that people were mostly asked for their consent before care was provided. Staff were able to tell us what they would do if people refused care. Where people were unable to consent, best interest assessments had been carried out and plans put in place to support people with these decisions. However we observed a person receiving physio in the main lounge with another person present. Their consent had not been sought and their care plan did not specify whether they were happy to have their physio done in a communal area with other people present. The area manager agreed at the time that this should be reflected in the physio care plan.

The registered manager demonstrated an understanding of the MCA 2005. The manager and nursing staff were able to describe to us how they involved people and their relatives in making decisions about their care and people confirmed staff discussed this with them. They confirmed applications to the supervisory body had been made for some people living in the home. A copy was kept within the person's care records and staff were aware of these. Despite having received training in the Mental Capacity Act and Deprivation of Liberty Safeguards, staff were not able to consistently demonstrate a good understanding of this legislation and the expectations. However we observed staff following the principles of the Act by seeking people's consent and offering least restrictive care.

People were supported to eat and drink with the support of staff and assistive equipment. Everyone spoken with said they enjoyed the food and drinks offered and there was always a choice. People chose from a planned menu but said if there was nothing they liked on the menu other options were available. We observed lunch over two of the three days of our inspection. Staff offered support to people throughout, ensured they knew what the meal consisted of and checked they were satisfied with the meals. The kitchen contained information about people's likes, dislikes and any special dietary requirements. Records showed that kitchen staff were kept up to date of any changes and the chef consulted with people about the menu.

Staff used a Malnutrition Universal Screening Tool (MUST) which is a screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. Care plans were also in place to guide staff about the level of support people needed. For example, if they were on a soft diet, required thickened fluids or their weight monitoring. Kitchen staff knew of the people who may require fortified and high calorie diets and they ensured this was delivered. An external health care professional told us they felt the home responded well to changing needs in people's dietary intake and they took appropriate action, although they said the records did not always reflect what the staff had done. A number of people received their nutrition through a tube inserted directly into their stomach because they were unable to take food or fluid by mouth. This was

reviewed regularly to ensure these were working properly and meeting people's needs. There were risk assessments in place around food and weight management to ensure people at risk of malnutrition or dehydration were appropriately supported.

Health appointments were made in line with the health needs of people using the service. The service employed its own physiotherapists who were closely involved in people's care. A tissue viability nurse from the local GP practice supported the nurses at Beechcroft to manage wounds.

People had access to a range of healthcare professionals including community nurses, dentists, GP, dieticians and Speech and Language Therapist. Where needed the staff requested the GP made referrals to other teams for support. People told us they were supported to see the GP if needed. The GP and external professionals made regular visits to the home to seek their advice and input on ensuring people's good health. A health care professional said staff were knowledgeable of people's needs, made appropriate referrals for additional support at appropriate times and followed the advice of other professionals.

One area of concern was the management of people's oral health. All of the care records sampled for oral care stated that people should be supported at least twice daily to brush their teeth but all records sampled showed that there were gaps and on many occasions people were not being supported with their oral hygiene at this recommended frequency. This is an area requiring improvement.

# Is the service caring?

## Our findings

People said staff were kind and caring. They told us they felt respected and listened to.

Most observations showed staff treating people with kindness and affection. During conversations with people, most staff spoke respectfully and in a friendly way. They chose words that people would understand. Staff explained what they were doing and why. They used people's preferred form of address and got down to the same level as people and maintained eye contact. Staff spoke clearly and repeated things so people understood what was being said to them.

However we observed when the nurses did a handover they moved two people who were in wheelchairs watching TV to another room without a proper explanation. The nurses did not explain what they were doing, why and where the people were being taken. We observed staff undertaking a verbal handover of people's needs including personal information related to their care and health issues. This handover was done in the presence of people using the service who were sitting with the staff which did not demonstrate respect for people's privacy and dignity. The registered manager was present and did not intervene at any point. On these occasions, staff communication and conduct did not demonstrate kindness, compassion or respect for those in need of support.

We observed some staff being task orientated in the way that they engaged with people. In Beechcroft people who had limited verbal communication skills were being supported during an art activity. Staff made limited attempts to actually communicate with the people they were supporting. This was the same experience when observing the lunch meal time in Beechcroft where the same staff supporting people during meal times did not appear to make any effort to communicate with the people they were supporting. Food was just placed in people's mouths with no interaction as to what they were about to eat. This did not support people's dignity and understanding of the care that was being provided. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In contrast, observations of interactions between the staff and people in Chestnut appeared to be warm and natural, with staff communicating with people what they were doing, including explaining the medicine they were administering or discussing the food being offered.

People confirmed staff always asked them how they were, what they wanted and checked with them that they were happy with the care they were getting. Although people were not aware that they had a care plan, they indicated that staff spoke to them about their preferences. They said they were always given choice and felt listened to. Staff responded in a caring way to difficult situations. For example, when one person became upset staff spoke reassuringly to the person and used distraction to help them feel at ease.

## Is the service responsive?

### Our findings

People told us staff responded to their requests and met their needs. People did not know what a care plan was but did tell us that the staff spoke to them about what they liked, disliked and how they wanted to be supported. People told us how resident meetings had been introduced and said if they had any concerns they could raise them at the meeting. A healthcare professional said they felt the staff and service were personalised, understood people's needs and were responsive to changing needs. They said they made referrals at appropriate times and always acted upon advice they were given.

Staff had a good knowledge of personalised care and were able to tell us what this meant. They knew the people they cared for and the support they needed. However, there were care plans which did not always contain sufficient detail. For example the communication care plan for two people with limited verbal communication did not contain clear information about the way in which they communicated. For example in two of four people's files whose communication was limited, a communication care plan had been written. It did not contain any personalised information about the way in which the person communicated. It stated they were unable to communicate by verbal means and staff should try and read their body language. This was quite vague and did not offer a staff member sufficient information to enable effective support in understanding the person. Another care plan stated if the person rocked or fidgeted this meant they were uncomfortable or unhappy: 'you should observe me and identify a reason. Talk to me and try and cheer me up.' It did not specify what topics of conversation and specifically what was known to cheer the person up. The registered manager informed the inspector that the rocking and fidgeting could also indicate the person had an infection but this was not reflected in the communication aid to check.

Care plans contained a section entitled 'what matters to me' and for one person it said 'you need to ensure I am offered something like rattles or toys which can be attached to my chair.' However it did not specify what particular items the persons preferred. Another person's plan stated the person did not like to sit in their wheelchair for long periods of time. However there was no evidence this person was offered opportunities to have time out of their chair and the plan for doing so including timeframes it should happen and how this should be managed safely.

At the start of a shift a nurse went into seven of the nine bedrooms in Beechcroft Care Centre to wake up the people in those rooms. The nurse knocked on the doors but entered without waiting for a response. They proceeded to open the curtains to say it was time to get up. There was evidence to demonstrate these individuals agreed with this method of being woken up and whether they all wanted to get up at this time. This did not reflect a person-centred approach to the morning routine and could have an adverse effect on people's moods and behaviours. The above evidence demonstrates that care plans and staff practice was not always delivered in a person-centred way to meet people's needs and reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People with complex health needs had a care plan in place related to their health and medical treatment to ensure these needs were met. This included input from external professionals to support people's health including dietitians, speech and language therapists and the GP. These health plans were reviewed and

updated regularly to ensure they reflected people's up to date needs.

Each home had a sensory and spa room which people had access to. There was also a hydro therapy pool on site which people also accessed on a weekly basis which supported people with physiotherapy needs and management of physical health conditions. People confirmed they felt listened to. They told us of activities that had taken place as a result of their feedback in these meetings such as visiting London, a car museum and doing baking. The feedback from people who had accessed these activities was positive and minutes from meetings demonstrated they would like to do more of those activities. During the course of our visit we observed people participating in a range of activities such as art work, baking, people doing puzzles, singing and reading. We asked the registered manager to elaborate further on the routine activities offered to people on site but they did not provide additional evidence of this at the time of the inspection.

There was a complaints procedure in place and on display in the communal areas. People knew who to speak with if they had any concerns or complaints. People confirmed they could talk to staff and felt listened to. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. There had been a number of complaints recorded in 2015 which the registered manager had investigated. The registered manager told us they had provided a response in relation to those they had investigated. The provider responded to complaints effectively and in line with their complaints procedure. We were able to see examples of written responses from the area manager addressing each complaint that had been made.

## Is the service well-led?

### Our findings

People said they felt the home was well led and spoke highly of the registered manager. They said they could talk to the registered manager if they needed to.

Staff gave mixed views of management. Some stated the registered manager was always available and was confident any concerns they had would be acted upon. Others stated the changes in staffing and management have had significant impact on the service. Staff highlighted that the lack of effective leadership was contributing to some of the challenges in care plans not being regularly evaluated and no medication audit systems in place.

We found the staff lacked effective leadership and management support and overall their morale was low. Our findings from this inspection demonstrated that the registered manager and provider had failed to provide good quality and safe care to people and had not acted upon known risks and shortfalls.

The culture of the home was largely task focussed, was not always person centred and did not always empower people to live fulfilled lives. The home had policies and procedures in place to offer the framework for how staff should conduct themselves but it was not always followed through or embedded in their practice. This was observed through staff practice during the course of our visit, from observing staff behaviour and interactions with people. The supervision records did not indicate that conduct was discussed or addressed. The registered manager completed a supervision in response to some behaviours observed but this was in response to the inspectors comments. Therefore there were ineffective systems to monitor and address the quality of staff conduct in delivering care.

The registered manager told us they had focussed on the daily operation of the service and therefore had not had time to carry out routine audits. Audits had not been completed and there were no effective systems in place to ensure people's needs were properly monitored and reviewed to inform their care planning and delivery. This had affected people receiving care that was person-centred.

The registered manager said she did spot check inspections. However we were not assured of the effectiveness of these spot inspections as they had not been documented, no action plan identified and the registered manager had not identified the breaches of regulations or areas for improvement we had identified during our inspection. The registered manager had not identified concerns about staff conduct that we identified in the "Caring" domain related to treating people with respect and dignity. The registered manager confirmed she only audited medicines monthly in Beechcroft Care Centre, not in Hazel Lodge or Chestnut Lodge. She also confirmed she relied on the nurses for feedback reference to medication in those two houses. She could not confirm any information about errors or issues related to medicines in these two houses. The registered manager did not have an oversight of the way medicines were managed throughout the service. The local pharmacy completed a medication audit of all three houses at the beginning of January 2016 but the registered manager could not supply any evidence of these audits or the feedback sheet that would have been given to her at the end of that audit. Therefore any areas for improvement in the safe management of medicines had not been reviewed or addressed.



The provider had a number of systems in place to monitor the quality of the service provided. Provider visits took place quarterly, reviewing all aspects of the service including care records, the environment and people's views. Following these visits action plans were produced identifying areas which required improvement. However these systems had not been utilised to identify and respond to areas for improvement. The last audit was in October 2015, evidence of the visit was given but the report had not yet been sent to the registered manager and therefore the registered manager was unaware of any action plan if one had been compiled. Therefore any issues that may have been identified by representatives of the provider had not been communicated to the manager so that action could be taken.

External professionals had been used to complete health and safety audits. However the registered manager was unable to locate these audits until the last day with the support of the area managers. The area managers confirmed that the external reports and their action plans had been sent to the registered manager in a timely manner which was evidenced to the inspector by the emails that were sent. The registered manager had failed to meet the identified shortfalls within the timescales given. The area managers reprinted off the reports to ensure actions would be started in response to the inspector's feedback and findings. Actions that should have been completed with immediate effect, for example safe labelling and administration of oxygen, had not been done and were still outstanding at the time of the inspection.

Checks of people's care records had not identified that there were gaps in people's mental capacity assessments. This was brought to the registered manager's attention at the time of the inspection. For example, people who appeared to lack capacity had assessments completed by the registered manager or deputy manager but the section for which capacity is being assessed against (decisions being made) was mostly blank and may not have included sufficient detail in support of the DoLS applications made. The registered manager completed the blank sections of the assessments during our visit.

The registered manager completed weekly reports to the area manager informing them of incidents, accidents, and staffing needs. When these were sampled the inspector identified accidents and incidents that had not been included in the report and they had also not reflected the staffing shortfall the registered manager had informed the inspector of. Therefore the area manager did not have a true picture of the needs of the service to ensure the service was safe and of good quality. The registered manager stated she had not realised she had not fully completed them. Therefore the systems in place to monitor the quality of the service had not been used effectively to drive improvement.

People who used the service and families were asked to complete questionnaires in October 2015. However, there were no action plans in place to address the suggestions for improvement such as cleanliness of bedrooms, activities being offered being more varied, PAT testing needing to be completed and clothes not being looked after or lost. The registered manager confirmed no formal analysis of surveys had been completed and no action plan had been developed as a result of these. The lack of formal analysis meant that any concerns raised may be missed. The service was not using feedback from people using services and their representatives to learn from their experiences and make improvements to the service.

The systems in place to assure and monitor the staffing levels required was not effective as there was a lack of clarity between the provider and the registered manager about the numbers of staff required. While the registered manager and staff told the inspectors that they were operating with less staff than required, the provider claimed that the staffing levels were appropriate. This demonstrated a lack of understanding of the staffing requirements and how they should be deployed. On the day of our inspection we observed that the way staff were deployed did not always ensure that people received the care they required.

Findings from this inspection demonstrated that the registered manager and provider had failed to operate

effective systems to monitor and improve the quality and safety of the service provided and act upon known risks and shortfalls. The systems that were in place to assess quality had not been effectively used to identify and respond to areas for improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular meetings with staff took place. Staff were able to contribute to the meeting and to make suggestions. For example, we observed that staff had suggested activities that could take place, training they would like to do and changes made to certain care plans. Where there were concerns the registered manager discussed these with staff. For example, we saw concerns regarding the completion of daily records had been raised by the registered manager with registered nurses and the need for improvement of these had been reinforced. Staff told us they could make suggestions and these were acted upon.

The statement of purpose for Beechcroft Care Centre was out of date and did not reflect services being offered. The provider is required to set out their aims and objectives of the service and the kind of services being provided in their Statement of Purpose. During the inspection the registered manager told us they provided respite care but this was not reflected in their Statement of Purpose. Respite care is a service offered to people and their families where people can stay for short periods to provide a break for their regular carers. The registered manager said no one was currently receiving respite care but we identified that one person was and required 1:1 support as part of their respite care. The registered manager and provider were aware they were offering this service from at least February 2015 and had not updated the Statement of Purpose or notified CQC of this change as they are required to do. This is a breach in Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose  The statement of purpose did not reflect all of the aims and objectives of the services being provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The care and treatment of service users was not always appropriate, did not meet their needs and did not reflect their preferences. Care had not always been designed to achieve service users' preferences and ensure their needs were met. Regulation 9 (1)(a)(b)(c)(3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  Service users were not treated with dignity and respect and their privacy was not ensured. Regulation 10(1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment was not provided in a safe way for service users. Risks to health and safety of service users had not been assessed or mitigated. The registered person had not

ensured that equipment used was safe and used in a safe way. Regulation 12(1)(2)(a)(b)(e).

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were insufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet service users' needs. Persons employed by the service provider did not receive appropriate support and training necessary to enable them to carry out their duties. Regulation 18(1)(2)(a)

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were ineffective systems in place to assess the quality of the service provision, manage risks, or main accurate records in respect of people.

### **The enforcement action we took:**

Warning Notice.