

Hillsborough Residential Home Limited

Hillsborough Residential 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on the 06 and 11 of December 2017.

Hillsborough Residential Home is registered to provide residential care for up to 22 people. At the time of our inspection there were 22 people living at the service. The provider was also registered to support people with personal care within their own homes; known as a community care service. At the time of our inspection, there were nine people receiving support.

Prior to our inspection we had received concerns about the safety of the building and people's access to the kitchen. We looked at these concerns as part of our inspection and found that improvements were required.

Hillsborough Residential Home had a registered manager who was also the registered provider. 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 was supported by a deputy manager. The deputy manager was in the process of undertaking a qualification in leadership and management to enable them to become the registered manager of the service.

At our last inspection in June 2015 the service was rated Good. However, at this inspection we found the service to require improving.

Overall, people living at the care home were supported by sufficient numbers of staff to be able to meet their needs. However, staff told us that sometimes they were understaffed because the provider did not find additional cover when staff were on annual leave or unwell. Staffing rotas also showed this. People were looked after by staff who were trained to meet their needs. New members of staff completed an induction to introduce them to the day to day aspects of the service, and to relevant policies and procedures.

People's care plans and personal risk assessments contained good detail about how important it was that their physical care needs were safely monitored. However, when people had a specific risk relating to their healthcare, risk assessments were not always in place to help guide staff to provide safe and consistent care. The provider had not considered whether the format of people's care plans met with their individual communication needs.

Accidents, incidents and falls were monitored to establish if there were common trends, so as to help minimise repetition. People had personal emergency evacuation plans (PEEPs) in place. This meant the emergency services would know what to do, for each person living in the home in the event of an emergency such as a fire.

Policies relating to the environment were not always being adhered to by staff. For example, the kitchen

door which should have been closed to ensure people's safety was found to be open. We also noted the environment was cluttered, with many items of furniture which impeded people's movement. People were not always supported in the environment because signage was not always clear and may not have always been in a suitable format for people to understand.

People's medicines were managed safely, with good recording processes in place. People's health needs were met. Staff worked closely with external health and social care services to help ensure a co-ordinated approach to people's care.

People were protected by the providers safeguarding processes, staff knew what action to take if they suspected someone was being abused mistreated or neglected. Overall, people were supported by staff who had been recruited safely to ensure they were suitable to work with vulnerable people. However, we did note for one employee the provider had not followed their own recruitment policy, by ensuring their employment history had been obtained.

People living in the care home told us the food was nice. However, some people who received meals in the community as part of their care package, told us that often these were not hot, nor did they get much choice. People were not always being provided with the means to remain socially stimulated or to continue their hobbies.

People's human rights were protected. Staff had received training in the Mental Capacity Act 2005 (MCA) and had a good understanding of the legislative frameworks. People were asked their consent, prior to staff supporting them.

People's personal information was not always treated confidentially. People's care records were kept in an unlocked cupboard in the dining room and staff talked about people in shared areas, such as the dining room, while other people were in hearing.

People told us, staff were "very caring" and we observed examples of this caring ethos during our inspection. People's visitors were greeted warmly and made to feel comfortable. People's dignity and privacy was promoted, by staff knocking on people's doors before entering their room. People's religious and cultural needs were respected.

People were cared for at the end of their life by staff who had received palliative care training. However people's end of life care plans were not individualised, this meant people may not experience personalised and individualised care in their final days.

People's complaints were handled in a respectful manner. The provider had a complaints procedure. However, the complaints policy may not have been in a suitable format for everyone to understand.

Overall, staff thought the service was well managed, but told us they did not always feel valued. The provider did not have effective systems in place to monitor the ongoing quality of the service and when systems were in place, these had not always been effective in identifying when improvements were required.

People's feedback was obtained to help develop and improve the service. However, whilst surveys were carried out, some actions had been carried forward from 2015 to 2016 and were still uncompleted by December 2017. This demonstrated the provider was not always responsive in using people's feedback to help improve the quality of the service.

People lived in a service whereby the provider and deputy manager did not keep up to date with changes in

legislation and with health and social care best practice. For example, they were not aware of the changes which had been made to the Key Lines of Enquiry (KLOEs) which came into being from 01 November 2017. They were also unaware of the Accessible information Standard (AIS). The AIS is a nationally recognised and required standard within the health and social care sector, which must be implemented to help ensure there is a consistent and inclusive approach to meeting people's individual communication and support needs of people.

The provider informed the Commission of notifiable incidents in line with legal requirements, such as deaths or serious injuries. The provider was open when uncommon incidents had occurred, demonstrating the principles of the Duty of Candour. Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong.

We recommend the provider reviews the environment, by taking account of best practice and dementia research, and that the provider reviews the quality of meals with people within the community, and makes changes accordingly. In addition, we recommend the provider ensures the Accessible Information Standard (AIS) is fully implemented within the service as well as using a staffing tool to help demonstrate they have sufficient numbers of staff on duty, to meet people's needs safely.

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?

Aspects of the service were not safe.

Risks associated with people's care were not always monitored and managed safely.

People did not always live in an environment which had been assessed to ensure it was safe.

People were not always protected by effective infection control procedures.

The provider did not always learn when things had gone wrong, to help improve the safety of the service.

People were not always supported by suitable numbers of staff to be able to meet their needs.

People told us they felt safe.

People's medicines were managed safely.

People were protected from abuse. People were supported by staff who had been recruited safely.

Requires Improvement ●

Is the service effective?

The service was effective.

People had good assessments and care plans in place so staff knew how to meet people's needs. These were monitored and amended as people's care and support needs changed.

People were supported by staff who were trained and supervised to provide good care.

People had access to external healthcare and social professionals to ensure their ongoing health and wellbeing. The provider worked in partnership with external professionals to help facilitate good outcomes for people.

People had access to enough food and drinks, and told us the

Good ●

meals were nice.

Is the service caring?

Good ●

Aspects of the service were not caring.

People's confidentiality was not always maintained.

People told us staff were kind and caring. People commented about the warm and homely atmosphere. Staff, were encouraged to put the needs of the people living in the home, or receiving services in the community, first.

People were involved in their care and support plans.

Is the service responsive?

Requires Improvement ●

Aspects of the service were not responsive.

People were not always being provided with the means to remain socially stimulated or to continue their hobbies.

People had care plans in place to help ensure staff knew how they wanted their care to be delivered.

The provider had not always considered people's individual communication needs when designing and implementing records.

People were supported at the end of their life by staff who were trained. However, people's end of life wishes were not always recorded which meant they may not experience personalised and individualised care, in their final days, which they had said that they would like.

People's complaints were managed well.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not well led.

The provider did not effectively monitor the leadership, quality and safety of the service provision. When monitoring systems were in place, they had not always identified when improvements were required.

People were living in a service whereby the provider did not keep up to date with changing legislation and practice, therefore was not adapting and improving the service when necessary.

Overall, staff spoke positively about the provider, but told us they did not always feel valued.

The provider worked in good partnership with other organisations to help benefit people.

The provider correctly notified the Commission in line with legal requirements.

Hillsborough Residential 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 at the care home on the 06, 11 and 13 December 2017 and was unannounced. The inspection team was made up of two adult social care inspectors and two experts 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. In addition, we also contacted Healthwatch Cornwall and the local authority service improvement team.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we observed how people were supported and spoke with nine people and five relatives. As well as four members of staff, the deputy manager and the provider. We also spoke with a visiting GP.

We looked at nine people's care files. We also looked at records that related to people's medicines, as well as documentation relating to the management of the service. These included auditing records, policies and procedures, accident and incident reports, training records, equipment and service records and three staff

recruitment files.

Is the service safe?

Our findings

At our last inspection on 11 June 2016, we rated this key question as good. At this inspection we rated this key question as requires improvement. Prior to our inspection we had received concerns about the safety of the building and people's access to the kitchen. We looked at these concerns as part of our inspection and found that improvements were required.

Overall people were supported by sufficient numbers of staff to be able to meet their needs. People told us, "even if they are busy, the staff always come to help us out if we ask, or if they see we need some support".

However, staff told us that sometimes they were understaffed because the provider did not find additional cover when staff were on annual leave or unwell. Staffing rotas also showed this, but staff did not tell us that this had resulted in people receiving a poor standard of care. On the first day of our inspection one staff member had to be sent home as they were unwell, however they were not replaced. The deputy manager who had arrived to support the provider with the inspection, supported staff when they could. The provider told us they did not use a staffing tool to establish staffing levels, but told us they knew people's needs well.

We recommend the provider implements a staffing tool to help demonstrate they have sufficient numbers of staff on duty, to meet people's needs safely.

Staff, who supported people in their own homes, told us they did not feel rushed and that they had enough time to travel between people. To help ensure staffs safety, they were provided with a mobile phone and there was a system of checking in with the provider, once they had completed their duties.

Risks to people were first assessed prior to them moving to the service or before being supported in their own homes. This then formed the basis of their care plan. Overall, people's care plans, and personal risk assessments, demonstrated good detail of how important it was that people's physical care needs were safely monitored and properly cared for. For example, people had risk assessments relating to their mobility and continence care. People being supported in their own homes, had risk assessments in place relating to their environment. However, when people had a specific risk relating to their healthcare, risk assessments were not always in place to help guide staff to provide safe and consistent care. For example, one person had diabetes and another person was at risk of choking, however there were no risk assessments in place. The provider stated within their Provider Information Return (PIR) that, "The care plans are reviewed monthly, and a full update is completed every three months. This includes the personal risk assessments".

Policies regarding risks associated with the environment and with people's care where not always being adhered to. For example, prior to our inspection we had been told that people were able to freely access the kitchen. Following the concern being raised, the provider told us the kitchen door was now locked whenever there were, no staff in the kitchen. The provider's kitchen policy also stated that this should happen. However, during our inspection we saw that the kitchen door was left open throughout our visit, including when the cook was not there. We observed one person walking in and out of the kitchen. We looked at this persons care plan and found there was no risk assessment in place to determine whether the person was

safe to be accessing the kitchen alone.

Prior to our inspection we had received a concern about the overall safety of the building, because of the provider's open door policy. The provider and deputy told us they were keen to maintain the open door ethos, explaining this enabled people to freely access the gardens and not to feel "hemmed in". The care home was near a main road, so the provider told us they had assessed the risk and that there was an environmental risk assessment in place. However, while we saw the policy for the open door we noted that this had not been reviewed or updated following a recent incident. In addition, there were no individual risk assessments which had been put into place for people who chose to go outside, this meant risks had not been formally assessed to ensure people's ongoing safety. This meant, the provider did not always learn and make improvements when things went wrong, to help improve the service.

We noted the environment was cluttered, with many items of furniture which impeded people's movement. For example, we observed one person who used a wheeled chair, had to be moved backwards around the dining table to leave the lounge and to go back to their bedroom, because of a lack of space caused by furniture. There was also a large pile of papers behind the dining room door. In addition, we read that one person had tripped over a foot stool. As a result the deputy manager had removed these from the communal areas, and footstools were now only provided for those who needed them.

Following a recent environmental health (EH) visit, to help reduce the risk of cross infection staff entering the kitchen, were now required to wear protective aprons when entering the kitchen. However, we observed that this did not take place. When we discussed this with the registered manager, they told us they had instructed staff about aprons in the past, and would do so again.

Risks associated with people's care were not effectively managed to ensure their safety. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Accidents, incidents and falls were monitored both for individuals, and for the service as a whole, looking for any common trends, to help minimise repetition. The deputy manager said "I make a note if someone falls more than three times, it might be a symptom of something more serious".

People had personal emergency evacuation plans (PEEPs) in place. This meant the emergency services would know what to do, for each person living in the home in the event of an emergency such as a fire.

People could request a bedroom lock if they wished. One person told us, "I feel much safer now I am living here, than I did when I was still at home. My room is my own private space and nobody goes in there uninvited, except the staff to clean and make the bed".

Overall, people were supported by staff who had been recruited safely to ensure they were suitable to work with vulnerable people. Disclosure and barring checks (DBS) were carried out and reviewed annually. Full employment histories were recorded and references were obtained from previous employers. However, we did note that one member of staff had not completed a work history and that they only had one reference on file.

People were protected by the providers safeguarding processes, staff knew what action to take if they suspected someone was being abused mistreated or neglected. The provider had a safeguarding policy in place. The policy was used to help ensure they followed the correct procedures when raising concerns with the local authority. Records showed how the provider had worked closely with the safeguarding team during an investigation.

People's medicines were well managed, with robust storage and recording processes in place. Staff who administered medicines were trained and had their competency checked by the deputy manager. However, the deputy manager's competency had not been checked by the provider or another such as a pharmacist. This meant there was no oversight of the general standards being applied to the administration of medicines

Is the service effective?

Our findings

At our last inspection on 11 June 2016, we rated this key question as good. At this inspection we continued to rate this key question as good.

Before people moved into the home a full pre-admission assessment of their needs was carried out. This was to ensure the service was able to meet an individual's required needs. People's needs were then continually reviewed to help develop and ensure a personalised approach to their care. This meant people received coordinated care, treatment and support delivered in line with current standards.

People were looked after by staff who were trained to meet their needs. Staff undertook training identified by the provider as being mandatory, such as moving and handling, safeguarding and food hygiene. Staff told us the training opportunities were "very good". Staff, were also encouraged to undertake additional training to help ensure best practice was implemented. For example, staff undertook training in supporting people with Parkinson's Disease, which had been accredited by the Parkinson's Society. Staff, were also encouraged to undertake additional training to meet people's specific needs, such as diabetes or end of life care. The provider had told us in their Provider Information Return (PIR), "We have training plans in place, with staff being able to choose from eLearning, work books and in house training, depending on their preferred way of training. Staff are supervised every two months, with any concerns or need to improve fed back to the staff members".

New members of staff completed an induction to introduce them to the day to day aspects of the service, and to relevant policies and procedures. When new staff had not worked in the health and social care sector, staff were expected to complete the Care Certificate. The Care Certificate is a national set of induction standards, helping to improve the competence of staff within the health and social care sector.

Staff received supervision, which included observation of their care delivery. This meant the provider could be sure staff practice was of an acceptable standard. Where this was not so, there was evidence that disciplinary procedures were employed to assist with individual work performance so that individual staff's standards of care could be improved.

People's health needs were met. Staff worked closely with external services such as the local GP surgery, and other medical professionals, such as a podiatrist, chiropodists, hairdressers and various taxi companies to help ensure a people's healthcare was effectively co-ordinated. We spoke with a visiting GP who told us they worked closely with the deputy manager. They told us that a member of the management team were, "The lynch-pin. Medically, (...) knows what is going on and can recognise when someone is ill". A member of staff told us about a taxi driver who alerted them of a potential problem that he had observed whilst transporting one person to the home. This enabled the service to respond quickly to a potential health problem which meant the person concerned received appropriate treatment promptly. People's care plans also demonstrated staff liaised with social care professionals such as social workers, to help ensure people's social welfare was also considered and monitored.

People living at the home knew what was on the menu for the main meal of the day. People told us the food was "Excellent" and that there was plenty of it. They said "The food and the choice is excellent" and "If there is nothing we like on the menu for the day, it is possible to ask for something else, and we are encouraged to do this". The provider told us "Fresh food is so important for their well-being". The cook knew who had special dietary needs and ensured that these were met in line with people's care plans. For example, by adding extra cream to someone's food, who needed to increase their weight. The cook also catered for people's personal choice, for example, one person had requested a particular breakfast cereal and this was provided. At the time of our visit there was no one who required a special religious or cultural diet, but the cook told us they could provide this if required. However, some people who received meals in the community commented that often, these were not hot, nor did they get much choice. With one person commenting, "I don't like all of the meals and it's not always warm".

We recommend the provider reviews the quality of meals with people within the community, and makes changes accordingly.

We checked whether the service was working within the principles of the Mental Capacity Act, 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care plans recorded that their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. The deputy manager was prompt at following up on outstanding local authority assessments. Documentation showed that the provider followed the correct procedures in reaching decisions, as to what was in the person's best interest. Staff had received training and had a basic understanding of the legislative frameworks governing DoLS.

People were asked their consent, prior to staff supporting them, for example, staff asked if people wanted to wear a large napkin prior to putting it on them. However, the registered manager was observed to cut up one person's pudding without asking them if they wanted such assistance. While this demonstrated a good knowledge of the person's likely needs, it failed to consider if they wanted such assistance at that time. When we spoke with the provider about this, they recognised the issue and acknowledged the error.

People were not always supported to get around the home easily because signage was not always clear and may not have always been in a suitable format for people to understand. For example, exit signage was not always clear, and one sign had an arrow, telling people there was a shared toilet, but when we followed the arrow's direction it led to a person's bedroom. The provider told us the toilet could be found just outside the bedroom on the left.

We recommend the provider reviews the environment, by taking account of best practice and dementia research.

Is the service caring?

Our findings

At our last inspection on 11 June 2016, we rated this key question as outstanding. However, at this inspection we found this key question now required improvement.

People's information was not always treated confidentially. The telephone was answered in a communal area, therefore conversations were overheard by people living in the service. For example, one conversation was held about a person's health care needs, whilst three people were sat at the dining room table. People's care records were kept in an unlocked cupboard in the dining room. Two medicine files were kept on top of the medicine trolley in the dining room. This meant that any person living at the home, or visitor could easily access people's private and confidential information.

People's confidential information was not protected. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff talked about people in shared areas, such as the dining room, while other people were in hearing. On the first day of our inspection we joined the staff handover which was held in the dining room. Staff did not refer to people by name, but by room number. However, there were people in the dining room when this happened and people may know whose room was whose. We also observed staff asking people about their "as required" medicines in front of other people saying, "You can have them up to four times a day if you want them, probably best with what happened this morning". We spoke with the provider about this and they agreed they needed to consider how they could do this more discreetly.

People's privacy was not always respected. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's individual care plans were reviewed on a monthly basis to ensure they met with people's wishes and preferences. Staff told us they then informally spoke with people about any changes they were considering making. However, this discussion was not recorded. We spoke about the importance of recording their conversations to help demonstrate people's involvement. The provider agreed they would commence and implement this.

People told us, staff were "very caring" and we observed examples of this caring ethos during our inspection. For example, one person said "I don't know where to go". Staff responded, in a kind and sincere manner, telling the person "Don't worry, I will show you". People told us, "The staff are always cheerful and do everything for us", "Even if they are busy, the staff always come to help us out if we ask, or if they see we need some support".

People lived in a service which had a warm and homely atmosphere. One relative who was visiting the home said "(Their relative) has been here for three months, it is lovely and friendly and very very homely". The provider, deputy Manager and staff, all talked about people with affection and compassion. This caring attitude and atmosphere spread amongst the people living at the service, with people asking after each

other and being concerned for each other's welfare.

People, who were supported in their own homes, also told us, "You just can't find fault about the care", and "The care is really wonderful and everybody is so kind". Relatives also praised the care telling us, "I am very pleased with the care", and "Mum's really pleased, she likes the girls".

People's visitors were greeted warmly and made to feel comfortable, tea and coffee was offered on arrival. Where people did not have family or friends who could assist them, then the provider would take people to hospital and to other appointments. This service was also offered to people who were supported in their own homes.

People received their personal care in private. For example staff knocked on people's doors before entering their room. People's religious and cultural needs were respected. Services were conducted in the care home, but staff told us if people wanted to attend a church they would be supported to do this. The provider also told us in their Provider Information Return (PIR) that "Staff are trained in equality and diversity and have access to this training every year, as well as having access to the workbooks all year round if there is a need or if the staff member wants to update their training".

Is the service responsive?

Our findings

At our last inspection on 11 June 2016, we rated this key question as good. At this inspection we rated the key question as requires improvement.

People were not always being provided with the means to remain socially stimulated or to continue their hobbies. Three people told us there were not many activities provided at the home. For example, one person had been very keen on a particular craft before they came to live at the service, but told us they did not feel enabled to continue with this. We were told that bingo continued to be popular with twice weekly games. Excursions out to events in the local community used to happen. The home was hosting a Christmas party, with a guest piano player, during the week of our inspection.

However, the member of staff who used to arrange activities had been away for a month and that, apart from the ongoing bingo games, very little had been organised in their absence. In addition, they had increased the member of staff's night care hours and this left them with little time to make arrangements. The provider had failed to recognise this issue until we drew it to their attention. At the end of our inspection, the provider told us they would be employing an activities worker. They also told us they would instigate card making activities. We saw that whilst residents meetings used to be held, they had not happened during 2017.

People's social care was not designed to meet their preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans in respect of their everyday living, communication needs, and healthcare were individually personalised. This helped to ensure staff had the information available to meet people's needs in a way that was special for them.

People's care plans were typed and in a small font, which meant they may not have been in a suitable format for people to be able to effectively read. This meant the provider had not fully considered the Accessible Information Standard (AIS). The AIS is a nationally recognised and required standard within the health and social care sector, which must be implemented to help ensure there is a consistent and inclusive approach to meeting people's individual communication and support needs of people.

People were cared for at the end of their life by staff who had received palliative care training. The deputy manager and provider liaised closely with the person's GP to ensure a co-ordinated approach, and to help ensure a dignified and pain free death. One person had taken the time to write and thank the staff for taking care of their loved one at the end of their life, "To everyone for caring for (...) so well during his months. You all helped him to have fun and enabled him to carry on doing all the things he lived to do with respect and dignity". However, people's end of life care planning was not individualised. This meant people may not have experienced personalised and individualised care, in their final days, which they had said that they would like.

People's care files were reviewed on a monthly and three monthly basis by the deputy manager. This meant, that if an individual's care or support needs changed their care plan was altered, making sure staff had the most update to and relevant information about how to meet people's needs.

The provider had a complaints process which was displayed in the entrance hall. However, in line with the AIS the provider had not considered if the complaints policy was in a suitable format for everyone to understand. The deputy manager told us that they tried to sort out potential problems before they reached the stage of becoming a complaint. They said that they felt it was best to sort things out at an early stage. Therefore there had not been any formal complaints. However, the deputy manager told us he would consider implementing a "grumbles" file, to help monitor for any trends in concerns, that may be emerging.

We recommend the provider ensures that the Accessible Information Standard (AIS) is fully implemented within the service.

Is the service well-led?

Our findings

At our last inspection on 11 June 2016, we rated this key question as good. At this inspection we rated this key question as requires improvement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the owner of the business.

The provider/registered manager employed a deputy manager to help with the day to day management of the service. They informed us they wanted to relinquish their role as the registered manager, and appoint the deputy manager as the registered manager of the service. To assist with this, the deputy manager was in the process of undertaking a leadership qualification. However, at the time of our inspection the provider was not aware of the deputy manager's progress. This demonstrated the provider had not been monitoring or mentoring the deputy manager's progression towards attaining their qualification.

In addition the provider/registered manager were not aware of the issues we had identified, or had not taken sufficient action where they were aware of issues. These related to care planning, the assessment of risk, infection control, staffing, maintaining people's confidentiality and social engagement.

The provider informs us in their Provider Information Return (PIR) that, "To ensure that the standards of the home comply with legislation as well as what could be perceived as best practice the management complete a yearly audit tool which includes a report that will plan out the needed improvements for the next year". We found the provider did not fully understand their responsibility to effectively monitor the ongoing quality of the service, in line with the Health and Social Care Act 2008. Instead, the provider had delegated responsibility for managing the service to another member of their team. The systems they had put in place to monitor quality and risk during this transition were not robust. The registered manager used a generalised monthly meeting to discuss the service, rather than adopting and implementing systems to help ensure compliance with regulations, and to ensure people were receiving a good service in all areas of care.

When systems were in place, these were not always effective. For example, the system in place to audit care plans to ensure accuracy, had failed to identify risk assessments were not always in place, end of life care plans were not always personalised and people's weight was not being monitored robustly. The provider had also failed to identify people's confidential personal information was being talked about in shared areas and documentation was not being held securely. People were also not always supported to participate in social activities, to help reduce social isolation.

The registered manager/provider was not aware of the changes which had been made to the Key Lines of Enquiry (KLOEs) which came into force from 01 November 2017. They were also unaware of the Accessible Information Standard (AIS). The AIS is a nationally recognised and required standard within the health and

social care sector, which must be implemented to help ensure there is a consistent and inclusive approach to meeting people's individual communication and support needs of people.

Surveys of both people and staff were carried out, so any themes and key actions could be identified. This then fed into an annual service audit. We were told the audit was a "living document", and it was used to both identify required action and to help ensure that actions were completed. We noted that while much had been achieved, several tasks had been carried forward from 2015 to 2016 and were still uncompleted by December 2017. For example the curtains had not been replaced and two items, cushion cleaning and disinfectant for bed pans, was marked as not completed in November 2015 and was still uncompleted when we inspected. This demonstrated the provider was not always responsive in using people's feedback to help improve the quality of the service.

The provider did not have an effective governance framework, to help monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people received. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us, they attended an annual meeting of the care home associations group however, but did not attend other forums or meetings where best practice and changes to regulations, such as the changes to the KLOEs were regularly discussed. The deputy manager told us to update their professional knowledge, the provider subscribed to a care home advisory service and to relevant health and social care publications.

Some staff thought the service was well managed. Some staff felt undervalued and that the home could be better managed. Staff also said "Everybody works well together". Although staff meetings had been held regularly throughout 2015 and 2016, there had been no staff meeting held during 2017 and staff told us they missed these meetings.

People knew who the management team were and thought that they were both approachable, commenting how the deputy manager "Gets things sorted".

People, who were supported in their own homes, were provided with an emergency, on call contact number, which they could use to speak with the provider, deputy manager or staff team at any time.

Although, there were no documented organisational values and shared vision for the service, it was evident the provider cared deeply and passionately for the people living at the service, and for those supported in their own home. Telling us "They are all very special". This loving approach was subsequently observed within the staffing culture, and displayed in some of their practices, with one member of staff telling us "We just want to do what's best for the residents".

The provider worked in partnership with other organisations to the benefit of people. For example, following an incident they had worked with the local authority service improvement team to ensure that the home had good systems in place to monitor and, if necessary, respond to people who suffered falls.

The provider informed the Commission of notifiable incidents in line with legal requirements, such as deaths or serious injuries. The provider was honest when uncommon incidents had occurred, demonstrating the principles of the Duty of Candour. Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong.

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 Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Service user's social care was not designed to meet their preferences.
Accommodation for persons who require nursing or personal care Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 (1) (2) (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Service user's privacy was not always respected.
Accommodation for persons who require nursing or personal care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (1) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks associated with service user's care were not effectively managed to ensure their safety.
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

Personal care

governance

Regulation 17 (1) (2) (a) (b) (c) (e) (f) of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

Service user's confidential information was not protected.

The provider did not have an effective governance framework, to help monitor the management and leadership of the service, as well as the ongoing quality and safety of the care service user's received.