

Bupa Care Homes (BNH) Limited

Havering Court Care Home

Inspection report

Havering Road
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Romford
Essex
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Tel: 01708737788

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21 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Havering Court Care Home is a residential care home providing personal and nursing care to people aged 18 and over with physical disabilities and/or brain injuries. The service can support up to 51 people and at the time of the inspection, 51 people were living in the home.

Havering Court Care Home is a purpose built, two floor building. Each floor or unit has separate adapted facilities.

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

The provider was failing to ensure the service provided safe, effective and responsive care. We found repeated concerns about the home from our last inspection in July 2018. Medicines were not always managed safely. Times some medicines were given were not always recorded to ensure they were given at the recommended intervals. Some 'as required' medicines were not listed on people's records.

Accidents and incidents that had taken place in the home were not analysed to learn lessons and prevent them re-occurring. Risks associated with people's needs were assessed and staff understood how to reduce these risks, although some assessments lacked detail.

Staffing levels in the home were assessed but the home did not always have the required numbers of staff working due to staff shortages. This had an affect on the care given to people as it placed additional pressure on staff.

The home had made some improvements in recording the repositioning of people at risk of pressure ulcers and recording people's fluid intake. However, staff were unable to keep people's care plans up to date, which meant people did not always receive person centred care.

Staff were provided with suitable training to ensure their skills and knowledge were up to date. However, they did not feel fully supported by managers. They did not receive individual support and regular supervisions to encourage them to air concerns they had and review their work.

Activities took place in the home and people were encouraged to participate in them if they wished. However, there was little staff interaction with people when activities were not taking place and most people spent the day alone in their rooms. We have made a recommendation about providing activities that suited people's preferences.

People or their relatives were supported to make complaints about the home but they did not always have opportunities to discuss concerns they had.

These were ongoing issues in the home that had not been sufficiently addressed. There were inadequate

systems in place to ensure the quality of the home was being maintained through robust checks, audits and reviews.

There were procedures to protect people from abuse and staff understood how to report abuse. Staff were recruited safely and their backgrounds checked before they started working for the service. Staff followed infection control procedures to maintain the hygiene and cleanliness of the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported with maintaining their health and nutrition. The service worked in collaboration with health care professionals, such as GPs, nurses and speech and language therapists to ensure their health needs were met. People were encouraged to maintain their independence as much as they could.

Staff were respectful and caring towards people. Staff knew how to communicate with people who had difficulty speaking. Staff understood the importance of promoting equality and diversity.

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

Rating at last inspection

The last rating for this service was requires improvement (published 18 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection not enough improvements had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified four breaches in relation to medicines management, staffing levels, personalised care planning and the management and governance of the service.

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 work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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.

Inadequate ●

Havering Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was unannounced and took place on 17 October and 21 October 2019.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report, the provider's action plan and requested feedback from social care professionals.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, the deputy manager, three nursing staff, eight care staff, the chef, one domestic staff, one maintenance manager, a regional director and a quality manager. We also spoke with eight people and three relatives.

We reviewed documents and records that related to people's care and the management of the service. We reviewed eight people's care plans and five staff recruitment files. We also looked at staff training records, quality audits, rotas, complaint and incident records.

After the inspection

We continued to seek further evidence and clarification from the provider, which we have included in the report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection in July 2018, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people because people's medicines were not managed safely or effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not supported to take their medicines safely. At our last inspection in July 2018, we found the morning medicines round on the ground floor did not finish until lunchtime at 12.30pm. We found similar concerns at this inspection, whereby medicine administration was continuous and it was difficult to distinguish between morning and lunchtime medicine rounds. Medicines were prescribed to be given at particular times of the day, such as morning, lunch and night times. People's medicine administration records (MARs) reflected this. This ensured medicine doses were not administered too close together. We were not assured medicines were being given at these times with enough of an interval in between.
- Some medicines require a dose interval, for example paracetamol and antibiotics. We found there was no record of the time these had been given and therefore we could not be assured these medicines were administered in line with prescriber's instructions. After our last inspection, the provider told us they would review and change the way the medication rounds are completed. We did not find sufficient evidence that the changes had been implemented to prevent a reoccurrence. The management team told us they were short of nursing staff on the first day of our inspection, which had an effect on the medicine round. However, being short of staff was also a continuing issue.
- Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective. However, one person who had been prescribed a medicine to take when required, which was to help control epileptic seizures they could have, was not written up on their individual MAR chart. The medicine was prescribed three weeks previously. This meant staff would not have the information on what medicine the person needed and the dosage required should they have experienced a seizure in that time. This put the person at risk of avoidable harm. The management team took immediate action to resolve this during our inspection.
- We saw one person could have their medicines administered covertly (without their knowledge), if required. Senior staff told us at first the person did not need to have their medicines administered covertly. However, we were later informed that a professionals meeting had been planned for the following week to

review this. This showed that staff did not always have full knowledge of people's medicine requirements.

We found no evidence that people had been harmed, however the evidence shows that effective systems had still not been established to ensure people received their medicines safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made some improvements with how medicines were managed in the home. Staff completed MAR charts when they administered medicines. They were trained and deemed competent before they administered medicines. They ensured people received their medicines in the correct way. Staff knew how people preferred to take their medicines. People told us they received their medicines from staff. One person said, "Yes, they give me medicines five times a day."
- All medicines were available to be administered and we saw that stock and balance checks of medicines were accurate. Medicine storage systems were safe. There was a system in place for reporting medicines errors and suitable action was taken to investigate and resolve errors.

Staffing and recruitment

At our last inspection the provider had not deployed enough staff to ensure people were cared for according to their needs. This was a breach of Regulation 18 (Staffing) 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 18.

- Staffing rotas were developed to ensure there were enough staff working in the home at all times. The provider used dependency tools to assess that four nursing staff and 13 care staff were required during the morning to cover both the ground floor and lower ground floor of the home. Three nurses were required during the afternoon.
- On the first day of our inspection the home was short of one nursing staff for the whole day. The provider's policy was to use agency staff, however, the management team were unable to find short notice agency cover. This meant senior care staff were required to support nursing staff with medicines, leaving the home short of care staff for periods of the day. Most people required a high level of personal care that required a significant amount of time and support.
- This situation also affected the morning medicine round where one nursing staff and a senior care staff member had to administer medicines to nearly 37 people. A staff member told us, "It's terrible. The service lacks staff and leadership. It is very hectic and busy."
- On the second day of our inspection, the home was short of nursing and care staff in the morning due to staff cancelling their shifts at the last minute. The registered manager ensured cover was found by calling agency staff. The deputy manager supported staff with administering medicines in the meantime but this still meant the home was short of staff for a few hours.
- We found some improvements since our last inspection with how the provider ensured staff were skilled and competent. The registered manager told us the provider had supported them with recruiting the necessary staff. People that could not use call bells were checked every hour or half an hour by staff and records confirmed this.
- However, the home had people with high levels of support needs and all 51 beds were occupied. These included a large number of people who needed PEG tubes (Percutaneous endoscopic gastrostomy) to allow nutrition to be passed through a tube directly into their stomach and tracheostomies, which are tubes to aid breathing. We had concerns with the home's dependency on agency staff at short notice to cover staff

shortages.

- These issues had not been resolved since our last inspection in July 2018. We received mixed feedback from staff, people and relatives about staffing levels. One person said, "There are not enough staff. Shortages, long term sick. At holiday time, they really struggled. Agency staff don't know residents." One staff member said, "They do try and get the full 13 staff but we are down a lot and have agency come in every day. I think it has improved recently though." Another staff member told us, "We could do with more staff. There is not enough time to support people."

The above concerns showed staffing in the home was not sufficient at all times to ensure people received safe care that met their needs. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided references and proof of their identity. This ensured the provider could determine if staff were suitable to provide care and support to people.

Assessing risk, safety monitoring and management

- Risk assessments around people's health conditions, skin integrity, moving and handling and nutrition were completed. Guidance was in place for staff to reduce these risks. For example, where people were at risk of developing pressures ulcers, staff were required to reposition people every four hours or at other specific intervals to minimise the chances of ulcers occurring.
- Staff told us risk assessments provided them with sufficient information and guidance to minimise risks. A staff member said, "The assessments are very helpful and easy to follow."
- Some people with specific risk histories did not have a full risk assessment in place. For example, one person had a history of cardiac arrest. There was no risk assessment in place should the person experience this in the home and what actions staff should take to ensure they were treated. The registered manager addressed this immediately and ensured a risk assessment was in place. Another person was at risk of choking. Their risk assessment stated that should they begin to choke or have swallowing difficulties staff were to call 999 in an emergency. There was no other information on what action staff should take to support the person while they waited for an ambulance to arrive. This meant people could be at risk of harm because staff did not always have specific guidance to mitigate risks to people.

We found no evidence that people had been harmed, however risk assessments were not always detailed, which could put people at risk of harm. These concerns were a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home was maintained to ensure the premises was safe. Repairs and maintenance were carried out in the home. An assessment of fire safety was undertaken and the provider ensured recommendations to mitigate the risk of fire spreading were followed. People had personal evacuation plans in the event of an emergency.
- Relevant gas, water and electrical safety checks were carried out, as well as servicing of equipment and appliances.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents in the home. We saw that action was taken following incidents to ensure people were safe.
- However, there was not a system for reviewing and analysing incidents to identify trends and learn lessons so that any re-occurrence could be prevented. For example, records showed that there were frequent incidents involving people obtaining urinary tract infections, but these had not been reviewed to prevent re-

occurrence.

- The registered manager told us the provider had recently implemented a lessons learned system for reviewing incidents and accidents each quarter.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from abuse. Most people told us they felt safe. One person said, "Yes I am safe." However, another person told us, "I don't think it is safe. The home is not secure." A third person said, "I don't feel safe. Carers don't come in."
- Staff understood how to raise safeguarding alerts should they have concerns about abuse and people's safety. They had received training in safeguarding adults and told us they understood different forms of abuse, such as physical and sexual abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to local safeguarding teams.
- Records showed that safeguarding concerns were reported to local safeguarding teams and investigated.

Preventing and controlling infection

- The home had procedures to prevent and control infections. There were hand washing facilities available throughout the home. Staff used personal protective equipment such as disposable gloves, aprons and anti-bacterial hand gels when providing personal care to people.
- Staff told us they washed their hands thoroughly before and after providing personal care to help contain the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff felt supported by the management team. Some staff told us they were happy with their training and the support they received. A staff member said, "I had really good training and I was able to shadow an experienced staff member, which was helpful as they were a really good tutor for me." Other staff told us they did not feel they had the necessary support to do their jobs well. One staff member said, "We are not always treated well and [registered manager] is not approachable. There is no focus on our unit." Another staff member told us, "Morale is bad. There is very minimal or lack of support. I've never had any one to one supervisions with this manager. I did not have any appraisals."
- Records showed that most staff did not have one to one supervisions with either their line managers or the registered manager. The provider's policy required staff to have up to four a year. Staff did receive yearly performance appraisals.
- Supervision meetings enable staff to privately discuss concerns or issues they have about their work and other matters and obtain support in their professional development. The registered manager had mostly provided group supervisions with multiple staff, which did not always allow individual staff to speak directly with them.

Staff were not supported or encouraged to express their views privately or in one to one meetings with the management team to help them carry out their roles effectively. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was an induction process for new staff to receive training. Staff received training in nutrition and hydration, food safety, stress and distress, dementia care, infection control, medicines, pressure ulcers, moving and handling, Mental Capacity Act (2005) and safeguarding adults.
- Records showed that training was mostly up to date and where training was due or outstanding, courses were booked for staff to attend. This helped staff keep their knowledge and skills maintained. Training on specialised topics such as tracheostomy care, PEG feeding, epilepsy and catheter care was also provided to ensure staff had the ability to provide care to people with these needs. The home also provided support to some people with acquired brain injuries or mild learning disabilities but there was no record that specific training had been provided to staff on these topics.
- Most people and relatives felt staff delivered a good level of care, were well trained and knew how to support them. A relative said, "The staff are really good. They understand my [family member's] needs."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

At our last inspection we found the provider did not have effective arrangements to monitor people's conditions where they had complex needs. For example, people at risk of pressure ulcers were not supported with repositioning because staff did not reposition them when required. At this inspection, this issue had been addressed, although there was still room for improvement.

- Records showed most people were repositioned at the correct intervals, usually every four hours, to prevent the risk of pressure ulcers developing. However, for three people on the lower ground floor, records showed they had sometimes been repositioned after five or six hours. This could put people at risk and we asked the management team to look into this.
- People's care plans included contact details of health professionals such as GPs, physiotherapists and speech and language therapists. Staff told us they contacted them if they had concerns about a person's health.
- The GP visited the home weekly to check on people's health. Records showed that the service worked well with other agencies to provide timely care to people to ensure they were in the best of health.

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

At our last inspection we found people were not supported to maintain their nutrition requirements because their food and fluid intake was not monitored effectively and staff could not be sure if people had consumed the recommended amounts. At this inspection, we found this issue had been addressed.

- People's food and fluid intake was monitored and recorded at all times of the day. People with PEG feeds were supported by trained staff. Records showed people's PEG tubes were maintained to ensure people consumed the correct amount of food and fluid through them. People's weights were recorded and if there were concerns they were referred to nutritionists and health professionals.
- People were supported to eat and drink a balanced diet to maintain their health. Most people required assistance from staff with eating their meals. One person said, "I can feed myself and yes, I like the food I get." Another person told us, "The food is OK. I like ham and cheese omelettes. I get more food than at the other home I was in."
- People's food and drink preferences were recorded in care plans. This included specific dietary or nutritional requirements they had. Some people required a pureed or soft food diet due to difficulties they had swallowing.
- We observed lunch services in the dining rooms on both units and saw that staff assisted people with care and consideration of their needs. Some people preferred to eat in their rooms and this was catered for. Menus were available and on display to help people and relatives see the options on offer, including alternatives to the main dishes. The chef told us, "It is a BUPA standard menu but if residents don't like the choices or alternatives I can make anything specific they would like as well."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people in the home were assessed as requiring a DoLS to be in place. The registered manager ensured DoLS applications were completed and renewed when required. Where people in the home lacked capacity they were supported to make decisions in their best interests by family members or representatives.
- Not all staff were confident in describing the principles of the MCA, despite previous training they had received. However, they told us they sought consent before providing personal care to people. A staff member said, "Even if people do not understand or do not have capacity, I always ask for their consent and let them know what I am going to do."

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

- Before people moved into the home, an assessment of their needs and abilities was carried out to determine if the home was a suitable place for them to be supported. Assessments of their physical disabilities, healthcare, medicine requirements, oral health and nutritional needs were undertaken.
- We noted the provider's assessment template did not allow for enough specific detail to be provided about people's assessments, particularly as some people had very complex care needs that required a lot of input from various health professionals.
- The registered manager assured us and records showed that a full assessment was written up by nursing staff to determine the staffing input required for the specific care needs of the person.

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

- Most people in the home were wheelchair users and there was adequate wheelchair access throughout the home, including ramps. There were aids and adaptations to suit people's needs such as pressure relieving mattresses and floors sensors, as well as assisted baths and hoisting equipment.
- People had space to manoeuvre in their wheelchairs within the home. People's rooms were personalised with personal photos and mementos, and their front door displayed their name to help identify them. There was an outdoor garden area for people to use.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last inspection we found the provider did not ensure people were always cared for as safely as possible and according to their wishes and preferences. At this inspection we found this issue had not been sufficiently addressed.

- The provider had not ensured people's care plans were fully personalised to be able to meet people's needs. For example, some people's choices and decisions were not adequately recorded. One person who lacked capacity did not have sufficient information in their care plan about how they were able to express themselves through their body language or facial expressions. A record showed that hourly checks were required for the same person but senior staff told us these were no longer needed. However, their care plan had not been updated to reflect this.
- Another person was described as "likely to be tearful if they do not get instant attention." There was no further information on how staff would support them if they did become tearful. This meant staff did not have full information on how to support people to express their views and be involved in decisions about their care.
- People and relatives were involved in the initial stages of developing care plans to agree the plan of care. One person said, "I have been through the plan with [unit manager]. Signed bits of it." However, there was a lack of continuity and maintenance of care plans to ensure people retained choice and control over how their care and support was delivered.
- Shortages of staff also had an affect on the home as this meant people did not always get the care they needed at times they requested. One person said, "Some carers have more time for you than others. Agency are not great and can't be left on their own." Another person said, "There are not enough staff for residents' needs. Some need two staff and it means we have to wait longer. Some carers go out of their way for me."

These issues were a continued breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Ensuring people are well treated and supported; equality and diversity

- Despite these issues people told us staff were respectful, caring and compassionate. One person told us, "The staff are caring, yes. I feel well cared for." Another person said, "I feel comfortable and well cared for." Relatives also told us staff were kind and caring. One relative said, "I have utmost respect for the carers. They treat everyone equally and well. They are caring and they say 'hello' to me."

- We observed staff providing dignified care to people throughout our inspection and they were sensitive and respectful in the way they conducted themselves.
- Equal opportunities and diversity policies were in place. Staff understood that all people had equal rights to good care. One member of staff told us, "I respect everyone no matter who they are or where they are from, such as their race or gender. We can't discriminate." Staff were aware of people's protected characteristics such as age, race, disability, gender and sexual orientation.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting the privacy and dignity of people. One member of staff told us, "We must knock people's doors and ask them how they are. I close the door behind me, close curtains and make sure there is privacy for them." People told us staff were respectful of their privacy and treated them with dignity. A relative said, "Yes, they respect my [family member's] dignity and privacy."
- Staff supported people to maintain their independence as much as possible, although most people in the home were wheelchair users or were bed bound and had high dependency needs. People's level of independence was included in their care plans, such as their ability to tend to their own personal care needs.
- Staff told us they were aware of the importance of confidentiality. They knew they had a responsibility not to share confidential information with unauthorised persons. A staff member said, "I don't share any information about residents. I know about protecting their data."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. 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

At our last inspection the provider did not always ensure that the care and treatment provided to people met their needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) 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 9.

- The provider did not ensure personalised care was provided to people to meet their needs and preferences because people's care plans were not always up to date. We found care plans to be inconsistent with gaps, missing information or a lack of detail. For example, two people had not had specific aspects of their care reviewed for more than four months, when reviews were required at least monthly. One person's skin integrity care plan had not been reviewed since May 2019. Another person at risk of seizures did not have their seizure plan reviewed between May 2019 and September 2019. This meant staff would not have up to date information on the person's current health status to enable them to provide care that met their current needs.
- Other records such as those describing people's likes, dislikes and interests were also inconsistent. For example, logs of activities for one person had participated in had not been completed for three months. Another person's record stated that they enjoyed activities but there was no further detail on whether this was being achieved, as activity logs had not been completed since July 2019. This meant care plans did not reflect people's changing needs and how preferences for their care were met.
- Care plans did cover people's daily routines, lifestyle choices, interests and cultural needs, such as religious festivals they celebrated. For example, one person liked listening to music, watching films and spending time in their room listening to their favourite album.
- Staff completed daily notes about each person to share important information during shift handovers that required attention or following up. Some daily note records were not always complete and did not specify the type of personal care given as is required.
- The provider had appointed a training quality manager to help staff and managers complete care plans as they had acknowledged this was needed.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying,

recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- An AIS policy was in place. People's communication needs were described in their care plans. People received easy read versions of information if needed. One person communicated with staff by "Writing notes with their feet or keyboard computer" and was also able to lip read. Their care plan stated, "Staff required to get the full attention of what [person] is saying by maintaining eye contact." Another person used a computer device through which they used text to convey what they wanted to say.
- Staff told us they communicated with people who were unable to speak by using gestures, signals and touch. However, due to people's care plans not always being complete, communication needs of some people were not easily identifiable. One person was unable to communicate verbally but their communication plan did not include how staff interacted with them to help them understand each other. Records showed staff had one to one conversations with the person but it was not clear how this was achieved. Another person preferred to use body language and facial expressions but their care plan did not describe the various types of expressions they used and what they meant.

Systems to ensure care was personalised according to people's wishes were not robust and had not been adequately resolved. These issues were a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- There was a programme of activities for people to participate in. There were two activity coordinators working in the home. However, on the first day of our inspection we saw little activity or engagement with people on both units of the home. On the second day, there was also little in the way of group activity. Most group activities involved physiotherapy or exercise classes three days a week.
- We spoke with the full-time activity coordinator who told us about the activities the home provided. These included ball games, quiz sessions, arts and crafts, pub lunches and shopping. The home planned to celebrate the forthcoming Halloween season with a fancy dress party. We noted that swimming sessions were also offered to people but only two people were actively going swimming. Individual sensory sessions were also provided, which was an improvement following our last inspection. However, the timetable on display in one of the areas of the home was out of date and another notice referred to an event that happened a few months earlier.
- We received mixed feedback about the activities from people and relatives. One relative said, "I think the activities are good. [Family member] enjoys them." Another relative said, "They have singers now come in but there used to be more group activities. They don't do them anymore which I find disappointing as [family member] enjoyed them."
- People had individual activity records which included one to one staff interaction, if this was preferred and any other activities the person wished to pursue. However, we found that records were not always reviewed or updated regularly to show how often the person was supported.

We recommend the provider follows best practice on providing individual and group activities to people with complex healthcare needs.

Improving care quality in response to complaints or concerns

At our last inspection we made a recommendation for the provider to follow best practice on responding to complaints. We found improvements in how the provider responded to complaints at this inspection.

- There was a complaints procedure for people or their relatives to use if they were not happy with the home. There was an easy read version for people.
- People and relatives told us they knew how to make a complaint and that if they had concerns, they were more confident the registered manager would attempt to resolve their complaint.
- Complaints were received, logged and acknowledged by the registered manager. They responded to people within the timescales set out in the provider's complaints policy. We saw that two complaints were in progress at the time of our inspection.

End of life care and support

- At the time of our inspection, the home was not supporting anyone receiving end of life care. Systems were in place for people's end of life wishes to be recorded and acted upon.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place in people's care plans and was signed by relevant health professionals. People's end of life care wishes were explored.
- The registered manager told us they would work with specialist end of life care professionals to ensure people's end of life needs were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. They did not ensure that accurate, complete and contemporaneous records were maintained in respect of each service user. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 17.

- The provider had failed to significantly address the issues we found at our last inspection in July 2018. We found almost 15 months later, the same concerns as we found then under the same management team. Although the provider had acknowledged and identified some of the issues, quality assurance systems were not effective or robust. They had not identified all the shortfalls we found at our return inspection. Not enough progress had been made following the actions we asked the provider to take at the last inspection.
- Weekly meetings with senior staff took place including walk rounds to discuss concerns and share important information about people's care. Audits were also carried out. However, medicine audits had not picked up that one person's prescribed medicine was not listed on their MAR sheet, which meant they potentially would not have been given the medicine if it was needed.
- There was a continued issue with staffing levels in the home. Although the provider and registered manager had assessed the numbers of staff required in each area of the home, records showed that agency staff were frequently needed to fill gaps in the rota. This meant the home was understaffed for periods of the day. We found this during both days of our inspection, particularly affecting the medicine administration rounds. The provider had not resolved this issue following our last inspection. This put people at risk of unsafe care.
- Staff did not feel fully supported and were not provided with adequate supervision to enable them to feel confident in their ability to provide essential care to people. Some staff told us they did not feel the registered manager was approachable.
- Accidents and incidents in the service had not been analysed to learn lessons and prevent reoccurrence. The regional director and registered manager told us they had only just implemented a system to do this each quarter.
- Record keeping and care planning had only slightly improved. Care plans were not fully up to date to

reflect any changes to people's needs. This meant accurate records of people's needs were not being maintained.

- The registered manager sent us an action plan after our last inspection but had not adequately made progress on completing or meeting targets set. The registered manager told us they received support from their deputy manager and unit managers, as well as the provider. However, we were not assured that high quality care was being delivered by the leadership and governance arrangements in the service.
- The registered manager and provider had implemented an internal quality improvement plan in May 2019. We found most improvement actions that had been identified were still in progress or overdue. This included reviewing staffing levels, medicines, health and safety in the home, infection control checks and care plans. We were concerned about the length of time it had taken for the provider, since our last inspection, to implement an effective system of improvements and make sufficient progress.
- People and relatives knew who the registered manager was. Comments were mixed and they felt that more support for the registered manager would benefit the home. One person said, "She is nice and approachable but she needs to be better supported." Another person told us, "[Registered manager] is alright but not brilliant." A relative commented, "I don't think a lot of the manager. Not competent in every respect. They do have meetings but not enough. Don't think that anything comes out of the meetings. I don't think that the management support staff."
- These concerns showed there were inadequate quality assurance and management systems in the home which were repeated breaches of regulation following our last inspection.

The service had not established or achieved their objectives due to poor governance. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was not a wholly positive culture in the service. People, relatives and staff did not have full confidence in the management team to provide a good service. One person told us, "I have made formal complaints about the home. There is not a good culture, I feel it is intimidating."
- People were supported by staff with their daily care routines but good outcomes were not consistently achieved due to the lack of adequate care planning.

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

- Meetings with people and relatives took place. We found that a previous meeting with relatives left them frustrated because they were not given sufficient opportunity to voice their concerns. One relative said, "They just talked about the activities they were going to do and nothing else. It wasn't about what we wanted to say and for us to give feedback to the manager." The registered manager told us they would have more regular relative meetings going forward, listen to their concerns and take action where necessary.
- There was not a suitable culture of continuous learning and improvement in the service due to the failure to address previous concerns. The regional director told us they would be working with the registered manager to improve the service, as the regional director had only recently started supporting the home.
- The provider understood their responsibility to notify the Care Quality Commission of incidents in the service.

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

- The provider engaged with staff and considered all their equality characteristics. A staff survey was carried out in May 2019 and we saw that less than 50% of staff responded with positive comments. Staff raised

concerns about the home being under-staffed.

- The provider had responded by assuring staff they would be recruiting to fill vacancies, addressing continual staff absences and inviting staff to work additional hours if they wished. They also encouraged staff to refer potential employees to the home and offered a financial incentive if they successfully helped recruit a good candidate.
- We did not find evidence that people and relatives had participated in surveys, although feedback from people and relatives was summarised in a You Said, We Did poster. A suggestion book was also used by people and relatives. For example, additional activities such as swimming were requested and this was introduced by the service.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs.
- We spoke with a speech and language therapist who told us, "I don't have concerns about the care. The staff work well and communicate with us. They take on board advice we give them about supporting people with swallowing difficulties."
- The home had links in the local community such as local schools and places of worship. There was a church service performed in the home where hymns were sung with people. The provider invited local residents to its summer fete and other events to help people in the home engage with the community.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not always ensure that the care and treatment provided to people met their needs and reflected their preferences.</p> <p>Regulation 9 (1) (3)a</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that care and treatment was provided safely for people because medicines were not administered in a timely and effective way. Risks to people were not sufficiently assessed to ensure they remained safe.</p> <p>Regulation 12(1), (2)(a)(b)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to assess, monitor and improve the quality of the services provided to people.</p> <p>They did not ensure that accurate, complete and contemporaneous records were maintained in respect of each person.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not deployed enough staff to ensure people were always cared for according to their needs. Staffing shortages meant the home did not always have the required number of staff to provide a safe service.</p> <p>Staff did not receive sufficient support to carry out their roles effectively.</p> <p>Regulation 18(1)(2)a</p>