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Higham House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 November 2018 and was unannounced.

At the last inspection in March 2018 we rated the service overall 'Inadequate,' in breach of the regulations and placed in special measures. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, we inspect the service again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Following the last inspection, we met with the provider to stress the high-level concerns we had about the service. We asked the provider what they would do, and by when to improve the key questions, 'Safe, Effective, Caring, Responsive and Well-Led' to at least good. The areas identified for improvement included, fire safety, building upkeep and maintenance, infection controls, cleanliness, analysing and reporting accidents, incidents, reporting safeguarding concerns, providing person centred care, respecting privacy, record keeping and governance of the service.

This is the seventh inspection of Higham House Nursing Home where the provider has failed to maintain compliance with the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Higham House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Higham House Nursing Home accommodates up to 30 older people in one adapted building. At the time of this inspection, 17 people are using the service.

A registered manager was 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.

The registered manager did not always respond to requests from the Local Safeguarding Authority to carry out investigations into safeguarding concerns brought to their attention. They also did not always follow local safeguarding protocols, by reporting potential safeguarding incidents to the relevant authorities.

Medicines were managed appropriately, and people received sufficient support to take their medicines as prescribed and when required. However, medicines stocks and records were not always stored away securely.

People did not always receive person centred care, most notably at mealtimes. Staff were not being deployed to allow them to provide sufficient support to people who need assistance with eating and drinking at mealtimes. The mealtime experience needed improvement to make it a more enjoyable and social time for people.

People were treated with respect and compassion, although privacy was not always respected. There was a lack of meaningful activities, as the activity provision at the service was minimal.

Systems were not in place to plan and review staff training in a timely way to ensure staff received training that is appropriate to their respective roles and responsibilities.

Statutory notifications were not always submitted to the CQC. Failure to consistently notify CQC of events and safeguarding incidents means we cannot check the provider has taken appropriate action to ensure people's safety and welfare.

The provider did not have sufficient processes in place to assess, monitor, learn from and continually improve the quality of the service. Records relating to the management and oversight of the service were disorganised, which impacts on the ability to effectively oversee the day to day running of the service. Systems were in place to seek feedback from people using the service and relatives, however feedback received was not always been used to drive continuous improvement of the service.

People's general health and wellbeing was monitored, and information was shared with all involved in people's care. When concerns about changes in people's health and wellbeing were noticed staff took the appropriate action to refer people to the relevant healthcare professionals, for advice and support.

Sufficient action had been taken to improve fire safety, the building upkeep, maintenance, infection controls, and cleanliness of the service.

Staff recruitment records were made available for inspection and the records seen evidenced that appropriate recruitment checks are carried out prior to staff taking up employment. Ancillary staffing arrangements had been improved to allowing for routine deep cleaning to take place.

People spoke positively about the staff that support them and relatives felt staff always made them feel welcome. People and their representatives had opportunities to contribute to the planning of their care and support. People's needs and preferences were set out in their care plans. People's care and support needs were regularly reviewed and updated to ensure information was current to their changing needs.

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.

The laundry system had been reviewed and improved to ensure people's clothing and bedding was laundered appropriately.

At this inspection, we found the provider in breach of the legal requirements. You can see what action we told the provider to take with regards to the breaches at the back of the full version of the 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.

People were not always protected from the risks of abuse. Requests to investigate safeguarding concerns had not always been responded to, and incidents that could indicate potential abuse had not been reported to the relevant authorities.

People received their medicines safely, but medicines stocks and records were not always stored away securely.

There was enough staff to meet people's needs, but the staffing deployment arrangements did not allow for staff to provide people with sufficient support to eat and drink at mealtimes.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Person centred care was not always provided at meal times to fully support people to eat and drink and make the mealtime experience an enjoyable, social time for people.

Domestic staff had not received appropriate health and safety training in using cleaning chemicals as required in their roles. Some staff had received basic training on dementia care, however further training was required on understanding the sensory and communication needs of people living with dementia.

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.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

People were treated with respect and compassion, although their rights to privacy were not always respected.

People did not always receive their personal care in accordance with their wishes.

Is the service responsive?

The service was not always responsive.

More work was needed to support people to follow their interests and take part in activities relevant and appropriate to them.

The care plans contained sufficient information to inform the staff on people's physical, mental, emotional and social needs.

People knew how to make any complaints and as such felt confident to speak directly to the registered manager if they felt they needed to make a complaint.

Requires Improvement 

Is the service well-led?

The service was not always well led.

The provider did not have effective processes in place to monitor, learn from and continually improve the quality of the service.

The quality assurance systems and processes were not effective in identifying and mitigating risks to ensure people were protected from abuse and harm.

The provider had not always operated in an open and transparent manner in reporting events and incidents to the Local Safeguarding Authority and the Care Quality Commission.

Requires Improvement 

Higham House Nursing Home

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.

This inspection took place on 6 November 2018 and was unannounced.

The inspection was carried out by three inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service from statutory notifications received from the provider. Statutory notifications are a legal requirement that providers must tell us about registration changes, deaths, important events and serious incidents at the service.

We contacted Quality Monitoring Officers from Northamptonshire County Council and the Nene NHS Nene Clinical Commissioning Group, who since our last inspection had been in regular contact with the service, carrying out quality improvement visits. We contacted officers from the Northamptonshire Fire Service and Environmental Health who had carried out fire safety and food hygiene environment visits to the service following our last inspection. All the officers confirmed the action plans they had set with the provider following their visits had been satisfactorily completed.

We also contacted the Northamptonshire branch of 'Healthwatch England', to establish if they had any information, to support our inspection. (Healthwatch England is the national consumer champion in health and social care). They confirmed they had not carried out any visits to the service and had not received any feedback from the public to inform our inspection.

During the inspection we spoke with five people using the service and one relative. We spoke with one registered nurse, the cook, a laundry assistant, a domestic assistant, the activity assistant, five care staff and the registered manager.

We conducted a tour of the premises to check the required improvements as identified at the last inspection had been completed. We looked at the care records belonging to two people using the service. We also looked at other information in relation to the day-to-day management of the service. This included five staff recruitment files and staff training records. We also looked at records relating to safeguarding, complaints and quality assurance monitoring of the service by the registered manager on a day-to-day basis.

Is the service safe?

Our findings

At the inspection carried out in March 2018 the service was rated 'Inadequate' and was in breach of Regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had met some of the improvements and the rating for 'Safe' has changed to 'Requires Improvement'.

People were not always protected from the potential risks of abuse. The provider did not have systems in place to identify or recognise potential abuse or have robust procedures in place to report these. Audits carried out by the registered manager showed they had checked and signed off accident and incident reports. However, the records did not indicate what actions had been taken to investigate or mitigate the risks of repeat incidents to protect people from further harm. For example, four accident reports had been completed by staff when people had sustained unexplained bruising to their limbs; in one instance a person had unexplained bruising to their eye. Such injuries have the potential to indicate suspected abuse, or neglect. As such the reports reviewed by the registered manager, specifically regarding the unexplained bruising had not been escalated to the Local Safeguarding Authority (LSA) or CQC as safeguarding concerns.

The staff confirmed, and records showed they had received safeguarding training. However, the providers safeguarding policy contained outdated contact numbers for alerting the LSA and CQC of safeguarding concerns.

Prior to the inspection the CQC received information from the LSA regarding three safeguarding enquiries they had asked the registered manager at Higham House Nursing Home to investigate. These were in relation to concerns that were raised in April, July and September 2018. They asked the registered manager to provide them with evidence of their enquiry, safeguarding plan and outcome within 28 working days.

During the inspection we requested to see records of the safeguarding investigations they had been asked to complete. However, the registered manager said they had not carried out any formal investigations and did not have any safeguarding investigation records to produce to us. Following the inspection, we contacted the LSA and they confirmed they had not received any response in relation to their requests from the registered manager at Higham House Nursing Home.

In connection with a safeguarding concern of poor moving and handling practice observed by a visiting healthcare professional in July 2018 the registered manager had carried out an observation of moving and handling practice with two individual staff. They recorded, 'I have been observing [Name of staff] when hoisting residents and have no concerns on observation but will continue to monitor.' However, the dates of the observations were not recorded, and we were unable to substantiate when the observations had taken place.

We saw the registered manager had also posted a memo to all staff reminding staff to use the hoist slings allocated to individual people. The memo had been signed by 10 staff, but again it was not dated to indicate when this instruction was brought to the staffs' attention.

The provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

People received sufficient support to take their medicines as prescribed and when required. We saw that controlled medicines (CD's) were appropriately stored. However, we saw the clinic room was unlocked periodically throughout the day when no one was present. The fridge within the clinic room containing insulin was not locked (there was a lock available), the key cupboard was unlocked, and a sharps box stored under the sink were not secured.

The provider had taken appropriate action to improve fire safety at the service. Following the concerns raised at our last inspection a further visit had been carried out by a fire safety officer and they identified areas the provider had to take immediate action. At this inspection we found the necessary actions had been completed and routine fire safety checks and fire drills were taking place. The fire safety officer confirmed they were satisfied with the actions taken by the provider to address the fire safety concerns.

The provider had taken appropriate action to ensure the premises were safe. The areas as identified at the last inspection had been addressed, the window frames on the first-floor had been fitted with secure tamper-proof window restrictor fittings to prevent them from being disengaged without the use of a special opening tool or key. The broken handles on window frames had been replaced and now closed properly, which protected people from being exposed to draughts, which may have caused discomfort and potential illness. The door closure on the patio door leading to the garden had been repaired.

The provider had taken appropriate action to protect people from the risk of infections, namely the risks of being exposed to Legionella bacteria. Records showed that legionella checks were being carried out, and the routine flushing of disused taps and showers was taking place.

The provider had taken appropriate action to improve food safety standards at the service. Following the concerns raised at our last inspection a further visit had taken place by an Environmental Health Officer (EHO) in July 2018. At this inspection we saw the work as specified by the EHO visit had been completed; except for replacing the damaged door seals on the three small fridges and freezer, which posed a bacteria risk. This was discussed with the registered manager as an area requiring attention as the six-month timescale for the completion of this work was soon to expire.

The provider had taken appropriate action to improve the cleanliness of the environment and equipment. Records showed that checks were carried out to ensure the premises and equipment were being cleaned in accordance with cleaning schedules. The damaged profile bedframes and torn / scuffed bedrail bumpers had been replaced.

Records showed that all staff had recently completed infection control refresher training and we saw staff used personal protective equipment (PPE) when providing personal care. However, we saw staff did not use disposable gloves when handling food, as we observed staff handing people biscuits and slices of bread with bare hands. This practice has the potential to contaminate food and spread infectious diseases.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment files evidenced that staff had checks carried out through the Disclosure and Barring Service (DBS), that included criminal records checks. We also saw that references had been obtained prior to staff taking up employment at the service.

People were supported by sufficient numbers of staff to meet their care and support needs. However, we

found that staff were not appropriately deployed at meal times to ensure all people received the care and support needed to eat and drink.

Is the service effective?

Our findings

At the inspection carried out in March 2018 'Effective' was rated 'Requires Improvement' with no breach in the regulations. At this inspection the rating had deteriorated to 'Requires improvement' with a breach in the regulations.

At the last inspection we found staff had little interaction with people to support people at mealtimes, at this inspection we found this practice continued. For example, at breakfast we observed people asleep at the dining tables, one person had a hot cup of tea held in their hand and was dozing off to sleep and as no staff were available within the dining room we had to intervene twice by gently waking the person. Another person fell sleep with their hands in a bowl of chopped banana. One person had egg and toast, of which they had eaten a small amount, a member of staff came and took the plate away and returned with toast and jam, without asking the person if they wanted it. The person ate a piece of toast and fell back to sleep again. The person sitting at the dining table with them said, "He doesn't eat much, but he tries to." Later the person spilled their tea over the dining table, and as no staff were available within the dining room, we asked the cook for a cloth, and we wiped up the spillage.

Staff came in and out of the dining room collecting meals to take to people in their bedrooms and lounges. No member of staff remained in the dining room to offer support to people to eat and drink. In one lounge six people out of eight were asleep. One person had an upturned cereal bowl and cup on their lap table, and the milk and tea had been split over. Another person was asleep with a plate of jam sandwiches about to fall off the plate, a staff member was in the room, but no assistance was offered to the person or any attempt made to clear the spillage on the table.

At lunchtime, a person was struggling to eat their meal. They moved the plastic plate around several times trying to get to the food and dropped much of their food on their lap. They did not have a napkin or apron on to protect their clothing, and we heard them mutter to themselves each time they dropped the food becoming more frustrated. It took the person a long time to finish their meal, and it did not seem an enjoyable experience for the them. Another person was given a bowl of ice cream, they only had the use of their right hand and the plastic dessert bowl kept slipping away from them. We saw this was also an issue for some other people struggling to eat their meals. At one point a staff member supported the person to eat a few spoonfuls of ice cream, but then left them to assist another person to move out of the dining room in their wheelchair. The member of staff did not return to check the person had finished the dessert.

When staff came around with hot drinks and biscuits, we saw mixed approaches as to how people were supported to eat and drink. Some staff were very attentive, explaining to people what drinks were available, and supporting and reassuring people to eat and drink. However, some staff did not offer people choices, for example, people were handed two biscuits each, with no choice of biscuit offered, At lunchtime we saw that all people in the dining room were given orange squash, with no other choice of drink offered.

At the last inspection we saw that people were served their meals on picnic style plastic plates and drinks were served in the same style plastic cups and beakers. The registered manager said, they once had a

problem with a person throwing plates, but this no longer happened. They acknowledged, the blanket approach of everybody using plastic plates, cups and glasses was unacceptable and unless assessed a risk, they would ensure all people had their meals served using suitable crockery plates, cups and glassware. However, at this inspection we saw that most people were still served meals on the picnic style plates, beakers and cups. Most of which had deep slashes on the surface they looked unsightly and posed a potential cross infection risk. As observed some people had difficulty eating from the lightweight plastic plates and bowls as they moved around on the table. This did not support independence for people when eating and drinking and the blanket approach of using plastic plates, cups and beakers was institutionalised, and not person centred.

Records showed that staff recorded what people ate and drank and concerns about people's food and fluid intake, had been brought to the attention of the GP. Nutritional support was sought from relevant healthcare professionals and where necessary people at nutritional risk had food supplement drinks prescribed and people with swallowing problems had thickener prescribed to add to drinks. However, our observations of the mealtime experience for people demonstrated that people with physical disabilities and sensory impairments did not receive sufficient supervision or support with eating and drinking. This meant people were at risk of not receiving their care, treatment and support in line with their assessed needs and preferences, as the support for people with complex needs in relation to their eating and drinking was not being appropriately managed.

The provider was in breach of Regulation 9 (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person Centred Care.

Staff told us they received sufficient training. The training records showed that staff had recently received refresher training on nutrition, fire safety and infection control. Records showed that First Aid training was due for renewal as many staff had completed the training in September 2015. In addition, most staff had last completed training on managing behaviour that challenges in August 2015 and 2016, except for one member of staff that had completed this training in May 2018. The nursing staff were provided with relevant training to keep their clinical competence up to date.

The registered manager confirmed that no staff had completed training on the Control of Substances Hazardous to Health (COSHH) this is important training that is required for all staff especially domestic staff that are required to use cleaning chemicals. The registered manager said they would ensure this training was rolled out to domestic staff as a priority.

Staff told us they felt supported in their roles and that supervision meetings took place, approximately every three months, when they had the opportunity to discuss their work and personal development needs. Records of staff supervision meetings were available to demonstrate the meetings took place as planned. Staff told us that general team meetings did not take place very often; the registered manager also confirmed this. The staff said that each day they had the opportunity to meet and discuss changes in people's needs during shift handovers.

The environment did not promote freedom of movement and there was no facility for people to meet with visitors in private other than in bedrooms. The door leading to the annex was locked and stair gates were in use, this restricted people's freedom to independently move around the building. The risk assessments for the locked door and stair gates outlined they were used to prevent people from entering other people's bedrooms. We saw that relatives had signed the risk assessments.

A Close Circuit Television (CCTV) surveillance system was in operation within the communal areas of

building; and signage was on display to inform people and visitors of its use. Providers that use surveillance are required to register with the Information Commissioner's Office (ICO), as a 'data controller' however the registered manager was unable to confirm registration with the ICO, they said they would ask the provider to check they were registered with the ICO and inform CQC, however we did not receive any confirmation from the provider following the inspection.

People's care plans had sufficient information available to inform staff on the level of support they required to keep healthy. The staff worked with other healthcare professionals such as the GP, the district nurse, the tissue viability nurse and the community psychiatric nurse to ensure people's specific healthcare needs were effectively met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw that capacity assessments had taken place to assess people's ability to make specific choices and consent to their care and support. During the inspection, we observed staff encouraged people to make choices and decisions and sought permission from people before providing any support. Records showed the registered manager had submitted DoLS applications to deprive people of their liberty to the Local Authority and were waiting for a DoLS assessor to complete assessments. We advised the registered manager to keep a clear log of when DoLS applications and authorisations had been completed, and to regularly review them to check they were still relevant and appropriate for the person's.

Is the service caring?

Our findings

At the last inspection in March 2018 'Caring' was rated 'Requires Improvement' and the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect. At this inspection we found that the breach had been met, but further work was needed to improve, and the rating remains 'Requires Improvement'.

People's dignity was not always promoted and protected. For example, a relative said, "On at least four to five occasions when I have visited I have had to seek staff support as [Name of family member] had been incontinent. During the inspection we saw one person stood up from their chair and had been incontinent, the person looked distressed and confused. We alerted two staff that were assisting another person in the room to use the hoist to move out of their chair. Although the staff did acknowledge our request, they were unable to respond immediately. Another staff member entered the room and we asked them to assist the person, which they did, and the person went with the staff member to have their personal care attended to. Unfortunately, another person entered the room and sat on the soiled chair. During the inspection, we also saw a soiled seat cushion had been left on the chair, leaving the potential for another person to accidentally sit down on the chair. We had also observed people left sitting asleep with their hands in food and upturned bowls of food on their tables.

The personal care records indicated that some people did not always receive personal care in accordance with their wishes. For example, the care plans gave details on people's preferences regarding how often they wanted to have a bath or shower. One care plan said the person wanted to have a shower once a week, but in the three weeks prior to the inspection, records showed they had not had a shower and only had a bed bath or body wash. Another person had said they would like a weekly shower, however their care records showed they had not had a shower in the three weeks leading to the date of our inspection. A relative had commented they had visited their family member to find them and all the males using the service had been given extremely short haircuts. The relative referred to their family member looking like a 'holocaust victim'. No reasons were recorded as to why some people had not received personal care according to their wishes.

People's privacy was not always upheld. Some people chose to spend most of their time in their rooms. During a private conversation with a relative within their family members bedroom, three staff members entered the bedroom without knocking; one staff member did this twice. The same happened in another person's bedroom when we were talking in private with a person.

Privacy screening had been fitted to the main corridor toilet door, and windows within the main shower room and the 'Salon' bedroom. Improvements had taken place to the laundering of people's personal clothing and bedding, to ensure people's personal clothing and bedding was cared for and suitable for use. A member of staff said, "Peoples beds get changed every day and sometimes more often."

Prior to the inspection some concerns had been raised by a visiting healthcare professional about moving and handling practices. Records showed that in response the registered manager had carried out observations on staff moving and handling practices. During the inspection we observed staff members

provided reassurance to people using hoists to transfer from armchairs into wheelchairs. The staff took time to explain to people what they needed to do to move them safely and did not start the move until people understood and were ready to move.

The quality of interactions between staff and people using the service was very mixed. Some staff naturally responded to people, smiling, saying hello, calling people by their names, asking people how they were feeling and stopping to chat. Whilst in comparison, some staff, appeared task orientated, for example, they did not engage with people in a meaningful way. At times the care appeared rushed and people were not given sufficient time to respond to requests from staff.

Information was available on advocacy services. Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. The registered manager confirmed at the time of the inspection no people were currently using an advocacy service.

Is the service responsive?

Our findings

At the last comprehensive inspection in March 2018 'Responsive' was rated 'Requires Improvement'. At this inspection, the rating remains 'Requires Improvement', as further work is needed to improve the service.

An activity person was employed by the service to work two days a week. During the morning of the inspection we saw very little social or individual activities taking place to stimulate and engage people using the service. In the afternoon an activity took place with a bubble machine, but people seemed disinterested in joining in with the activity. The staff member said, "It's not usually a disaster, we do lots of things, like bingo, puzzles." They said they took one person to visit a café in the town, and said the person really enjoyed this.

There was a lack of awareness of how noise and the environment can affect the mood and behaviours for people living with dementia. For example, at lunch time, one person was sat directly adjacent to the TV. The position they were sat meant they could not see the screen, the volume was extremely high, the programme was 'Loose Women' and there was lots of laughter, cheering and applause. As staff came in and out of the room, they tried to encourage the person to eat their meal, but due to the noise the person did not respond. We suggested to a member of staff to turn the TV off, which they did, it took some time for the staff to encourage the person to eat their meal, but they did eventually try to eat some of the meal.

The registered manager said that all staff had received training in dementia care, and the training records also confirmed this. However, our observations indicated that some staff had a lack of awareness of how to communicate and engage in a meaningful way with people living with dementia.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We did not see any evidence to demonstrate how the provider made sure people had access to the information they needed in a way they could understand it, to comply with the AIS. For example, how they met the communication needs of people with sensory loss. How they shared information with others when required, and how they gained people's consent to share information. We did not see any evidence to demonstrate the provider had considered the AIS on how they were to provide individualised care for people with physical disabilities, visually or hearing-impaired people.

The care plans had sufficient information on people's physical, mental, emotional and social needs. One of the care plans we viewed had a very detailed life story that had been written by the person's daughter. It talked about how the person used to live on a farm, how they enjoyed the outdoors, how they loved Dorset and Devon, James Bond and Frank Sinatra.

Assessments identified areas requiring nursing intervention. People at risk of developing pressure ulcers had appropriate pressure relieving equipment in place and the care plans detailed the pressure care required. Staff checked the settings of pressure mattress daily to ensure they were consistently set at the correct

pressure for the person using the equipment. The registered nurses regularly reviewed the care plans to ensure they remained current and reflected changing needs. People using the service and representatives acting on people's behalf, were invited to contribute to the assessment and care planning processes.

There was a complaints policy. The people we spoke with were unaware of the complaints procedure. One person said, "I have no complaints", another said, "I would say something if I had any complaints". We asked this person if they had raised any complaints, the person said they had, but could not remember what about, but commented, "They sorted it out." One relative commented about raising a complaint with the registered manager in the summer, they said, they had visited their family member to find all the males had been given extremely short haircuts. The relative referred to their family member looking like a 'holocaust victim'. They said they raised their concern with the registered manager who they said couldn't apologise enough, and that one member of staff had taken it upon themselves to do this. We spoke with the registered manager about this concern, they said they had spoken with the member of staff and had verbally apologised to relatives. However, no records were available to confirm the actions the registered manager had taken in response to the concern to demonstrate they had contacted other relatives to apologise. The registered manager told us they had not received any formal complaints and no records of complaints were available to view.

The care plans had records of people's cultural and spiritual needs. One person whose first language was not English had information stating they preferred meals from their cultural heritage. The main menu consisted of traditional English food, no evidence of the cultural meals being offered to the person. Their preference was also not recorded in the kitchen where people's dietary needs and preferences were recorded. The person's care plan recorded they often spoke their native language and that several staff could also speak the same language, however, during the inspection we did not hear any staff conversing with the person in their native language.

The nursing and care staff received end of life training to ensure people would receive support at the end of their life that was comfortable and dignified. At the time of the inspection, no people were receiving end of life care.

Is the service well-led?

Our findings

At the last inspection carried out in March 2018, 'Well-Led' was rated 'Inadequate' and in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the systems or processes to assess monitor and improve the quality and safety of the service were not effective. At this inspection we have rated 'Well-Led' as 'Requires Improvement' and the breach in regulation remains, as more work is needed to improve the management and oversight of the service.

Risks to people's safety were not always identified or managed. There was no evidence to show what actions had been taken to mitigate the risks of accidents and incidents. Accidents and incidents, (such as unexplained bruising) that fell within the scope of potential safeguarding concerns had not been reported to the Local Safeguarding Authority or the Care Quality Commission (CQC).

The governance and performance management systems were not always reliable and effective. Feedback to staff was haphazard, increasing the risks of staff not being clear about their roles and what they need to do to improve. Staff meetings did not take place to inform staff about the areas the service needed to improve or give staff the opportunity to discuss ideas for improving the service.

Management records were not stored appropriately. All records in relation to audits and quality assurance were all stored loosely in a box file and they were disorganised. We also found records in relation to people's personal care were stored in a box file mixed together with other documents. This made it difficult to provide a clear audit trail to demonstrate that people received care according to their wishes.

The registered manager carried out daily checks on the environment, records and care practice. However, the findings of their observations were very brief, for example, on checking 'meal time' and food diaries the findings simply said, 'lunch and supper good' and 'meal diaries much better' or 'all good'. Not having detailed records of what activity was being observed and any actions taken to support people at mealtimes meant there was no evidence of learning, or reflective practice to drive service improvement.

Satisfaction questionnaires had recently been sent out to relatives to complete and most of the responses indicated people and relatives were pleased with the service they received. One relative made a comment about the TV always being on, asking why people did not listen to music. The registered manager said they would address this comment but was waiting for further responses to be received before compiling a response.

The environmental risks found at the last inspection had been addressed. The broken and ineffective window restrictors, and damaged window frames had been repaired. The fire hazards and infection control hazards had been appropriately addressed and records were available of routine safety checks taking place. Since the last inspection the registered manager had submitted the necessary death notifications to CQC.

People and staff spoke positively about the registered manager and staff. People using the service and

relatives said they knew who the registered manager was. One relative said, "The manager is approachable, and I feel I can to speak to her, when she is here."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had the rating on display in the front entrance of the service. The provider did not have a website.

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>Person centred care was not always provided at meal times to fully support people to eat and drink, and to make the mealtime experience an enjoyable and social time for people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Requests to investigate safeguarding concerns had not always been responded to and incidents that had the potential to suspect abuse had not been reported to the relevant authorities.</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 robust processes in place to assess, monitor, learn from and continually improve the quality of the service.</p>