The Freshfields Management Company Limited

Freshfields Nursing Home

Inspection report

Agaton Road
St Budeaux
Plymouth
Devon
PL5 2EW

Tel: 01752360000
Website: www.freshfieldsnursing.co.uk

Date of inspection visit:
01 October 2018
02 October 2018

Date of publication:
26 November 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection on 01 and 02 October 2018.

Freshfields Nursing Home provides care for people who may require nursing care and for people who are living with dementia. The service provides care and accommodation for up to 38 people. On the day of the inspection 32 people lived in the home.

There was a manager in place, who was registered with the Care Quality Commission. 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 due to retire at the end of 2018, therefore the provider had been pro-active and already employed a new manager, who had been working alongside the current registered manager for the past four months, to help ensure a smooth transition. The new manager would be applying to be registered with the Commission shortly.

At our last inspection in October 2017 the overall rating for the service was Requires Improvement because the recruitment of staff was not always carried out safely, and records relating to people's medicines were not always accurate. In addition, people's records did not clearly detail how their human rights were being protected in line with the Mental Capacity Act (2005); and the providers systems, to monitor the quality of care people received were not robust, in identifying when improvements were needed. Whist some improvements had been made, we found additional areas requiring action. Therefore, the rating of Requires Improvement remained.

People were not always protected from risks associated with their care. People had risk assessments in place to help guide staff to deliver safe care in line with people's individual needs. However, people's risks assessments, relating to their nutrition were not always accurate to help ensure people received safe support. We asked the registered manager to take immediate action to ensure one person received the correct meals, that records were updated to ensure their accuracy and staff knowledge and awareness improved.

People were not always supported by suitable numbers of staff who knew how to meet their needs safely and effectively. The registered manager told us, that whilst they had good numbers of nursing staff, they had experienced a difficult time, with large numbers of care staff recently leaving. They explained, recruitment was ongoing and that three new members of staff had recently been appointed.

People's medicines were not always managed safety. People's medicine administration records (MARs) were completed, but not always accurate. People received topical medicines (creams, pastes or lotions).

However, these were not always dated upon opening, which meant staff could have applied topical medicines, which were out of date. There was no system in place to help determine if people needed their pain relief and/or whether it was successfully working; this is good practice especially with people living with dementia and/or who find communication difficult.

Overall, people were protected from abuse. However, whilst staff received safeguarding training and had access to safeguarding polices, some staff were not fully aware of the local authorities' involvement in the investigation of allegations of abuse. The registered manager told us they would speak to staff to refresh their knowledge.

Overall, people were kept safe from environmental risks. All equipment was serviced in line with manufactures guidelines, the fire system was checked on a weekly basis and underwent an annual review to ensure its continued safety. However, on both days of our inspection we found two doors propped open, because batteries in fire release door guards were not working. We also found a large number of wheelchairs, and three carpet cleaners stored in a designated fire escape. The assessment of these risks, had not been included within the providers fire risk assessment. Therefore, the provider told us immediate action would be taken.

People had care plans in place to help provide guidance and direction to staff about how they wanted to receive their care and support. However, staff told us they did not always have time to read them, and told us they just got to know people by watching a listening to see how other staff supported them.

People's care plans were handwritten therefore consideration had not been given to whether they were in a suitable format for people and/or their loved ones to be able to understand. People's communication needs were documented in their care plans, staff told us how they adapted their own communication styles to help people to understand them.

People's continence needs were managed. People were reminded to go to the toilet discreetly and supported when required. Staff, however told us, that when there are staffing shortages, some people are not supported when they should be, resulting in them being uncomfortable or incontinent.

Despite positive feedback from relatives, people's social needs were variably met, and people living with dementia did not always receive the time and support they needed from staff, to help positively distract or engage them.

Staff told us, they found it difficult to promote people's independence because they did not always have time and/or the resources to be able to. Staff explained how they felt people's care was task ordinated, rather than being person-centred and tailored to people's individual social and emotional needs.

Overall, people's privacy and dignity was promoted by staff, most staff knocked on people's bedroom doors before entering, and when risk assessed, people could have their own lock and/or key. One person was wearing excessively large and loose trousers, which fell down whilst they were walking. This resulted in them exposing their incontinence pad and pants. Whilst, a member of staff at the time, pulled them back up, the situation wasn't resolved.

People's care plans now included a section regarding their mental capacity and how they should be suitably supported. Staff had undertaken training in the Mental Capacity Act (2005). However, despite staff receiving training, staff's knowledge was limited about the deprivation of livery safeguard applications (DoLS). Staff were unaware of who had DoLS applications in place, and what this meant for people. This meant people's

human rights may not be suitably protected.

Overall, people received care and support from staff who had undertaken training, the provider had deemed to be mandatory. However, despite staff receiving training it was not always put into practice. For example, staff undertook privacy and dignity training, however we found improvements were required in this area.

People were supported to eat and drink, and offered drinks by staff at certain times of the day. However, records about people's consumption, were not always detailed and/or accurate.

The dining experience did not fully support and enable people, living with dementia. The principles of good dementia care were not followed, for example people were all verbally asked what they wanted for lunch and not shown. People and their relatives told us they liked the food and the options which were available.

The registered manager and provider told us they had already recognised that action was needed to improve the dining experience for people. The provider had already sourced a new training course called dignity and dinning, and would be asking staff to attend.

People living with dementia, were not always fully supported by the decoration of the service. Areas of the home, such as people's bedrooms, toilets and bathrooms were not always labelled with pictorial images to help ordinate people.

The registered manager had a variety of quality audits which formed the basis of the providers 'global audit'. Audits were completed on a monthly and quarterly basis by the registered manager, and designated staff. However, despite these being in place, they had failed to identify the areas found to require improvement as part of this inspection.

Most staff told us they liked working at the service, but at times, felt that there was a poor culture which resulted in staffing indifferences, and task ordinated care provision

People were seen to comfortably approach and speak freely to staff, and families told us they felt their loved ones were "Safe". Since our last inspection, the provider had installed closed circuit television (CCTV) in communal areas, to help ensure peoples ongoing safety.

People, at our last inspection in October 2017, were not protected by the provider's own recruitment procedures, but at this inspection we found action had been taken to ensure people were fully protected. The provider had also introduced a new monitoring and checking system of recruitment procedures.

People were supported safely when mobilising, and wheelchairs were used appropriately with footplates. People's accidents were reviewed, and themes and trends analysed so action could be taken to help minimise reoccurrences.

People lived in a service whereby the provider learnt when things had gone wrong and used the learning to help improve the service.

People were protected by infection control processes to help reduce the unnecessary spread of infection. Staff received infection control training and wore the required personal protective equipment (PPE), such as gloves and aprons, when assisting people with personal care.

People were supported with dignity, at the end of their life. Staff had received palliative care training. People

had care plans in place to help staff know what their end of life wishes were. Pain management and end of life medicines were discussed with external professionals, and in place as needed.

People's concerns and complaints were listened to and were used to help improve the service. The provider had a complaints policy which was displayed in the care home for people to access.

People approached staff without hesitation. People's positive facial expressions when staff were in sight and when they spoke with them, indicated that they felt comfortable in their presence.

People told us, "I do feel cared for" and "All the people are very good here. I get really looked after". Relatives, described the kindness shown to their loved ones telling us, "They have brilliant people working here" and "The girls who look after her are great". An external professional told us of the loving, caring, homely and happy atmosphere they encountered when they visited.

Staff spoke of their love for the people they cared for with one member of staff telling us, "It's all about the residents, that why we are here, we are in their home". On the first day of our inspection, there were reduced numbers of staff, because of staff vacancies and sickness. However, despite this, staff were seen to take their time when speaking with people.

Overall, people's consent to their care was obtained and recorded in their care plans. This included consent to photographs being taken, and for them to be used in the promotion of the service.

Nursing staff undertook relevant training and continued professional development (CPD), in line with their professional registration with the nursing and midwifery council (NMC).

New staff joining the organisation had an induction period. They completed the providers internal induction, which introduced them to people, the routines of the service, and to policy and procedures.

People received a pre-assessment of their health and social care needs prior to moving into the service. This helped to determine if people's needs could be effectively and safely met. People's records indicated that staff worked collaboratively with external healthcare professionals to help ensure people's ongoing health care needs were monitored and met.

People's feedback about the service was sought and their views valued and acted upon. Overall, people's relatives told us they were happy with the leadership and quality of the service, with one relative commenting "I'm delighted with it here".

The service worked positively with external agencies, to help continuously learn and improve.
The registered manager had notified the Commission appropriately in line with their legal duties and the rating of the providers last inspection was displayed in line with legal requirements.

We found three breaches of regulation. You can see what action we told the provider to take at the back of the full version of the report.

We also recommended the provider reviewed the installation of their CCTV in line with the Commission's 'Using surveillance: information for service providers' guidance, and reviewed their system of washing moving and handling slings, in line with the department of health (DoH) prevention and control of infection in care homes. In addition, we recommended that the provider used dementia care research to help in the design and delivery of people's social care, and took account of the Accessible Information Standard (AIS) in

the design and delivery of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe.

People were not always protected from risks associated with their care.

People were not always supported by suitable numbers of staff who knew how to meet their needs safely and effectively.

People's medicines were not always managed safely.

Overall, people were protected from abuse.

People lived in a service, whereby the provider learnt when things had gone wrong, and used the learning to help improve the service.

People were protected by infection control processes to help reduce the unnecessary spread of infection.

Is the service effective?

Requires Improvement

Aspects of the service were not effective.

Overall, people received care and support from staff who had undertaken training. However, training which related to people's individual needs, was not always undertaken by care staff.

People were supported to eat and drink. However, records about their consumption, were not always detailed and/or accurate. The dining experience did not fully support and enable people, living with dementia.

People living with dementia, were not always fully supported by the decoration of the service.

Overall, people had their human rights protected by the Mental Capacity Act (2005). However, staff had a limited understanding about the deprivation of liberty safeguard (DoLS) applications that that were in place for people, which meant people could have been at risk of not being supported in the right way.

People's needs and choices were assessed.

People's individual communication needs were known, and individually supported.

People had access to external health and social care professionals to help with their ongoing health and wellbeing. Staff worked professionally with external professionals, to help ensure good outcomes for people.

Is the service caring?

Requires Improvement

Aspects of the service were not caring.

People were not always actively involved in making decisions about their care. Records did not detail their family/representative's involvement in the design and delivery of their care.

Peoples independence was not always promoted, because staff told us they did not always have time to encourage this.

Overall, people's privacy and dignity was respected.

People, their families and professionals told us staff were kind and caring.

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive.

People had care plans in place to help provide guidance and direction to staff about how they wanted to receive their care and support. However, staff told us they did not always have time to read them.

Overall, people had opportunities to engage in social stimulation. However, staff told us that opportunities were sometimes limited.

People were supported with dignity, at the end of their life.

Peoples concerns and complaints were listened to and were used to help improve the service.

Is the service well-led?

Inadequate

The service was not well-led.

People continued to live in a service that the provider did not effectively and safely monitor. The provider's systems and process were not robust and had failed to identify the areas which had been found to require improvement, as part of this inspection.

There was no clear vision and values of the service to help underpin staff practice and culture. Some staff told us there was a positive working culture in the service, whereas some, disagreed.

Staff were motivated by the people they supported and wanted to do a good job, but told us they did not always feel they were listened to by managers.

People's feedback about the service was sought and their views were valued and acted upon.

The service worked positively with external agencies in order to help continuously learn and improve.

Freshfields Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 01 and 02 October 2018, and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor for older people's nursing and dementia care, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we contacted Healthwatch Plymouth, the local authority quality and improvement team (QAIT) and New Devon clinical commissioning group (CCG) for their feedback about the service. Where this was given, it can be found throughout the report.

Prior to the inspection we reviewed records held about the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law. In addition, we reviewed information that had been shared with us, such as complaints, compliments and whistleblowing information, as well as information from the adult social care safeguarding team.

During the inspection we spoke with one person and four relatives. Most of the people living at Freshfields Nursing Home were unable to give us their views of the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed nine people's records in detail. We also spoke with eight members of staff and reviewed nine staff personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager and provider reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and

policies and procedures. We also spoke with a visiting GP and a specialist nurse.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2017, the rating for this key question was Requires Improvement because the recruitment of staff was not always carried out safely, and records relating to people's medicines were not always accurate. Whist some improvements had been made, we also found additional areas requiring action. Therefore, the rating of Requires Improvement remained.

People were not always protected from risks associated with their care. People had risk assessments in place to help guide staff to deliver safe care in line with people's individual needs, such as moving and handling, skincare, personal care and behaviour. However, people's risks assessments, relating to their nutrition, were not always accurate to help ensure people received safe support. For example, one person had been assessed by a speech and language therapist (SALT), as requiring a specialist textured diet. However, risk assessment and care planning records regarding this diet were inconsistent. In addition, the kitchen staff were preparing the wrong type of food, and staff were also not aware of the SALT advice which had been given. We asked the registered manager to take immediate action to ensure the person received the correct meals, that records were updated to ensure their accuracy and staff knowledge and awareness improved.

When people had been subjected to inappropriate behavioural responses by others, because of their dementia, for those involved risk assessments had not always been updated to help ensure people's ongoing support was suitable, and/or whether their care needed to be adjusted to help reduce the likelihood of reoccurrence.

Risks associated with people's care were not always known by staff and documented accurately to help mitigate ongoing risk of harm and/or reduce reoccurrences.

This is a breach of Regulation 12 of the Health and social care act 2008 (Regulated activities 2014)

People were not always supported by suitable numbers of staff who knew how to meet their needs safely and effectively. On the first day of our inspection, in line with the provider's own staffing level guidance, there should have been seven members of care staff, however due to staff vacancies and one member of staff unable to come to work because of sickness, there were three. The registered managed told us they had tried to get cover by using a care agency, but could only manage to secure one additional carer, who arrived at approximately 11am. Therefore, on day one, the nursing staff, activities co-ordinator and registered manager, helped when needed. However, the impact of this staffing deficiency meant that people's medicines were administered late, and people were assisted out of bed until 12.30pm. On the second day of our inspection, staffing levels were at the right level. We looked at the rota for the rest of the week and found there were between three and six members of care staff on duty each day, with the registered manager showing us a list of vacancy shifts which had been sent to the care agency to request cover. The registered manager was honest and told us, that whilst they had good numbers of nursing staff, they had experienced a difficult time with large numbers of care staff recently leaving, which had impacted on the service. They explained how recruitment was ongoing and that three new members of care staff had

recently been appointed.

The same agency staff, where possible, were requested to help ensure the continuity of people's care. Whilst the registered manager and provider recognised that this was not a good position to be in, they felt they were doing all that was reasonably practical, in ensuring safe numbers of staff.

Staff and rotas, showed that at times over the past four weeks, the service had not been staffed in line with the provider's own assessed staffing levels. Staff also expressed their concern, about the high level of agency staff being used. With one member of staff telling us of their concern about how there had only been agency staff working a night shift the previous weekend, who had not been supported by any permanent staff. This meant people's individual needs would not have been fully known, and been able to have been met because they would not have had time to read everyone's care plans in detail. However, the registered manager told us, as far as possible in such circumstances, agency staff were provided with a handover and a detailed list of people's immediate needs.

People's medicines were not always managed safety. People's medicine administration records (MARs) were completed, but not always accurate. For example, when medicines had been given at a different time to when the medicines had been prescribed, this was not recorded on the MARs. This meant, that if there was a change of nursing staff during the day, they may not be aware that people's medicines may need to be given earlier or later than indicated, meaning that people may not receive their medicines in line with prescribing guidelines.

People who received supplement drinks because they were at risk of losing weight, sometimes refused to take them. When this occurred the letter 'R' was recorded on their MARs. However, nursing staff told us they would always go back and try to encourage the person to take it, later.
However, when this occurred, the outcome was not recorded on the person's MARs. Therefore, we could not determine how often a person was taking their supplement drinks, as records were not always reflective of actual administration.

People received topical medicines (creams, pastes or lotions). However, these were not always dated upon opening, which meant staff could have applied topical medicines, which were out of date.

There was no system in place to help determine if people needed their pain relief and/or whether it was successfully working; this is good practice especially with people living with dementia and/or who find communication difficult.

People who had been prescribed their own nutritional medicine, had these sometimes used for other people. For example, on the first day of our inspection, there was one tub of a prescribed medicine, to help thicken drinks on the tea and coffee trolley. We were told that despite it being prescribed for one person, it was used for another two people who also needed the consistency of their drinks altered. The registered manager recognised that this was not correct practice, and by the second day, there were three individual tubs.

The registered manager used a monthly medicines audit to help highlight where improvements were required. However, the audit had not been effective in identifying what we had found at our inspection.

Aspects of people's medicines were not always managed safely.

This is a breach of Regulation 12 of the Health and social care act 2008 (Regulated activities 2014)

People's medicines were stored securely. Medicines requiring refrigeration were stored safely, with fridge temperatures recorded daily. People's MARs indicated their allergies, and people who were on blood thinning medicines had robust records in place.

Overall, people were protected from abuse. Staff told us they would not hesitate to raise any concerns with the registered manager and/or provider if they felt someone was being abused, mistreated or neglected. The registered manager had a good understanding of their safeguarding responsibilities. However, whilst staff received safeguarding training and had access to safeguarding polices, some staff were not fully aware of the local authorities' involvement in the investigation of allegations of abuse. The registered manager told us they would speak to staff to refresh their knowledge.

Overall, people were kept safe from environmental risks. All equipment was serviced in line with manufactures guidelines, the fire system was checked on a weekly basis and underwent an annual review to ensure its continued safety. People had personal emergency evacuation plans (PEEPs) in place, which helped to describe to the fire service what support people needed in the event of an emergency. In the event of a full evacuation, the provider had made arrangements with a neighbouring nursing home to help ensure people's ongoing welfare and safety. On both days of our inspection we found two doors propped open, because batteries in fire release door guards were not working. We also found a large number of wheelchairs and three carpet cleaners stored in a designated fire escape. The assessment of these risks, had not been included within the providers fire risk assessment. Therefore, the provider told us immediate action would be taken.

People were seen to comfortably approach and speak freely to staff, and families told us they felt their loved ones were "Safe". Since our last inspection, the provider had installed closed circuit television (CCTV) in communal areas, to help ensure people's ongoing safety. However, whilst the provider had sought relevant consent, they had not competed an 'impact assessment' taking into account people's privacy and dignity.

We recommend the provider reviews the installation of their CCTV in line with the Commission's 'Using surveillance: information for service providers' guidance.

Overall, people were protected by infection control processes to help reduce the unnecessary spread of infection. Staff received infection control training and wore the required personal protective equipment (PPE), such as gloves and aprons, when assisting people with personal care. Soiled laundry was handled safely, and washed separately at high temperatures. There was hot water, soap, paper towels and foot operated bins in bathrooms, the laundry and sluice area. However, there was no system in place to ensure that people who shared slings used for moving and handling equipment, were washed in between use, which meant there was a risk of cross infection.

We recommend the provider reviews their system of washing moving and handling slings, in line with the department of health (DoH) prevention and control of infection in care homes.

People, at our last inspection in October 2017, were not protected by the providers own recruitment procedures, but at this inspection we found action had been taken to ensure people were fully protected. The provider followed their recruitment policy and undertook relevant checks of all new staff. This now included a full employment history, making sure any gaps in employment were scrutinised. As well as, reference checks from previous employees and a Disclosure and Barring check (DBS). A DBS check is a mandatory check to help ensure that any employee choosing to work with vulnerable adults, is suitable and of good character. The provider had also introduced a new monitoring and checking system of recruitment procedures, which involved the administrator and manager randomly selecting files to ensure their

accuracy.

People were supported safely when mobilising, and wheelchairs were used appropriately with footplates. People's accidents were reviewed, and themes and trends analysed so action could be taken to help minimise reoccurrences. For example, an additional member of staff had been employed from 6pm until 10pm, as this time had been identified as being a time when some people in the lounge were frequently falling, because staff supervision was limited as people were being supported to bed.

People lived in a service, whereby the provider learnt when things had gone wrong, and used the learning to help improve the service. For example, the provider had acted to improve security at the service following a previous incident.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in October 2017, the rating for this key question was Requires Improvement because people's records did not clearly detail how their human rights were being protected in line with the Mental Capacity Act (2005). Whist some improvements had been made, we found additional areas requiring action. Therefore, the rating of Requires Improvement remained.

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 now included a section regarding their mental capacity and how they should be suitably supported. Staff had undertaken training in the Mental Capacity Act (2005). One member of staff described how they had recently supported someone with their personal care, who did not want to be helped, and how they had had, to take account of the legislative framework. However, despite staff receiving training, staff knowledge was limited about the deprivation of liberty safeguard applications (DoLS). Staff were unaware of the one person who had a DoLS application in place, and what this meant for the person. This meant their human rights may not be suitably protected. We spoke with the registered manager about this, who told us they would act to refresh staff's knowledge and understanding.

Overall, people's consent to their care was obtained and recorded in their care plans. This included consent to photographs being taken, and for them to be used in the promotion of the service. Most staff asked people prior to supporting them, but some staff did not always ask people before placing a clothes protector over their head to stop them from ruining their clothes during meals.

Overall, people received care and support from staff who had undertaken training, the provider had deemed to be mandatory. The providers training matrix, a document used to record all staff training in a centralised way, detailed training such as first aid, equality and diversity, dementia, diet and nutrition, conflict management and safe holding. However, despite staff receiving training it was not always put into practice. For example, staff undertook privacy and dignity training, however as detailed in the caring key question, we found improvements were required. Nursing staff undertook relevant training and continued professional development (CPD), in line with their professional registration with the nursing and midwifery council (NMC).

New staff joining the organisation had an induction period. They completed the provider's internal induction, which introduced them to people, the routines of the service, and to policy and procedures. The care certificate was completed when staff did not have experience in working in the health and social care sector. The care certificate is a national initiative, to help improve the consistency of staff induction across

the health and social care sector. New staff told us they felt the induction had equipped them to do their job.

People were supported to eat and drink, and offered drinks by staff at certain times of the day. However, records about people's consumption, were not always detailed and/or accurate. For example, people's care plans did not detail how much was enough. People's records were also not always totalled at the end of the day, to determine how much they had drunk, and despite asking, we could not find one person's food and fluid charts for the 30 September 2018. Therefore, we could not determine if people were receiving enough to eat and drink.

The dining experience did not fully support and enable people, living with dementia. Despite dining room tables being laid up, with table cloths, condiments and cutlery, the principles of good dementia care were not followed. For example, people were all verbally asked what they wanted for lunch and not shown. The menu board was written in chalk and displayed high up on the wall. Salt and pepper were in pots, which were not transparent. When staff placed meals in front of people, and or assisted them they stated, "There's your dinner" and "I have your dinner", with no explanation as to what it was, or asking what bit they would like to try first. People and their relatives told us they liked the food and the options which were available.

The registered manager and provider told us they had already recognised that action was needed to improve the dining experience for people. The provider had already sourced a new training course called dignity and dinning, and would be asking staff to attend. In addition, the newly appointed manager had just started to work closely with kitchen staff to improve communication about people's nutritional needs.

People living with dementia, were not always fully supported by the decoration of the service. Whilst toilet seats and door frames were indicated by different colours, areas of the home, such as people's bedrooms, toilets and bathrooms were not always labelled with pictorial images to help orientate people. As a result of this, we found one person searching for a toilet, which did not promote their independence. Clocks around the service were all set at different times.

People's communication needs were documented in their care plans, staff told us how they adapted their own communication styles to help people to understand them. For example, people who were partially sighted, staff told us they took time to explain everything they were doing to help reduce anxiety, and involve them in their care.

People received a pre-assessment of their health and social care needs prior to moving into the service. This helped to determine if people's needs could be effectively and safely met. An external professional told us how the registered manager was skilled at ensuring that there were the right mix of people living at the service. They explained how the registered manager was not afraid to positively challenge the hospital discharge teams, and had at times said "no", to potential people because of the impact that they could have on others, and on the service.

People's records indicated that staff worked collaboratively with external healthcare professionals to help ensure people's ongoing health care needs were monitored and met. Relatives were complimentary of how staff managed their loved ones needs, telling us they were kept informed of any changes as necessary. External professionals told us, they were always contacted appropriately and that all staff listened to advice and implemented it as necessary.

Requires Improvement

Is the service caring?

Our findings

At our last inspection in October 2017, the rating for this key question was Good, however at this inspection we found areas requiring action. Therefore, the rating has deteriorated to Requires Improvement.

Staff told us, they found it difficult to promote people's independence because they did not always have time and/or the resources to be able to, despite the provider telling us in their provider information return (PIR), that "We have person centred care plans that are tailored to each individual resident that includes physical, social and spiritual needs". Staff explained how they felt people's care was task orientated, rather than being person-centred and tailored to people's individual social and emotional needs. During our inspection, whilst staff displayed kindness, we also observed this task ordinated approach in practice, particularly on our first day.

Staff told us about the key worker system. A key worker is a member of staff who is allocated to a person, because of similar interests, and who is especially responsible for making sure they have everything they need and who spends quality time with them. But staff explained that this did not work in practice as they did not have time, telling us, "We are meant to know everything about them, but we are not provided with the time".

People's privacy and dignity was not always promoted by staff although most staff knocked on people's bedroom doors before entering, and when risk assessed, people could have their own lock and/or key. However, most people's bedroom doors were left open, and without any details in their care plans, as to whether this was their own choice. In some bedrooms, there were incontinence pads left out on display, which meant visitors would be aware of their care needs.

One person was wearing excessively large and loose trousers, which fell down whilst they were walking. This resulted in them exposing their incontinence pad and pants. Whilst a member of staff at the time pulled them back up, the situation wasn't resolved. We spoke with the registered manager about this, who told us they would take immediate action to speak with staff, and assess the person's clothing requirements.

One person was found to be shouting from behind their bedroom door. When we entered their bedroom, the person was sitting in their chair and found to be crying. There were no members of staff near the person's bedroom, to be able to hear and support this person's emotional distress. Ten minutes later, the person was taken from their bedroom to the lounge. The person's care plan, did not contain any information about how they should be emotionally supported during such times of upset.

When staff assisted people to eat their lunch, they sat next to the person, at the same level, enabling them to be assisted at their own pace. However, during lunch time the concentration of one member of staff lapsed, they got up at times to obtain meals for other people, and spoke with others across the dining area. This did not show respect to the person they were assisting with their meal.

People's choices and preferences for how they wanted their personal appearance to be was not

documented in their care plans. For example, some people had facial hair, but it was not detailed if this was their choice and/or how they would like it to be managed. On the first day of our inspection, some people looked dishevelled, for example their hair had not been washed or brushed, but by the second day people's appearance had much improved. One relative told us, "Her nails were dirty and she's been left in dirty clothes before". During our inspection, we also observed some people had dirt under their nails.

Staff, however told us, that when there are staffing shortages, some people are not supported when they should be, resulting in them being uncomfortable or incontinent.

People were not always treated with dignity and respect, and their independence was not always promoted.

This is a breach of Regulation 10 of the Health and social care act 2008 (Regulated activities 2014)

People approached staff without hesitation. People's positive facial expressions when staff were in sight and when they spoke with them, indicated that they felt comfortable in their presence. People were given hugs and kisses by some staff, and on receiving them, they responded cheerfully and showed a genuine compassion in return. Staff used loving humour to engage with people, with one member of staff encouraging laugher amongst people by asking, "Where's those lovely smiles I usually get".

People told us, "I do feel cared for" and "All the people are very good here. I get really looked after". Relatives, described the kindness shown to their loved ones telling us, "Mum was taken to hospital. When we came back four carers came to meet us in the car park. They were great it was, how you doing [person's name], good to see you back". Other comments included, "They have brilliant people working here" and "The girls who look after her are great". An external professional told us of the loving, caring, homely and happy atmosphere they encountered when they visited.

Staff spoke of their love for the people they cared for with one member of staff telling us, "It's all about the residents, that why we are here, we are in their home". On the first day of our inspection, there were reduced numbers of staff, because of staff vacancies and sickness. However, despite this staff were seen to take their time when speaking with people. When people displayed behaviour that may challenge, all staff remained calm in their approach. One person who was reluctant to have shower, was encouraged in a cheerful, kind and positive manner to take a member of staff's hand, as they were guided to the shower area. The person later returned looking refreshed and relaxed.

People's birthdays were celebrated with a cake. People's family and friends, could visit at any time, and during our inspection were always welcomed warmly by staff and offered a cup of tea. People's religious, spiritual and cultural needs were detailed in their care plans, and visiting clergy attended each month to carry out a service and to meet with people on a one to one basis, should they wish. The provider told us in their provider information return, "Each person is treated as an individual irrespective of any protected characteristics. All staff have completed equality and diversity training which ensures that all residents, relatives, staff and visitors to the
home are protected from judgements and discrimination. Care provided remains at a high level regardless of sexual orientation or any other protected characteristics".

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in October 2017, the rating for this key question was Good, however at this inspection we found areas requiring action. Therefore, the rating has deteriorated to Requires Improvement.

People had care plans in place to help provide guidance and direction to staff about how they wanted to receive their care and support. Care plans detailed people's health and social care needs, and were updated and reviewed on a monthly basis. However, staff told us they did not always have time to read them, and told us they just got to know people by watching and listening to see how other staff supported them. The registered manager and provider explained that care plans were in the process of becoming 'electronic'. This meant staff would have access to iPads for the convenience, of reading and updating them. We were told the newly appointed manager had been tasked with the process of transferring the handwritten documents to the new computer system which was nearing completion. Implementation of the new system would then be rolled out, after all staff had received the required training.

An external professional told us people's records were not always up to date, but when identified, staff always promptly took action to amend them. People's care plans were handwritten therefore consideration had not been given to whether they were in a suitable format for people and/or their loved ones to be able to understand.

People who had diabetes had care plans in place. However, the recorded actions provided to staff about what to do in the event of a person becoming unwell, was to "give a milky drink with sugar, followed by a carb snack", however, this was not in line with best practice laid out by Diabetes UK.

People's concerns and complaints were listened to and were used to help improve the service. For example, one person had complained that a document pertaining to their loved one's health, had not been reviewed. Therefore, action had been taken to review everyone's care file to assess whether this had been an isolated incident, and then a monthly checking system had been put into place. The provider had a complaints policy which was displayed in the care home for people to access. However, the complaints policy was in the written word, was in small font and displayed high up on a notice board. Therefore, the design and position of this policy did not take into account people's individual communication needs.

We recommend the provider takes account of the Accessible Information Standard (AIS) in the design and delivery of the service.

People's continence needs were managed, and people had care plans in place to detail what continence aids should be used. People were reminded to go to the toilet discreetly and supported when required.

People's social needs were variably met, and people living with dementia did not always receive the time and support they needed from staff, to help positively distract or engage them.

During both days of our inspection, there was an activities co-ordinator present. They delivered, a quiz,

reminiscence, pet therapy and a painting activity. The activities co-ordinator, who worked Monday to Friday, knew people well and was observed to be very kind, passionate and motivated. During the activities, people and families all responded with warmth and humour which demonstrated that they liked the activity, and that they were fond of this member of staff. The activities co-ordinator was skilful at adapting their communication to be able to meet people's individual needs. For example, speaking with people in a group or on a one to one level.

Relatives were positive about the opportunities for social engagement, commenting "Mum likes to work. Obviously, she can't really work but they've given Mum jobs to do with the laundry, and helping out. She folds towels and you'll see her walking around tidying things. One of the girls even bought her some monopoly money. Mum loved that. They've also started taken her to a memory cafe, which is brilliant". "[The activities co-ordinator] keeps me informed about the entertainment and he makes an effort to entertain everyone. They have bands and singers in here every month, carol services, open days, coffee mornings".

However, despite this and people's care plans detailing what their interests had previously been, so as to help activities to be tailored to people's individual needs. Staff, told us the same activities were delivered most weeks. Staff also told us, that because the activities co-ordinator only worked during the week, social engagement and stimulation did not always take place and/or was limited at the weekend, resulting in people "Sitting in their chairs" or "Alone in their bedrooms". Staff commented, "There is less stimulation at the weekends", "Some of the residents don't go out, tend to just sit in the lounge", and "There could be a lot more done. It's quite sad to see".

Despite, the provider telling us in their provider information return (PIR), "The activities provided are proven to enhance the lives of those with dementia". The registered manager told us that they recognised, that the quality of activities at the weekends, was largely dependent on who was working. During our inspection, some people walked up and down corridors, and or sat alone, without being encouraged to participate in the activities being offered, and or offered alternative options. People were also not encouraged to be part of the day to day running of 'their home'. Such as setting the dining room tables, dust or fold napkins.

People had memory boxes displayed on their bedroom walls containing photographs and special, memorable belongings. However, these were not seen to be used by staff to engage in meaningful and reminiscence conversation when in people's rooms.

We recommend the provider uses dementia care research to help in the design and delivery of people's social care.

People were supported with dignity, at the end of their life. The provider told us in their provider information return (PIR), that "When a resident is at the end of their life, relatives are encouraged to be with their loved ones throughout this time". Staff had received palliative care training, but because of the providers last CQC rating, their accreditation with the local hospice had been withdrawn. People had care plans in place to help staff know what their end of life wishes were, for example the people they wanted present and the music they wanted to be played. People's resuscitation wishes were document and treatment escalation plans (TEPs) were in place, as needed. Pain management and end of life medicines were discussed with external professionals, and in place as needed.

Inadequate

Is the service well-led?

Our findings

At our last inspection in October 2017, the rating for this key question was Requires Improvement because the provider's systems to monitor the quality of care and the service people received were not robust in identifying when improvements were needed. Whilst some reactive improvements had been made as a consequence of our previous inspection findings, we found additional areas were now requiring action. This meant the provider's overall governance framework had not been suitably adapted and was still not effective in helping to drive and sustain improvement at the service. Therefore, the rating has deteriorated to Inadequate.

The provider had a quality assurance and management policy statement, which stated its commitment was "A strong emphasis on providing the highest quality service possible for all its service users", it went on to state that the registered provider was "responsible for establishing, maintaining and implementing a quality management system in the home". However, the findings of this inspection, indicated that the policy was not effective in achieving its purpose. In addition, the policy required updating as it referred to the previous health and social care regulations of 2010, and to the service as having the 'Investors in People' accreditation. However, this had been out of date since June 2011.

The registered manager had a variety of quality audits which formed the basis of the provider's 'global audit'. Audits were completed on a monthly and quarterly basis by the registered manager, and designated staff. These included, safeguarding, complaints, care planning, accidents, staff supervision, medicines, personnel, training, risk and staffing. However, despite these being in place, they had failed to identify the areas found to require improvement as part of this inspection, as cited above in each key question.

The provider told us, and staff confirmed that they visited the service unannounced most months, to monitor quality and to obtain people's views. However, the frequency of these visits had not been documented, and action plans had not been created to help demonstrate what the provider had found. The content of the providers 'global audit' was also not seen to be reviewed as part of these visits. This showed that these visits were not robust in helping to ensure quality and safety.

The providers value statement was: "Our aim is to provide the best dementia nursing and residential care in the area. We will provide the highest standards of nursing care". However, the findings of our inspection demonstrated the provider had not effectively monitored the service, to ensure that their values are underpinning the practice of staff.

Most staff told us they liked working at the service, but at times, felt that there was a poor culture which resulted in staffing indifferences, and task ordinated care provision. A relative also commented, "There are two camps here. They do bicker a bit, mainly about working hours".

Since our last inspection in October 2017, despite the registered manager creating an action plan for improvement, the ratings for key questions have either remained the same and/or deteriorated, and unlike before three breaches of the Health and Social Care Act 2008 were found, with additional recommendations

being made. This meant people continued to live in a service that the provider did not effectively and safely monitor.
The providers governance framework continued to not be effective in helping to monitor the quality, safety and culture of the service.

This is a breach of Regulation 17 of the Health and social care act 2008 (Regulated activities 2014).

The provider had already recognised they needed to act to improve and formalise the oversight of the service. Therefore, at the time of our inspection they told us they were in the process of recruiting a new external manager, who would have responsibility for carrying our monthly visits and audits, to help ensure compliance with the Health and Social Care Act 2008.

There was a manager in place, who was registered with the Care Quality Commission. 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 due to retire at the end of 2018, therefore the provider had been pro-active and already employed a new manager, who had been working alongside the current registered manager for the past four months, to help ensure a smooth transition. The new manager will be applying to be registered with the Commission shortly.

Overall, staff told us they felt supported and liked working at the service. Staff meetings were held, with staff one to one supervisions of their practice taking place on an ad hoc basis, throughout the year. Staff, expressed they did not always feel listened to. For example, when they shared their views about staffing levels and the risks that this posed.

Staff told us there was a whistleblowing policy in place and that they would not hesitate to report poor staff conduct to the registered manager or provider, so that action could be taken.

People's feedback about the service was sought and their views valued and acted upon. For example, a six-monthly quality questionnaire was issued to people and their relatives. The information was collated and then used to help improve the service. A 'you said, we did' notice board in the main entrance showed the actions which had been taken, which had included improving the decoration, and changing the menu. Overall, people's relatives told us they were happy with the leadership and quality of the service, with one relative commenting "I'm delighted with it here".

An employee of the month recognition scheme was in place, whereby staff were nominated by people, families or colleagues for their positive contribution, and then rewarded with a voucher.

The service held a strong link with the local community, with the provider telling us in their provider information return (PIR), that "We are about to enter our third year doing the Archie Project; this is done in conjunction with one of the local schools. The schoolchildren visit the home and meet with our residents. They make Christmas cards, Easter cards and deliver them to each individual resident. They come at Christmas time and sing carols. When they visit they sometimes read poems to the residents and they also fill in Life Story Books along with the residents. Our residents also visit the school and join them for assembly. They do activities with the children i.e. painting, singing. Once a week some of our residents attend the memory café, which is held in the local library".

The service worked positively with external agencies, to help continuously learn and improve, such as seeking advice and guidance from health and social care professionals regarding people's care, and implementing a new electronic care planning system, to help support staff. The local authority Quality Assurance and Improvement Team (QAIT) told us the registered manager had attended one of three wrap around improvement workshops, but when asked, the registered manager was unable to tell us what they had learnt and implemented from the workshop, to help improve the service.

The registered manager had notified the Commission appropriately in line with their legal duties. For example, when someone had passed away. The rating of the providers last inspection was displayed in line with legal requirements. Both the registered manager and provider displayed openness and transparency throughout the inspection process, thus demonstrating the main principles of the duty of candour (DoC).

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation (10 (1) (2) (b) of the Health and social care act 2008 (Regulated activities 2014) People were not always treated with dignity and respect, and their independence was not always promoted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) (g) of the Health and social care act 2008 (Regulated activities 2014) Risks associated with people's care were not always known by staff and documented accurately to help mitigate ongoing risk of harm and/or reduce reoccurrences. Aspects of people's medicines were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) of the Health and social care act 2008 (Regulated activities 2014). The providers governance framework continued to not be effective in helping to monitor the quality, safety and culture of the

service.