

Ringdane Limited

# The Beaufort Care 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?

Good 

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 site visit took place on 18 October 2018 and was unannounced.

The Beaufort 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 Beaufort Care Home provides nursing and residential care to older people. The home has two floors accommodating up to 29 people in one adapted building. On the day of our visit 22 people lived at the home, most of whom had complex medical needs. The home is located in Coventry in the West Midlands.

We last inspected The Beaufort Care Home in November 2017 we identified areas for improvement in three of the five key questions we inspect against. These were safe, responsive and well-led. We gave the service an overall rating of 'Requires Improvement'.

At this inspection we checked to see if improvements had been made in these areas and if they were effective. We found some areas had been effectively addressed, whilst others continued to require improvement. We also identified some previously evidenced standards had not been maintained. The rating remains Requires Improvement.

This is the third consecutive time the home has been rated as requires improvement.

The service had a registered manager. 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 provider had not ensured people's medicines were consistently managed and administered safely and in line with their procedure.

Staffing levels meant staff were not always available to respond to people's requests for assistance in a timely way and staff practices were task focused. People told us they felt safe living at home.

Systems and procedures were in place to ensure risks associated with people's care, the premises, equipment, and emergencies were assessed. However, these were not always effective and some staff did not follow risk management guidance.

People's care plans were personalised and regularly reviewed. People and relatives were involved in care planning and knew how to raise concerns or complaints. Complaints were managed in line with the provider's procedure. Other records related to people's care were not always completed.

Staff received an induction into the organisation, and a programme of on-going training supported them to meet people's needs effectively. Staff received management support through individual and team meetings. However, staff did not feel supported by some nursing staff. People and relatives were confident staff had the skills and knowledge needed to meet their needs.

Pre-employment checks were completed before staff started working at the home. However, some checks had not been actioned in line with the provider's procedure to ensure staff were of a suitable character to provide care and support to people who lived at the home.

The provider's systems to check, monitor and improve the quality and safety of the service provided were not always effective. People and relatives spoke positively about the way the home was managed and the service they received.

The management team and staff understood how to protect people from abuse and their responsibilities to raise any concerns. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People received the support they needed to meet their nutritional needs and had access to health care services when needed. The management team and staff worked with other health professionals to support people to maintain their health and well-being.

People were supported to maintain relationships with people who were important to them. Family and friends were welcomed to visit the home at any time. A range of meaningful activities were available which people could choose to take part in.

The provider had not always considered people's right to privacy. People who lived at the home were supported to maintain their independence and received their care and support from staff who they described as respectful and caring. Staff knew the people they supported well.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take 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 consistently safe.

People felt safe living at the home; however, staff were not always available to support people when needed. Systems and processes to manage risk associated with people's care and the environment were not always effective. Some staff did not follow risk assessment guidance to ensure known risk was minimised. Medicines and the recruitment of staff were not consistently managed in line with the provider's procedure. The management team and staff understood their responsibilities to safeguard people from harm.

**Requires Improvement** ●

### Is the service effective?

The service remains effective.

**Good** ●

### Is the service caring?

The service was not consistently caring.

Care staff had a caring attitude but did not have the time they needed to provide good care. The provider did not always promote people's right to privacy. People and relatives told us staff were caring. People were supported, where possible, to maintain their independence and relationships that were important to them.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

People's care plans were detailed, up to date and personalised. Staff had a good understanding of people's needs. Some staff were not responsive to people's needs because their practices were task focused. Other staff could not respond to people's needs in a timely way because they were busy. People had opportunities to engage in meaningful activities. People and relatives felt involved in planning their care and knew how to make a complaint. Complaints were managed in line with the provider's procedure.

**Requires Improvement** ●

**Is the service well-led?**

The service was not consistently well-led.

The provider's systems to monitor, review and improve the quality and safety of the service were not consistently effective. People and relatives spoke positively about the service provided and the way the home was managed. Staff felt supported by the management team. However, care staff felt some nurses did not support them which had a negative effect on staff morale.

**Requires Improvement** 

# The Beaufort Care 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.

The inspection visit took place on 18 October 2018 and was unannounced. The inspection team consisted of two 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 service.

Before our visit we reviewed the information we held about the home. We looked at statutory notifications the home had sent to us and spoke with local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had no feedback they needed to share with us about the home.

We reviewed information the provider had sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our inspection visit we found some of the information contained in the PIR did not accurately reflect how the home operated.

During our inspection visit we spoke with 10 people, seven relatives of people and eight staff, including nurses, care staff, catering and housekeeping staff, the maintenance person and activities co-ordinator. We also spoke with the registered manager and one of the provider's resident experience care specialists.

We looked at five people's care records and other records related to people's care, including medicine and risk management records. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records. We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the provider and management team made to assure themselves people received a good quality service.

# Is the service safe?

## Our findings

When we last inspected the home in November 2017 we found improvements were needed in relation to how risks and medicines were managed, including medicine stocks and record keeping. During this inspection whilst some improvements had been made, other areas remained outstanding. Furthermore, areas where the home had previously performed well had not been maintained. The rating remains 'Requires Improvement'.

Previously, we had received mixed feedback about whether there were always enough staff on duty to respond to people's needs in a timely way. At this inspection we received similar feedback. One person told us, "They [staff] are always about." In contrast, another person described how the sound of unanswered call bells prevented them from getting a good night's sleep. They said, "The buzzers are always going off, they are so loud so I can't get a good night's sleep. I just drop off and then I hear .... ping, ping, ping the noise goes on and on for ages. It drives me mad, the bells don't get answered."

Other people and relatives commented, "...I press the buzzer and someone comes along. They take time if there are others [people] who need attention.", "...a few times we have been here till 3pm and [name] is still in bed. It's not good for her condition..." and "They [staff] try their best...sometimes I feel they need help, all the running around they do..."

The provider's PIR stated there are, 'adequate staffing levels for the residents in our care'. On the day of our visit 22 people lived at the home. Care and support was being provided by two nurses and four care staff. Most people had complex medical needs and required assistance from two staff to provide their care and support safely.

During our visit we saw how staffing levels impacted negatively on people's experience of living in the home. For example, one relative activated the call bell to inform staff their relative wanted to get into bed. The person required two staff to assist them to do this safely. We heard a nurse inform the relative the person would need to wait for assistance because care staff were on their breaks. The relative told us, "It's not uncommon to have to wait thirty to forty minutes."

Another person activated their call bell on three consecutive occasions repeatedly requesting assistance to get into bed. On each occasion the person was told they would need to wait because staff were either busy or on their break. On the third occasion we heard the person explain they now also needed assistance with personal care due to the time they had had to wait.

We shared our observations with the registered manager who said they were confident staffing levels were 'adequate' to meet people's needs. They explained staffing levels were determined through an initial assessment of a person's needs which following admission was reviewed at monthly intervals, or sooner if their needs changed. They added, "Some residents [people] may have to wait. It depends what they need. Hand on heart if I need more staff I would get them in."

The registered manager told us they felt staff availability had improved because the home no longer had 'discharge to assess' beds which had impacted on staff availability due to the need for staff to spend time with external healthcare professionals often at busy times of the day. The registered manager added, "Since the last inspection nurses now allocate where care staff work, allocate breaks and tasks, so staff are available." However, this conflicted with our observations and feedback from people, relatives and staff during the visit.

When we asked staff if there were enough of them to meet people's needs in a timely way and keep them safe. One told us, "Sometimes there is four of us on. It's not unsafe but people have to wait as we are really busy especially in the mornings when people want to get up." Another commented, "Staffing issues are still a problem. Everyone works so hard but sometimes it's too much. It's very difficult at times. Very pressured."

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Medicines were not always managed safely. At our last inspection records had not been consistently completed for people who received their medicine through a patch applied directly to their skin. Completion of these records is important to ensure application sites are rotated in line with manufacturer's guidance to prevent any possible side effects. At this inspection we saw one person was prescribed their medicine via a patch. The medication administration record (MAR) showed the patch had been applied on 15 October 2018. However, the 'patch site' record was blank.

When we inspected the home in November 2017 we found the temperature of the room where medicines were stored was not always documented to ensure medicines were stored in accordance with manufacturer's instructions. At this inspection records confirmed room and fridge temperatures were being monitored and recorded daily.

Whilst checking the fridge used to store some medicines we saw a urine sample dated 14 October 2018. When we asked the registered manager and nurse why the sample was in the fridge four days after being taken they told us, they did not know. The nurse commented, "Perhaps it's because [name] had an infection." The registered manager assured us they would 'look into it'. Following our inspection, they confirmed the required action had been taken.

Some people were prescribed thickener to be added to their drinks. Thickening agents are prescribed for people who experience problems swallowing certain foods or liquids to reduce the risk of choking. We saw the pharmacy dispensing labels had been removed from three tubs of thickener which we saw staff were using. People's names were handwritten on the tub lids. A fourth, did have the dispensing label but this differed to person's name written on the lid. We were concerned because this meant staff could not be sure who the medicine had been prescribed for. Legally, prescribed items can only be used for the person for whom they have been prescribed. We raised this with the registered manager who gave assurance this would be addressed.

MARs showed medicines had been administered and signed for at the specified time. MARs contained protocols and guidance for medicines that needed to be given on an 'as required' basis, for example for pain and the application of prescribed creams. Limited use of these medicines indicated the guidelines were being followed consistently by staff. Medicine which required additional controls were securely stored and had been administered in line with the provider's procedure. Prescribed medicines were available in stock and were stored securely.



People told us they received their medicine when needed. One person said this was because 'nurses' gave them their medicine. They added, "I know what they are for [medicine] and can tell you." We heard another person tell a nurse they were in a pain. The nurse responded swiftly by providing the person's prescribed pain relief medicine. Records confirmed staff received medicine training, which was refreshed regularly, and their practice was observed to make sure they continued to be competent to administer people's medicine safely.

Risk assessments were in place to identify potential risks to people's health and wellbeing. Assessments had been reviewed monthly, or sooner if a change had occurred and provided staff with the detailed guidance they needed to support people safely. For example, one person needed assistance from staff to move. The assessment detailed the number of staff and equipment needed to enable the person to move safely. Staff demonstrated a good knowledge of the actions they needed to take to reduce and manage risks. One staff member told us, "It's all written down, so we know what to do."

However, records showed staff did not always follow risk assessment guidance. Previously, we found where people received their medicines through a tube directly into their stomach (PEG) there was no evidence to show the site of the tube was cleaned each day or monitored for early signs of infection in line with NICE guidance (National Institute for Health and Clinical Excellence). NICE develop public health guidance to promote healthier lifestyles and help prevent ill health.

At this inspection we looked at 14 'PEG Tube Feed Charts' and found only three evidenced the tube site had been cleaned as required. This meant we could not be sure action was being taken to reduce a known risk or that lessons had been learnt from our previous inspection where the need for improved record keeping in relation to risk management had been identified.

The provider had systems to minimise risks related to the premises and equipment, such as periodic safety checks of water, fire equipment, and electrical equipment in line with safety guidance.

Despite these checks we found some equipment within the home was unsafe. We saw a sink in a communal bathroom was 'propped up' by an unsecured piece of wood. The registered manager told us the sink had come away from the wall because people leant on it to get up from the toilet. They added, "The wood is there whilst the glue dries." We were concerned this posed a potential risk to people, visitors and staff and we requested the bathroom was taken out of use until the repair was completed. Despite an 'out of use' sign being displayed we saw a staff member entered the bathroom and use the sink to wash their hands.

People told us they felt safe living at The Beaufort Care Home. One person explained they felt safe because the front door was locked and 'no one can just walk in'. A relative described feeling their family member was 'safer that they have ever been' since moving into the home.

People were protected from the risk of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. One staff member told us, "If we have any concerns we would raise them with the nurse." We asked what they would do if action was not taken to investigate their concerns. They said, "I would follow up by telling the manager. If nothing was done I would report it to the head office."

When we inspected the home in November 2017 we found the provider's procedure for the safe recruitment of staff had not always been followed. This was because references for one staff member were not available. At that time the registered manager assured us this was due to a 'filing error'.

At this inspection records confirmed all pre-employment checks, including references had been obtained prior to staff starting work at the home. One staff member commented, "I had to wait for my checks to come back until I was allowed to start working here."

However, we found references had not always been obtained in line with the provider's policy. For example, the recruitment policy advised when a three-year employment history cannot be obtained for a prospective employee HR advice should be sought. We saw one staff member's file contained two-character references. The registered manager said this was because the previous employer had not responded to their reference request. However, there was no information available to evidence this had been discussed with the HR department. Furthermore, it was not clear how long the referees had known the staff member or how they knew them. After our visit the registered manager informed us HR advice had since been sought.

The provider's contingency planning was not always effective. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Staff demonstrated they understood the emergency fire procedure and the actions they needed to take in the event of an emergency. Staff told us there was a 'grab bag' which contained all the information they needed in an emergency.

However, when we reviewed this information we found the list of people living at the home was not up to date. This meant staff and the emergency services did not have the information needed to keep people safe in the event of a fire. We raised this with the registered manager who immediately updated the record.

The home was clean and tidy. Discussions with staff assured us they understood their responsibilities in relation to infection control. One said, "We know to use gloves and aprons when we assist people with personal care." Another described having to wear 'blue aprons for food hygiene reasons' in the kitchen. We saw staff followed good infection control practice.

## Is the service effective?

### Our findings

At this inspection we found staff had the same level of knowledge and skills to enable them to meet people's needs effectively. The rating continues to be Good.

Relatives were confident staff had the skills and knowledge needed to meet their family member's needs effectively. One relative described how staff played 'soothing' music to relax their family member because staff knew the person was 'not comfortable' when being assisted to move using a hoist.

Staff confirmed they completed an induction when they started work at the home. They told us this included working alongside experienced staff and completing training the provider considered essential to meet people's needs. On the day of our visit we saw a new staff member spent the day working alongside other staff who introduced them to people living at the home and were heard explaining how people preferred their care and support to be provided.

Records confirmed new staff also completed the Care Certificate as part of their induction. The Care Certificate assesses care workers against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge, values and behaviours to ensure they provide high quality care and support. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they also had a probationary period to check they had the right skills and attitudes to work with the people they supported.

Staff were supported to keep their knowledge and skills up to date through on-going training. One staff member described how they put their training into practice. They said, "I've learnt how to move people safely, check they are correctly positioned in the sling so they are comfortable and safe." Another staff member told us the management team regularly checked their practice to ensure they were putting their learning into practice.

The registered manager maintained an up to date record of training staff had completed, such as equality and diversity, health and safety and safeguarding. We saw the home had achieved accreditation to 'The React to Red' scheme. This is a pressure ulcer prevention scheme run by health and social care partners. Homes have to meet and maintain certain standards to achieve accreditation.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager understood the relevant requirements and their responsibilities under the Act. They had made nine DoLS applications, four of which had been authorised by the local authority (supervisory body) because people had restrictions placed on their liberty to ensure their safety. The registered manager was waiting for the outcomes of the remaining applications.

Staff had completed training to help them understand the MCA. One said, "I learnt that everyone had capacity until it's proved otherwise. Another said, "I know people have the right to refuse care. It's their basic human rights." People confirmed, and we observed staff sought consent before they provided people with assistance during our visit.

Care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests. For example, one person's next of kin had been 'legally' appointed to make decisions about the person's finances.

People were supported to meet their nutritional needs to maintain their wellbeing and they spoke positively about the quality and choice of food available. One person told us, "I like the food. I enjoy it." Where people had specific dietary requirements, these were known to staff and appropriate choices were offered. One staff member explained, "[Person] had a fork mashable diet, so we offer soft foods with sauces."

During the lunchtime service staff were available to assist people if they needed support. People were offered a choice of cold drinks and condiments were available for people to use if they wished to do so. Meals were nicely presented. However, we saw gravy was poured onto people's meals without them being asked if they wanted it. Also, meals were placed in front of people with no explanation about what food was on their plate. This was a concern, particularly for those people living with dementia. This was because people were asked to choose from the lunchtime menu at breakfast time which meant they may have forgotten what they ordered or may have changed their mind. We also saw people were offered plate guards, adapted cutlery and clothing protectors but these items were not offered until after people had begun to eat.

Care records showed that the home worked in partnership with other health and social care professionals to ensure people received the support they needed. For example, records showed advice given by healthcare professionals such as, speech and language therapists were documented and the guidance was followed by staff.

People told us the home's environment met their needs. People had personalised their rooms with pictures, photographs and soft furnishings of their choice. One person told us their daughter had chosen the curtains for their room which they described as 'beautiful'. People had access to Wireless internet which enabled them to maintain contact with family and to pursue their hobbies and interests. We saw people and visitors spent time in communal lounge and garden which was well-maintained.

## Is the service caring?

### Our findings

At our previous inspection we found the service provided to people was caring. During this inspection we found people's rights were not always promoted and whilst staff had a caring attitude, they were not consistently providing good care because they were rushed, and task focused. The rating has changed to 'Requires Improvement'.

Staff were caring in their approach but at certain times, when rushed, engagement with people was limited and we saw staff practices became task focused. For example, staff served afternoon drinks without offering people a choice.

We asked staff if they had enough time to sit and chat with people to get to know them. One said, "90% of my time is spent completing personal care. The only time I can chat with people is when I am helping them such as, giving them a drink or helping them to eat. It's a shame because people just want someone to talk to."

People's right to privacy and dignity was not always considered. For example, we saw there were no facilities for people to lock their bedroom doors. When we asked the registered manager why bedroom doors didn't lock. They responded, "I've never really noticed. Doors have always been like that. No one has ever asked for a key." They added, "It's a fair point, I will look into it."

People described the staff who supported them as polite, pleasant and respectful. One person told us, "Most staff are absolutely wonderful." A relative told us they were assured staff were caring, 'because of their mannerisms.' Another relative described how staff shared a joke with their family member which the person enjoyed. They added, "They [staff] are all really kind."

From speaking with staff, it was clear they cared about the people who lived at the home and they were trying their best to provide individualised care. The activities co-ordinator told us people's birthdays were celebrated with a card, small present and cake from the staff to ensure people felt "loved and cared for."

Staff demonstrated they had a good knowledge of people's individual needs and they told us how people preferred their care and support to be provided. One staff member described to us in detail a person's preferred routines including what television programmes they enjoyed watching.

Some people felt the choices and decisions they made were affected by staff availability. One person described 'having to stay in bed' when they wanted to get up because, "Someone [staff] rang in sick". Other people said they chose how to spend their time and staff respected the decisions they made.

People were encouraged to maintain relationships important to them. People told us their visitors were welcome at any time. One said, "My daughters can come any time they want." We saw the registered manager and staff greeted relatives in a friendly and familiar manner. One relative told us they were always made to feel 'welcome' and could visit their family member at any time. They added, "The manager made

me a cup of tea this morning."

We saw friendships had developed between some people who lived at the home. Staff recognised the importance of these relationships and the positive benefit this had on people's well-being. For example, we saw two people attempted to talk to each other in the lounge. A member of staff quickly noticed this and supported them to move closer together so they could continue their conversation more easily.

The atmosphere at the home was warm and friendly. One person told us, "I love my home." We observed staff encouraged people to be as independent as they wished in their day-to-day care. For example, staff encouraged people to use to use their walking frames to reduce the risk of them falling. One staff member said, "I try to get people to do as much for themselves as they can. I try to encourage people so they aren't dependent on us all the time."

## Is the service responsive?

### Our findings

At our last inspection 'responsive' was rated as 'Requires Improvement'. We found some people's personal care needs were not responded to at the times people would like. People did not feel they were always involved in their care planning and did not understand the process for sharing their concerns.

During this inspection some improvement had been made because people told us they knew how to raise concerns and felt involved in planning their care. However, staff's responsiveness to people's request for assistance had not been effectively addressed, staff were not always available at the time people needed them as previously reflected earlier in their report. The rating remains 'Requires Improvement'.

When we inspected the home in November 2017 we found some people's care plans were task and problem focussed. We saw this approach reflected in staff practice because sometimes people did not receive support at a time that met their preferences and needs.

At this inspection care plans we reviewed contained detailed information about people's preferences and daily routines which provided staff with the information needed to provide individualised care. For example, one person liked two sugars in their cups of tea and another liked to sleep with one pillow under their head and another under their shoulders. Care plans were regularly reviewed and updated if people's needs had changed.

Care records were securely stored so people could be confident their personal information was kept private. Most people and relatives told us they were involved in planning and reviewing their care. One relative commented, "We are always consulted and kept updated."

Despite care plans being personalised some staff practices were not responsive to people's needs. For example, a nurse despite knowing a person had requested assistance to go to bed, some twenty minutes earlier, was in the office completing records. When we asked the nurse if they had returned to help the person they told us they had not. They said, "Carers will be off their break in thirty minutes they will help." We were concerned because when we asked the nurse if this was a reasonable amount of time for the person to wait they replied, "Yes."

We saw other staff tried to be responsive to people's needs. However, assistance was not always provided at the time people required because staff were not always available.

Staff understood how people preferred to communicate. One staff member said, "When (person) is tired they slur their speech. Its best to ask them to make decisions in the morning as they are less tired." They went on to explain the person had a hearing impairment and wore a hearing aid. The staff member said the hearing aid was checked each day to ensure it was working and the person was reminded if they forgot to wear it. They told us this was important, so the person could hear and be involved in what was going on around them.

Handover meetings took place at the beginning of each shift when the staff on duty changed. Staff discussed the health and well-being of each person living in the home. This meant staff passed on and received important information such as, how people were feeling and if they had any planned appointments.

Staff told us communication had improved since our last visit. One said, "When we come on duty the nurse allocates work to us, so the work load is shared out equally, we know what we need to do." However, they felt further improvements could be made. We spoke with the registered manager who acknowledged this. They said, "I am very good at telling staff everything but not so good at writing it down." They added, "This is something we are working on."

The registered manager was not familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support they need. The registered manager told us, "This is an area I need to look into."

People and relatives spoke positively about the social activities and the support available to enable them to follow their interests and hobbies. One person told us they 'loved playing computer games' which we saw the person enjoying during our visit. Another person told us the activities available were 'quite varied' and included, baking painting and board games.

The home had a dedicated staff member who was responsible for planning and supporting people with activities. One person described the activities coordinator as 'really good'. We heard people chatting and laughing during an art and craft session and a game of 'eye spy'. We saw some people were keen to participate in the group activities whilst others chose to read a newspaper. or use their laptop to play games. In the home's reception area photographs of activities that had taken place both inside and outside the home were on display which included visits to local garden centres and local pubs.

The registered manager told us there was no one living in the home at the time of our inspection who was in receipt of end of life care. However, a nurse informed us some people were 'very poorly'. Care plans we reviewed did not detail people's future wishes for end of life care, in the event they became unable to express themselves or state their preferences. We discussed this with a nurse who told us they would hold discussions and document people's wishes.

Some people's care records contained ReSPECT forms. The ReSPECT process enables people's decisions about treatments they would or would not want in a clinical emergency to be recorded. This ensures people's wishes are known if they unable to express them at the time of the emergency. Therefore, it is important that the information is correct and up to date. We found one person's form contained incorrect information and despite the errors being identified in April 2018, they had not been actioned. This meant we could not be sure the person's wishes would be followed and respected. We immediately raised this with the registered manager. After our inspection we received confirmation the form had been updated.

We found improvements had been made to the way the provider responded to concerns and complaints. People and relatives told us they knew how to make a complaint and would feel comfortable doing so. One person told us, "I don't have any complaints but I know I can speak to the manager if I have a problem." A relative said, "If I have any issues I speak to the manager." They added, "Things have changed." Discussion with staff demonstrated they understood their responsibilities to support people to share concerns and make complaints.



The provider's complaints policy was available in homes reception and in people's bedrooms. It informed people who they needed to raise their concerns with and what they could expect to happen if they raised concerns. The policy contained contact details for the Care Quality Commission. Records showed the home had received one complaint since our last inspection which had been managed in line with the provider's procedure. The home had also received numerous cards thanking the management team and staff for the care and support provided.

## Is the service well-led?

### Our findings

During our last two inspections this key question has been rated 'Requires Improvement' because we identified varied areas where improvement was needed to ensure the quality and safety of the service provided. At this inspection some improvements had been made. However, other areas remained outstanding or had not been sustained which demonstrated lessons have not been learnt by the provider. The rating remains 'Requires Improvement'.

Previously, the provider's quality monitoring systems were effective in identifying and addressing areas for improvement. However, at this inspection we found some audits were ineffective. For example, a medicine audit, two days prior to our visit, had not identified the issues we found. An audit of the 'dining experience' concluded the use of picture menus was not required because none of the people living at the home had a cognitive impairment. This was inaccurate. Some people living at the home were living with dementia.

Some quality auditing processes were not sufficiently detailed to enable them to be effective. For example, the 'Weekly Thickener Audit' did not include checking the dispensing label including, the name of the person the item was prescribed for. We found the latest audit dated 11 October 2018 included those tubs of prescribed thickener we saw but the concerns we highlighted had not been identified or addressed.

The provider's improvement plan was not always effective or reviewed regularly. Records showed the registered manager maintained an action plan where a need for improvement had been identified. The registered manager told us they regularly reviewed the plan which was also monitored by the regional manager. However, records showed the plan was last reviewed in May 2018. In addition, some completed actions were not effective in making and sustaining timely improvements. For example, completion of PEG site records.

Some records related to people's care were not detailed or complete. This meant the provider could not demonstrate all planned care had been provided safely, in line with their procedure's and best practice guidance.

Staff had not always been recruited in line with the provider's recruitment policy and procedures. This meant the provider was unable to demonstrate only staff of suitable character were employed to minimise risks to people.

The provider's systems and process were not always effective in ensuring people received their care and support at the times they needed. For example, the system used to determine staffing numbers did not ensure staff were available to respond to people's requests for assistance.

This was a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014. Good governance.

The registered manager understood their responsibilities and the requirements of their registration. For

example, they had notified us about incidents that had occurred and had completed the Provider Information Return (PIR) as required by Regulations. However, the provider had failed to update their statement of purpose (SoP) to reflect some people who lived at the home were under the age of 65. A SoP details what a service does, where the service is provided from and who for. They acknowledged this was a requirement of their registration and following our inspection submitted the necessary information.

The home had a registered manager. 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 was supported by a deputy manager and a team of nurses. The registered manager described their relationship with the deputy manager as 'good'. They added, "We work well together. I also have a very committed staff team."

At our previous inspections the provider's management team acknowledged continual changes at regional management level was impacting negatively on management oversight and the consistency of senior management support provided at the home. We received assurances that the provider was taking action to address the challenges this had created.

However, despite these assurances, at this inspection we were informed further regional management changes had taken place. Whilst acknowledging on-going change continued to be unsettling the registered manager spoke positively about the support they received. Commenting, "[Regional manager] visits the home and is always at the end of the phone."

People and relatives were complimentary about the way the home was managed and the service they received. Comments included, "It's very good. A lovely place." and "The manager always makes herself available."

Staff spoke positively about the management team. Comments included, "I like the managers, they are nice people," and, "Managers are ok, they are friendly and approachable." However, care staff did not always feel supported by the nurses. One told us, "Some nurses help when we are busy but others don't. It makes me think the nurses are 'above us' but really we should all work together." Staff told us they felt moral would improve if nurses answered call bells because it would demonstrate team work.

The provider invited people and relatives to share their views about the quality of the service and any areas where improvement could be made through an annual survey. The survey for 2018 was in the process of being distributed. The registered manager told us they also encouraged people, relatives and professional visitors to provide share their thoughts about the service on the 'touch pad' located in the home's reception. They added, "Feedback helps us to improve."

Accidents and incidents were logged and appropriate action taken at the time to support people safely and to check for trends or patterns in incidents which took place. The registered manager told us, accident and incidents from all the provider's services were reviewed by head office so any themes identified could be shared and learning gained.

Providers are legally required to display the ratings we give them, within the home and on their website, within 21 days of receiving our final inspection report. We saw the provider had met their legal responsibility to display their latest rating on their website. However, the rating was not displayed within the home. We

brought this to the attention of registered the manager who explained the rating had been displayed but must have been removed. They addressed this during our visit.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014. Good governance  The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.  The provider had not ensured timely action was taken and risk reduction measures introduced to minimise known risk.  The provider had not ensured records relating to the care and treatment of each person using the service were accurate and up to date.  The provider had not ensured, timely, improvements to the service provided had been made and sustained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 (1) HSCA RA Regulations 2014. Staffing  The provider had not ensured sufficient numbers of staff were available to meet people's need.