# Portsmouth City Council

# Shearwater

## Inspection report

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## Ratings

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| Overall rating for this service | Inadequate |

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

# Summary of findings

## Overall summary

Shearwater provides accommodation and personal care for up to 60 older people, some of whom live with dementia. Accommodation is arranged over three floors with stair and lift access to all areas. At the time of our inspection 52 people lived at the home.

There was a registered manager at the home. 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.

At our last inspection, in January 2017, we identified breaches of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure adequate systems and processes were in place to assess, monitor and mitigate the risks associated with people's care and ensure the safety of the services they provided. There was a lack of clear guidance in place for the safe use and administration of some medicines to ensure the safety and welfare of people. Risk assessments associated with people's care did not provide sufficient detail as to how staff could reduce risks to ensure people's safety and welfare. Records held in the service were not always accurate and complete. At this inspection we found continued breaches of these regulations, together with other concerns.

The provider has a history of not being able to make and sustain improvement in this home and has been in breach of regulations at every comprehensive inspection of the home since 2012. These breaches have often related to the same shortfalls.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The provider's quality and safety monitoring systems had not been effective in identifying and directing the service to act upon risks to people who used the service and ensuring the quality of service provision.

Risks to people had been assessed; however information within people's risk assessments and care records was inconsistent and conflicting. Important and relevant information about people's changing needs was not always robustly shared with staff. This could result in ineffective and inappropriate care being provided to people, which would place them at risk of harm or injury.

Care plans were not person centred and care monitoring records such as repositioning charts, food and fluid charts and body map's had not been put in place or were not completed to an appropriate standard. This meant we were not assured people always received the correct care and that the support they received was consistent, person centred and appropriate.

There were not enough regular staff deployed to meet people's essential care needs and to ensure people's safety. People with cognitive impairments were left unsupervised with no access to staff. The registered manager and the provider's representative were unable to provide the rationale for the current staffing levels at the home and the service was heavily reliant on agency staff.

People told us that they received their medicines safety and on time. However, where people were prescribed 'as required' medicine to help with anxieties there was not clear and robust systems in place to ensure these were given appropriately.

People told us they had enough to eat and drink and enjoyed the food. However, the system in place to monitor food and fluid intake was not robust.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

Staff developed caring and positive relationships with people and were sensitive to their individual choices. They treated people with dignity and respect. People were encouraged to maintain relationships that were important to them.

There was an opportunity for people and their families to become involved in developing the service; they were encouraged to provide feedback on the service both informally and formally.

People were provided with appropriate mental and physical stimulation through a range of varied activities.

People and their families felt the home was safe. Staff were aware of their responsibilities to safeguard people. Environmental risks were assessed and managed appropriately.

We are currently considering our regulatory approach in relation to the breaches identified at this inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not always safe.

Risks to people had been assessed. However information within people's risk assessments and care records was inconsistent and conflicting, placing people at risk of harm or injury. Care delivery was not carried out in accordance with assessed risks.

There were not enough regular staff deployed to meet people's essential care needs and to ensure people's safety.

People told us that they received their medicines safety and on time. However, where people were prescribed 'as required' medicine to help with anxieties there was not clear and robust systems in place to ensure these were given appropriately.

People and their families felt the home was safe. Staff were aware of their responsibilities to safeguard people. Environmental risks were assessed and managed appropriately.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Records relating to people's care and treatment were not fully completed to protect people from the risks of unsafe care.

People told us they had enough to eat and drink and enjoyed the food.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People had access to health professionals and other specialists if they needed them.

### Is the service caring?

**Good**

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Care records were not person centred; they did not always reflect the identified needs of people and the risks associated with these needs.

Important and relevant information about changes in people's needs was not always shared with all staff.

People were supported to participate in a wide range of events and activities of their choice.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

## Is the service well-led?

**Inadequate**

The service was not always well led.

The quality and safety monitoring systems were not effective in identifying and directing the service to act upon risks to people who used the service and ensuring the quality of service provision.

The provider had failed to take sufficient action in response to shortfalls previously identified.

People, their families and the staff were engaged in the running of the service and feedback was encouraged.

The registered manager had developed links with the local community.

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| The registered manager made statutory notifications as required. | |

# Shearwater

**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 comprehensive inspection took place on 5 and 14 September 2017 and was unannounced. It was carried out by three inspectors.

Before the inspection we reviewed notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. We also reviewed the action plan sent to us by the provider following the last inspection in January 2017. At the last inspection we had issued a warning notice in relation to Regulation 17 of the Health and Social Care Act 2008 and a requirement notice in relation to Regulation 12 of the Health and Social Care Act 2008.

We spoke with 10 people living at the home, eight family members and two visitors. We spoke with the provider's representative, the registered manager, the deputy manager, 11 care staff and the activities coordinator. We also spoke with ancillary staff including, the housekeeper, the laundry assistant and the kitchen assistant. We spoke with one healthcare professional and a person's advocate.

We looked at care plans and associated records for eight people in detail and records relating to the management of the service. These included staff duty records, three staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and 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.

Inadequate

# Is the service safe?

## Our findings

At our inspection in January 2017 we found the registered provider had not always assessed the risks associated with people's care. The provider had also failed to ensure that records staff used contained sufficient details about these risks to enable them reduce risks to ensure people's safety and welfare. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered provider sent us an action plan stating they would address this matter and be compliant with this Regulation by April 2017. During this inspection we found insufficient action had been undertaken.

At this inspection we found that risks had been assessed, however information within people's risk assessments and care records was inconsistent and conflicting. This could result in ineffective and inappropriate care being provided to people, which would place them at risk of harm or injury.

Where people were at risk of choking and required a thickening agent added to their food and drinks there was conflicting information in relation to the amount of thickening agent to be used. There was also conflicting information about the way they should be supported to ensure their safety when receiving food and drinks. For example, in one section of a person's care file there were hand written entries stating that the person required stage 2 (thickened fluids) from a tea spoon. However, other areas within the same care file stated that stage one (thickened fluids) could be provided when the person was alert. The care file contained a letter from the Speech and Language Therapist (SALT) which clearly stated that stage 2 fluids were required and this was to be given from a tea spoon. When we asked a staff member who regularly supported this person to drink what stage thickness fluid they provided to the person they said "stage one." They went on to confirm that they provided this from a tea spoon or "poured" it in. Similar concerns were also found in relation to a second person who also required thickened fluids. Care plans did not specify SALT guidance and staff were seen not to be following it in relation to the type of cup or use of teaspoon for drinks. This was discussed with the registered manager and the provider's representative at the time of the inspection.

Where people were at risk of developing pressure sores we saw that records did not demonstrate that risk assessments and care plans were always followed. For example, for one person was cared for in bed, their risk assessment and care plan stated that they required their position changing every 2/3 hours and to be place on their left and right sides only. The turning monitoring chart in place showed that this person's position had not been changed in accordance of their risk assessment and that the person's position had not been changed for up to eight hours. We also saw that at times it was recorded that the person had been 'placed on back'. Similar concerns were also noted for a second person who required their position to be changed regularly. This person's repositioning chart stated 'person positioned on right side' however the registered manager confirmed this could not have occurred due to a leg deformity. Records did not show that this person was receiving regular position changes for whole days at a time. People's skin conditions were discussed with a visiting healthcare professional who told us they had no concerns about the two people's skin that the reposition charts referred to. Staff also told us that they repositioned these people regularly. However, due to records indicating that people's positions were not changed as highlighted on their care plans and that they were not always positioned correctly we could not be assured that people

were receiving safe and effective care. This was of particular relevance given that the home relied on a high number of agency staff whose care delivery was reliant on working with and following the practice of the home's permanent staff .

Moving and repositioning risk assessments and care plans contained conflicting information and did not set out the way staff should support each person to move safety. For example, for one person their personal risk assessment stated: '[Person's name] can be inclined to lack coordination and shuffle due to decreased power in their legs when walking. Can only walk a few steps'. Later in the file we read, 'Carers are to support to stand and transfer around the building using wheelchair'. Then we read, 'Carers are to physically support with walking by walking with them while using their walking frame'. In addition this person was rated as a 'low' falls risk on one falls risk assessment and at 'medium risk' of falls in another risk assessment. The various records about the person's mobility needs, abilities and level of support required were contradictory. This could result in falls and injury to both the person and staff who provided support.

The failure to ensure risks relating to the safety and welfare of people using the service are assessed and managed is a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Other risks were monitored and managed. One person told us staff had identified they were losing weight and arranged for the doctor to visit. We saw in another person's care file that regular monitoring of their weight had identified weight loss and action had been taken to increase the frequency of weighing and to request high calorie supplements be prescribed. The person was receiving these which were included on their care plan.

There were not enough regular staff deployed to meet people's essential care needs and to ensure people's safety. On day two of the inspection we saw that people with cognitive impairments were left unsupervised for approximately 20 minutes with no access to staff. During this time one person who was walking around a communal area of the home became concerned that they were going to fall and two of the inspectors had to assist this person to sit. Another person requested support with their continence needs and a third was exploring the kitchenette area within the communal lounge which contained items that could have resulted in scalding. The three members of staff assigned to this area of the home were all busy supporting people in their bedrooms. The period of time when no staff were available to people was discussed with both the registered manager and the provider's representative. They confirmed that a staff member should be present on the unit at all times and agreed to look into this and review staffing levels.

We received mixed views from staff about staffing levels. Most junior care staff felt there was enough staff to meet people's needs. However senior staff expressed that they did not have enough time to do all the expected paperwork, medicines, complete supervisions and pick up care work when needed. One staff member told us they were leaving due to "the shortage of staff." They added, "There's only two of us on the ground floor from two to nine [pm], plus a senior; but there are only two seniors for the whole building. It means we can't keep staff in each of the lounges [on the ground floor] and some people are likely to fall. If two staff are needed [to support a person], we are then committed and other people are put at risk." Another staff member said, "We have enough staff if they are regular staff." The registered manager also expressed views that they did not have enough time to complete all necessary management work and reflected that this was preventing them doing their managerial duties.

The homes staffing levels were discussed with the registered manager and the provider's representative who were unable to provide the rationale for the current staffing levels at the home, which they said had been in place since they started in their posts. The provider's representative told us, "The numbers were set before

our time, but we have challenged the numbers and are working with HR [human resources] and wider to find a dependency tool." Within each person's care file we saw an up to date dependency tool had been completed which took into account the level of support people using the service required. However, this was not used to support the registered manager to determine appropriate staffing levels.

The service was reliant on agency staff. Agency staff had been used on 43 occasions since 3 September 2017. 17 of these were different staff members and many used for just one shift. This meant that people were not receiving support from consistent staff who knew their needs well. The provider's representative told us that they were "Introducing a peripatetic team of staff and exploring the options to boost staff availability." Following the inspection additional information was received that demonstrated that staffing levels and consistency of staff were to be reviewed.

The failure to ensure sufficient staff were deployed to meet people's needs at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in January 2017 we found the medicine administration records did not consistently hold accurate information to identify the known allergies that people had. At this inspection we found that medicine administration records had been undated and identified known allergies consistently.

Information was available to guide staff when administering 'as required' pain relief medicines to help ensure they were given in a consistent way and suitably spaced. A person told us they were able to get 'as required' medicine such as for a headache if needed. One person told us, "They [staff] always ask, have you got any pain, if I say yes they will give me my Paracetamol."

However, where people were prescribed 'as required' medicine to help with anxieties we saw that this information was out of date and unclear. For example, one person's Medicines administration records (MAR) highlighted that they could be given Lorazepam (medicine to reduce anxieties) as required. However there was no information as to when, why or how this should be given. No advice was available to staff in relation to the risks associated to this medicine and possible actions staff could take to reduce anxieties. For another person who was also prescribed medicine for anxiety their medicine review record, which had been completed in December 2016 stated, 'Lorazepam stopped as not given since March (2016)'. This medicine had however remained on the MAR chart and had been given in September 2017. This meant that medicine for anxiety may not have been given appropriately. This was discussed with the staff who confirmed that clearer information was required and agreed to ensure that guidance was recorded more robustly.

People told us they received their medicines safely. A person said, "I get my medicine when I need it." Medicines were administered by staff who had received appropriate training and had their competency checked yearly to ensure that their practice was safe. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought people's consent. Staff remained with people until they were sure all medicines had been taken.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. On viewing the MAR chart over a two week period no gaps were identified; this indicated that people had received their medicine appropriately.

Staff respected people's rights to refuse prescribed medicines and described the action they would take if

medicines were declined. There was a procedure in place for the covert administration of medicines. This is when essential medicines are placed in small amounts of food or drink and given to people. There was also a clear flowchart in place to guide staff when considering the need to administer medicines covertly. This helped ensure all the necessary steps were followed, including consulting with relatives, the GP and the pharmacist.

There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines. Stock checks of medicines were completed monthly to help ensure they were always available to people.

The provider had a comprehensive recruitment process in place however they had not ensured that some pre-employment checks had been appropriately completed to help ensure that staff they recruited were suitable to work with the people they supported. For example, we viewed three recruitment records for care staff recruited since the previous inspection. The formal process required applicants to provide a full employment history which was seen for all applicants. The process also required two references to be obtained including from current or previous employers. For two applicants these were in place. However, for the third applicant references had not been obtained appropriately. Other pre-employment checks had been completed including Disclosure and Barring Service (DBS) checks all of the applicants. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. A new staff member confirmed these processes had occurred prior to their commencing work at Shearwater.

People and their family members told us they felt Shearwater was a safe place. One person said "Safe? I've never really thought about it, Yes I feel safe here." Another person told us "Yes its safe, they look in on us at night, there is always someone [staff member] here." A person told us how staff kept them safe saying "I have a mat in my room if I stand on it they [staff] come really quickly." Family members told us they did not have any concerns regarding their relative's safety. One family member said, "They [staff] always call if there has been any problems like a fall and let me know they are OK". Another relative said "When [my relative] was at home I could never relax I was always worried. Now I know they are safe, and happy."

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff knew how to identify, prevent and report abuse and all staff, including those not providing direct care for people, had received appropriate training in safeguarding. One staff member told us "I would report any concerns to the senior or the manager and if they did not take action to safeguarding." Another staff member said, "If I was concerned I would go to [name of the registered manager], or higher if I needed to." They also identified they could approach the local safeguarding team or CQC if required. The registered manager understood their safeguarding responsibilities and described how they had recently protected a person from financial abuse.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. There were arrangements in place to keep people safe in an emergency. The home's fire safety risk assessment had been updated in April 2017. This had identified two immediate actions which we saw had been completed. When we spoke with staff they were clear about the action they would take in the event of a fire. Fire safety checks were conducted every week and people had personal evacuation plans detailing the support they would need in the event of fire.

Requires Improvement

# Is the service effective?

## Our findings

At our inspection in January 2017 we found the care records in place for people were not held together and often information was not clear and lacked order.

At this inspection we found that this continued to be the case. Care monitoring records such as repositioning charts, food and fluid charts and body map's had not been put in place or were not completed to an appropriate standard. These records did not always reflect that care had been provided as per guidance in the care plans. For example, reading a communication record following a discussion with a community nurse we read that one person had a wound to their skin. The communication record highlighted that this person was to have their position changed every two hours. However there was no other evidence in place that showed that this action was been taken and no body map or turning chart was in place. This meant we were not assured people always received the correct care to meet their needs and keep them safe in a consistent, person centred and appropriate manner.

For people who were at risk of malnutrition or dehydration, food and fluid charts were in place to monitor their food and fluid intake. However these were poorly completed by staff and did not give a true reflection as to what people had consumed. For example, one person's food and fluid chart showed that they had not received or been offered any food or fluid until 14.30 on one day and they had only received one meal and a yogurt on another day with no fluids being offered and given. For a second person their food and fluid charts showed similar concerns which included food and fluids not being offered or provided for up to eight hours. This was discussed with staff who told us that people were regularly given food and fluids. Food and fluid charts were not completed to an appropriate standard and were not kept up to date which meant that people's food and fluid intake was not monitored effectively. This could result in malnutrition and dehydration and impact on effective medical support being accessed in a timely way.

The failure to ensure that contemporaneous records for each service user was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had enough to eat and drink and that fluids and snacks were offered throughout the day, evening and night if required. Everyone we spoke with was complimentary about the food. When we asked one person if they were enjoying their lunch they responded with, "It's the best dinner I have ever had." Another person told us, "The food is nice, there is a choice". A relative said "The food is good, [relatives name] is eating much better now (compared to when they were at home)."

People were offered varied and nutritious meals which were freshly prepared at the home prior to each meal. People were supported to make informed decisions about meal and food choices through the use of verbal descriptions and photos. Alternatives were offered if people did not like the menu options of the day. Care plans contained information about people's individual preferences and staff demonstrated an understanding of these. Special diets were available for people who required them and the provider's representative told us they had recently employed a kitchen manager to coordinate action on pureed food and meeting the needs of people with diabetes.

Staff supporting people to eat did not rush them with their food and spoke with them gently during the whole process. People were encouraged to eat and staff provided appropriate support where needed, for example, by offering to help people cut up their food. People were encouraged to move to dining tables although if they chose not to this was respected. This helped make the mealtime a pleasant and sociable experience. Tables looked attractive and had been laid with tablecloths, serviettes, cutlery, and placemats.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Staff had a good understanding of the processes required to ensure decisions were made in the best interests of people.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. For several people who lived at the home these safeguards had been authorised and care records reflected any conditions associated with these. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. An advocate had been appointed to represent one person who did not have any family members to act for them. They told us, "The staff are doing all they can to minimise restrictions [to people] and make sure conditions [attached to DoLS authorisations] are met." The advocate said they communicated well with the deputy manager, who "is always up to date with legislation and maintains accurate records". They added, "Shift leaders have a handle on DoLS and MCA."

Before providing care we saw staff sought consent from people using simple questions and gave them time to respond before undertaking the required care or support. For example, they asked people if they would like to move to the dining room before they supported them to do so and they would ask the person they were supporting, where they would like to sit. Where people had capacity to make certain decisions, these were recorded within care records. A member of care staff said "We ask people, if they say no, or show they don't want to do something we would make sure they are safe and leave them. Then go back soon after or get another [care staff member] to try." Care plans included information about what decisions people could make for themselves. People's care plans also provided guidance to staff in relation to implied consent with aspects of daily living. One care plan stated, 'If [person's name] is agitated or not interested, staff are to determine that consent has not been given.'

People and their families told us they felt the service was effective. People said that the staff knew their needs well. One person said "The staff are very good, always around." Another person told us "They [staff] know what they are doing." Family members echoed these views. Another family member told us that since moving the home their relative had become "brighter" and "more interested in things."

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. New staff and agency staff completed a structured induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training. Staff confirmed that they had received induction when they started work at the service.

People and their families described the staff as being well trained and told us they were confident in the staff's ability to provide care. One person said, "I think they know what they are doing." A healthcare

professional told us, "The staff do seem well trained and know what they are doing." Staff told us they received effective and appropriate training. A staff member said, "We get lots of training".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. There were clear records confirming that all staff were up to date with all of the provider's mandatory training. This included safeguarding, moving and handling, infection control, dementia awareness and food hygiene. In addition, some staff had completed other training relevant to their role, including distressed behaviour, dysphagia, nutrition and basic life support. Most staff training was face-to-face training with a facilitator. The provider had recently introduced some e-learning to supplement this. For example, face to face training in safeguarding was conducted every three years, but staff were being encouraged to complete refresher training online every year. Staff new to care complete training that met the standards of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. This was given to staff as individual modules, so as not to overwhelm them. Shift leaders and assistant managers then complete competency checks to assess whether staff had acquired the necessary knowledge.

Staff were appropriately supported in their role. They received one-to-one sessions of supervision, observed practise and a yearly appraisal with the registered manager. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. Staff said they felt able to approach the registered manager or the provider's representative if they had any concerns or suggestions for the improvement of the service. A staff member told us, "I feel supported. It's a rewarding place to work, especially when you see residents happy."

People were supported to access to appropriate healthcare services when required which included input from chiropodists, opticians, dentists and GPs. People's care records showed that staff had frequently contacted external health professionals to requested support, assessment and guidance appropriately. A visiting healthcare professional told us "They [staff] do phone us if they have any concerns." Care records also contained information about people's previous medical history and some had information printed from the internet about specific medical diagnoses.

The service was taking part in a pilot scheme with GPs, a community matron and paramedics to reduce unplanned hospital admissions. This included training sessions for staff in end of life care and taking vital signs from people, so they could report them through to paramedics. It will also include the development of a "red bag system" of medical information that would go with the person if they are admitted to hospital.

The environment was well maintained and appropriate for the care of older people with passenger lifts to all floors. Decoration supported people living with dementia or poor vision which included picture signs on toilet doors and hand rails of contrasting colours to walls. People had access to the gardens which were safe, fully enclosed and provided various seating options.

Good

# Is the service caring?

## Our findings

Staff developed caring and positive relationships with people. People and family members agreed that staff were caring. Comments included "The staff are nice, I like them", "The staff are very kind" and "They [staff] look after us well". One family member told us, "I can't praise [staff] enough. One keeps [my relative] up to date with the local football team; another one paints her nails and the girls [staff] even bring in their hair tongs for her hair." A visitor said "The staff are very good and look after [person's name] very well." Another visitor told us "The staff are really very, very good."

People were cared for with dignity and respect. Staff were heard speaking to people in a kind and caring way, with interactions between people and staff positive and friendly. We saw staff kneeling down to people's eye level to communicate with them. We heard good-natured interactions between people and staff, showing they knew people well. Staff were attentive to people, listened to them and understood their personal preferences and needs. For example, we observed a person living with dementia being supported to mobilise from one room to another. They became confused by the change of floor surface and expressed anxiety that there was "a step" they couldn't manage. Staff responded by providing patient support and reassurance that the floor was flat and the person was safe. On another occasion a staff member asked a group of people sat at the dining table if they were would like to move to more comfortable chairs. This staff member then supported a person to stand providing on going reassurance and encouragement.

Staff understood the importance of respecting people's choice and this was demonstrated throughout the inspection. Staff were constantly offering choices to people, including where they wished to sit, what they wanted to eat and drink and how they wanted to spend their time. A family member told us that staff would offer their relative choices of clothing. Choices were offered in line with people's care plans and preferred communication style.

People's privacy was respected when they were supported with personal care. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. This included ensuring doors and curtains were closed and making sure people were covered. We observed staff knocking on doors, and asking people's permission before entering their bedrooms. One person had a key to their room. They told us this was because some other people had been going into their room and touching their things. During the inspection one person received a visit from a healthcare professional for an injection. This person chose to remain in the communal area for their injection so a dignity screen was used to maintain their privacy and dignity. Staff were also seen to be discreet when discussing personal needs with people. For example, we saw one staff member whispering to a person to suggest they may need to go with them to the toilet and discreetly placing a continence aid into a person's handbag. On another occasion when a person stood up, a staff member quietly asked if they needed to use the bathroom and then supported the person to the nearest one. The staff member later explained that the person standing up was usually an indication of their need to use the bathroom.

People were encouraged to be as independent as possible. At meal times we saw that staff would encourage people to feed themselves but not take over. Aids such as plate guards were used and there were

a variety of drinking utensils available to suit different needs. Care plans gave some information about what people were able to do for themselves and when support was required. However this information often conflicted with other information within the person's care file this is detailed in the 'responsive' section of this report. We saw people being encouraged to stand and walk on their own using walking aids, such as frames and sticks. Staff did not rush them and allowed people to go at their pace. One member of care staff monitored a person as they used their walking frame to walk to the toilet. They encouraged the person and reassured them that they were doing well.

People were supported to maintain friendships and important relationships. Care records included details of their circle of support and identified people who are important to the person. All of the families we spoke with confirmed that the manager and staff supported their loved ones to maintain their relationships. Families commented, "We [family] can visit anytime and can stay as long as we want", "It's an excellent place; it's exceptional. I come at different times and am always made welcome" and "I am always kept updated with [my relatives] needs, or contacted if anything changes." We heard a staff member talking to a person and mentioning names of the person's family – this helped the person relax and showed the staff member knew about the person's social history. Family members were also frequently invited into the home for events and family meetings. This gave them the opportunity to be involved in the care their family member received and provided them with an opportunity to highlight any concerns they had.

Requires Improvement

# Is the service responsive?

## Our findings

Care plans were not person centred as information and references to people's daily lives were incorrect. Of the eight care records we viewed in detail all contained inconsistencies and conflicting information. For example, one person's care plan stated that a person was 'wheelchair dependent, requiring two staff to support them to transfer using a stand aid'. However, the daily record summary stated that this person 'used a walking frame.' For another person their daily care records said that a pressure reliving cushion was not required, however another care record for the same person said that a pressure cushion was required. In a further care plan it stated that one person 'could use a flannel to wash hands and face and this should be encouraged to promote independence'; this was verbally confirmed by staff. However, this person's Pool Activity Level (PAL) checklist within their care file stated: "Totally dependent and needs full assistance to wash or bath".

This meant there was a risk of people not receiving person centred care, because staff did not have the information available in relation to all of the people they were caring for. This can be significant in an environment with people who have dementia as the information can aid staff in communicating with the person. This kind of information is of particular relevance when agency and new staff are employed at the service to aid these staff in knowing and understanding people.

The failure to ensure that each service user had a person centred care plan in place was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care and support was planned in partnership with people, their families and healthcare professionals where appropriate. The registered manager completed assessments of the people before they moved to the home to ensure their needs could be appropriately met. People's care records were reviewed frequently by senior staff members. However as stated throughout this report information about people's care was conflicting. Families told us that they were fully involved in their relatives care. A family member said, "We are fully involved in [person's name] care and kept informed, both face to face and from phone calls."

Staff received verbal handover meetings which were held in between the day shifts and they also received daily handover sheets. These meetings and handover sheets aimed to provide the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. However, it was evident that some important and relevant information was not shared with staff about changes in people's needs. For example, where someone now required stage two thickened fluids and where a person now needed their position changed every two hours. This was discussed with both the registered manager and the provider's representative on day one of the inspection. Subsequently the provider's representative conducting a quality monitoring visit that focused on how information was passed between staff. An action arising out of this was a proposal for an extended overlap between the night and day shifts to help ensure that important information was shared.

People, their families and visiting professionals told us they felt the staff were responsive to their needs. A person said "The staff know me well." A family member told us, "I think [person's name] is very well looked

after. They [staff] would always contact if they had any concerns." Another family member told us how staff had identified when their relative was unwell and sought prompt medical attention. They said "They knew she was ill, called an ambulance and then called me." A health care professional also said, "They [staff] will contact us if they are concerned about anything, they seem to know what they are doing". Another visiting professional said "There always seem to be enough staff; they respond straight away to anyone's distress and provide the care required." They added, "Staff do their best for their residents. If they find they can't meet someone's needs, they ask for more input or referral to a more appropriate setting. They do everything necessary for people."

Other than the period of time in the evening when there was no staff available for people we did see staff responding promptly to people in a positive way. When people asked for a hot or cold drink these were received immediate and when people requested support this was provided promptly, in a kind and gentle way. We observed that the people living at the home received the personal care they required. For example, one care plan stated that a person liked to wear their hair in a ponytail and we saw this was the case. A person told us "I can get a bath when I like." This person appeared clean and well groomed. People's care files contained limited individualised information in relation to people's preferences, likes and dislikes and how they wished to be cared for. However we did see that people received personalised care from staff who supported people to make choices and decisions about their care.

People were provided with appropriate mental and physical stimulation through a range of varied activities. The service employed a full time activities co-ordinator who told us that the activities were adapted according to the likes and preferences of people on a day to day basis. Activities were provided both in groups and individually. Activities included reminiscence, games, music, armchair exercises, word games, quizzes, films and arts and crafts. Outside entertainment was sourced, which consisted of a music related activity. Staff told us, "The people enjoy the music, they respond well."

The activities coordinator told us that when people were admitted to the home they would meet with them and their families where appropriate to discuss their interests to help activities to be tailored to their likes and interests. The activities coordinator said, "I listen to what people what and will always try and do the things they enjoy." The activities coordinator also told us about one person they supported, to make woollen toys. Throughout the home there were items of particular interest to people including fiddle boards and dolls. People and their families were kept informed of up and coming events and daily activities directly from the staff and posters displayed throughout the home. People indicated to us that they had enough to do and we saw people were encouraged by staff to undertake activities such as colouring in, looking at magazines, art and using reminiscence boxes.

The activities coordinator also arranged seasonal events at the home including Christmas parties, harvest festivals and Halloween events which families and friends were invited to attend. Staff were responsive to people's religious beliefs and they were supported and encouraged to maintain these if they wished. There were several areas of the home which had been adapted to provide stimulation and entertainment for people, particularly for those people who lived with dementia and these included; an indoor garden, a pub, areas of interest such as armed forces, theatre and dancing, and a shop.

Relatives and people told us they had not had reason to complain, but knew how to if necessary. The complaints procedure was clearly displayed in the entrance hall. Family members said they would not hesitate to speak to the staff or the managers if they needed to do so. One family member told us they had raised a concern when they had not been informed that their relative had had a fall. They told us they had visited and seen the person with bruising from a fall and then asked what had happened. They said they had made it clear they always wanted to be kept informed of any such incidents and that following this they had

always been told if anything untoward had happened. The registered manager maintained clear records of complaints. These included any concerns that were brought to their attention from any source. Each concern had been thoroughly investigated and the people involved were updated promptly with the outcome.

Inadequate

# Is the service well-led?

## Our findings

The provider's quality assurance systems were ineffective in assessing where the service required improvement and implementing and sustaining improvement effectively within a reasonable timescale.

Since our last comprehensive inspection in January 2017 there had been no improvement in the level of service provided and some areas had deteriorated. Our findings from previous inspections have shown a history of non-compliance with the regulations. At this inspection we identified four breaches of the Health and Social Care Act 2008 regulations; two of these were repeated breaches from the last comprehensive inspection of the service. Breaches of regulations had been identified at every comprehensive inspection of the service since its first comprehensive inspection by the commission in 2012. This has often been followed by repeated breaches of the same regulation at subsequent inspections. This demonstrates the provider has failed to take sufficient action in response to shortfalls previously identified. As at other inspections, a number of the shortfalls relate to matters which have been brought to the provider's attention on previous occasions. These relate to key aspects of the service, such as staffing, safe care and treatment and good governance.

At our last inspection, in January 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure adequate systems and processes were in place to assess, monitor and mitigate the risks associated with people's care and ensure the safety of the services they provided. We issued a warning notice and required the provider to make improvements by May 2017.

During this inspection we found that the amount of action taken by the provider since the last inspection was insufficient and ineffective. The provider had failed to operate an effective quality assurance system. Although the registered manager and provider conducted a range of audits of key aspects of the service these had not been effective in driving improvement where it was required.

There was a lack of oversight by the provider's representative. Quality monitoring visits by the providers representative were completed on an ad hoc basis and had not assessed the progress of the service in meeting the warning notice issued following the last inspection. The provider's representative told us, "We do have conversation around [quality assurance] issues. We recognise there is a lack of oversight and need more consistency across the [provider's] homes." They added, "I am not happy that we are auditing enough care plans. That's why we are planning to recruit an extra assistant manager to do this." The registered manager showed us a tool they had developed to completed systematic audits of key aspects of the service; however, this had not been implemented.

Records of two quality monitoring visits conducted since the last inspection had been completed. These focused on a small number of issues and were not effective in identifying more widespread concerns. For example, one visit focused on the use of thickening powder for people's drinks; however, it was limited to observing one staff member thickening drinks for one person and concluded that care was being provided in a safe way to this person. When we looked more broadly at the use of thickening powder and the way

people were supported to drink safely, we identified significant concerns that compromised people's safety. These concerns had not been picked up during the visit by the provider's representative, although they told us, "We've done lots of work around [thickening drinks] and staff competence to make drinks. Experts came and gave training and we took the cooks out for training."

One medicines audit had been completed on 25 May 2017. This was a comprehensive audit, but only covered one of the three floors. Improvement actions were listed and we saw these had been completed. For example, a staff member needed to complete a competence check and this had been done. However a further action was to complete a medicines audit of another floor of the home and we saw this had not been done. Therefore, the provider was not able to confirm that medicines were managed safely throughout the home.

The auditing of care plans was not robust or effective. Care plan accuracy audits were only conducted by managers on an occasional, ad hoc basis. Of the 60 care plans in place, only seven people's care plans had been subjected to a manager's audit since our last inspection in January 2017. Where improvement was needed, we saw emails had been sent to staff instructing them to take action, but there was no process in place for the registered manager to monitor this and confirm that the action had been completed. Shift leaders had completed weekly checks of care plans to assess whether staff were recording care delivery accurately. However, gaps in records, identified by checks completed over a week before our inspection, had not yet been addressed and we saw other gaps in records and conflicting information that had not been highlighted during the auditing process.

The provider's representative conducted an audit of one person's care plan between the two days of our inspection. The only issues they identified were that information relating to DoLS was not present and that information relating to the person's lasting power of attorney (LPA) was not clear. When we reviewed the person's care plan on the second day of the inspection, we identified additional concerns that had not been picked up by their audit. For example, assessments of the person's capacity to make specific decisions had not been completed; there was conflicting information about equipment the person used to mobilise; there was insufficient information about the support the person needed with their continence; and staff had not responded to an escalation of the person's aggression towards staff and another person living at the home. The registered manager and the provider's representative acknowledged that the audit had not, therefore, been effective. They confirmed that the care plan auditing systems were not structured and they did not use specific criteria to analyse the quality of the care plans.

The provider had not consistently protected people against the risk of poor or inappropriate care as they did not have an effective system to ensure accurate records were being maintained. Not all records were completed accurately to manage and ensure that people's on-going needs were met. There were gaps in records where staff should have documented the care they had provided.

The lack of systems and processes in the home to assess, monitor and mitigate the risks associated with people's care and ensure the safety of the services provided was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider's representative had arranged for the registered manager of Shearwater and other registered managers of care homes run by the provider to take part in a workshop to develop a consistent approach to audits across all the provider's homes. The provider's representative acknowledged the need to develop a more structured approach to care plan audits.

Other audits were more effective. The registered manager had conducted two 'lunch time audits' to assess

the mealtime experience for people. These identified that no remedial action was needed. Fire procedures had recently been reviewed and found to be effective. A health and safety audit had been completed in May 2017 which showed that the environment was safe for people to use. This covered window restrictors, flooring, stairs, lighting, equipment, COSHH, fire safety, water temperatures. An infection control audit completed in March/April 2017 identified the need for pedal-operated wasted bins for the kitchen and these had been provided. It also identified the need for floors and floor edges to be cleaned more regularly and we saw a message had been sent advising housekeeping staff to do this.

Where incident and accidents had occurred such as falls we saw that these were logged and reviewed monthly. The incident and accident log highlighted where the incident/accident had occurred, what had happened and the result of the incident/accident. We saw that actions had been taken where required to mitigate future risks of falls.

There was a clear management structure, which consisted of a registered manager, deputy manager, assistant managers, shift leaders and care staff. Whilst this structure created a supportive role of delegated duties we found that staff did not always have a clear understanding of their roles and responsibilities, in particular with the management of audits and records within the home.

Staff told us that the registered manager was supportive. One staff member said, "[Name of registered manager] is the most on the floor manager we have had. She is always helpful. She is very very good". Another staff member told us, "I would have no hesitation to ask something". This person added, "She [registered manager] understands what the staff need and is very supportive and responsive". Staff were also supported through a range of staff meetings which were held on a rolling basis, for example with seniors, shift leaders, kitchen staff and all staff. Minutes from the meetings showed these were used to update staff on developments in the service and to seek their feedback about working practices.

The provider engaged people in the running of the service and invited feedback through the use of questionnaire surveys. Feedback was predominantly positive and any individual issues were addressed; for example, one person said their bed was not comfortable, so staff explored the issues to find out why. In addition, 'relatives' meetings' were held to give family members an opportunity to provide feedback about the service. Feedback from the latest meeting indicated that some relatives were not well-informed about events taking place at the home, so the registered manager had made a point of highlighting events in the home's newsletter that was circulated to family members each month.

The registered manager sought feedback from people's families on an informal basis when they met with them at the home, during telephone contact. People and their families felt able to approach the manager and staff at any time and were confident that actions would be taken when required. In the foyer, we saw a board entitled: "You said, we did". This was used to publish comments from people, together with action staff had taken in response. For example, following feedback from visitors, staff name badges had been ordered so people and visitors would know their names.

The provider kept the culture of the service under review. They had recently commissioned 'cultural change' training for staff in an effort to change the culture of the staff team and encourage staff to take responsibility for their individual actions and to be more aware of the impact their behaviour and actions had on others. The provider's representative told us, "Managers and assistant managers have been doing restorative practice and action learning sets to look differently at how they communicate with staff to help them understand why we need to do things in a certain way, exploring why some people do things well and, when not, asking staff to reflect on why things happen. Staff are starting to realise they have a wider remit than just care." One staff member told us they wanted to "provide the best possible care and for people to be happy."

Staff also told us, they enjoyed working at Shearwater and all would recommend the home if someone wanted to work there.

Links have been developed with the local community. A dementia awareness day was being advertised in the foyer. This was being organised by the local authority and was aimed at family members to help them understand their relative's condition. Staff had organised a sponsored walk to raise fund for an electric piano that a family member said they would use to entertain people when they visited. A nursery school attended every two weeks to sing to people. They also interacted with people by doing crafts together. The registered manager described how they had brought in some fancy dress costumes for the children to wear, which people enjoyed, for example "curtsying" to one child that was dressed up as the queen. The registered manager said of the people watching, "It made their eyes light up." We were told that a 'National Citizens' group was planning to visit and support people to tend the garden. A group of volunteer teenagers had already attended to paint the benches (for which they will receive a national citizen's award). The group had also completed some decorating inside the home. Students from a local dental school had been approached to deliver mouth care training to staff.

The registered manager had made statutory notifications as required. Statutory notifications are information about specific important events the service is legally required to send to us. We use this information to monitor the service and to check how events have been handled.

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The registered person had failed to ensure that each service user had a person centred care plan in place. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

**The enforcement action we took:**

We followed our enforcement pathway and continued to monitor the service closely.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered person had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This is a continuing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. |

**The enforcement action we took:**

We followed our enforcement pathway and continued to monitor the service closely.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered person has failed to ensure that contemporaneous records are kept for each service user. This is a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.<br><br>The lack of systems and processes in the home to assess, monitor and mitigate the risks associated with people's care and ensure the safety of the services provided was a continuing breach of |

| | |
|---|---|
| | Regulation 17 (1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

**The enforcement action we took:**

We followed our enforcement pathway and continued to monitor the service closely.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The registered person failed to ensure sufficient staff were deployed to meet people's needs at all times. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

**The enforcement action we took:**

We followed our enforcement pathway and continued to monitor the service closely.