

Almondsbury Care Limited

# Belmont House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Belmont House Nursing Home is a residential care home providing personal and nursing care. The service can support up to 40 people. At the time of this inspection there were 18 people living in the service. Though the service was over three floors only the ground floor was currently in use. Some of these people were living with dementia or were receiving care in bed.

### People's experience of using this service and what we found

Many people were not able to tell us verbally about their experience of living at Belmont House Nursing Home. Therefore, we observed the interactions between people and the staff supporting them. A relative said; "My wife seems safe and well looked after. I have no concerns."

We last inspected the service in February 2021. At that time, we had concerns regarding the management of the service and the service was rated Requires Improvement. Since that time the management situation has not improved. Before the inspection we were aware the previous manager in post from February 2021 had left. Another temporary manager had been brought in to assist with the running of the service. The company had also employed the services of a consultancy firm to assist.

There remains a lack of consistent management of the service since December 2019. The senior management had also changed with the appointment of a new senior manager. Systems and processes were being frequently changed and not effectively implemented or embedded.

At the last inspection it was recorded that a relative had requested their loved ones notes and had been sent notes belonging to another person, causing this family distress. The previous manager said they would action the correct notes being sent. However, this was not actioned as requested until further phone calls to the previous manager had been made. Causing further distress to this relative.

At the last inspection it was noted that the service had a COVID-19 outbreak. During that time the senior manager, manager and many nurses, care staff and ancillary staff left the service. The manager in post in February 2021 confirmed there was a high use of agency staff and the local authority had supported that manager to cover shifts on a daily basis. Since then the number of residents living in the service has reduced. The current staffing situation had improved. However, two of the five qualified nursing posts continued to be covered by agency nurses, one of whom told us they had only recently started working at the service.

At the February 2021 inspection we made a recommendation about how staff accessed training. We found that staff training had not always been completed.

At this inspection we found staff still required to complete basic training. Staff told us they were feeling unsettled, unsupported and not appreciated due to the lack of a consistent manager. Also, staff had struggled with continued changes, including not all having been made aware of who the consultancy firm was and their role.

Staff were observed as attentive, kind and caring.

The service remained under whole home safeguarding by the local authority. At the inspection in February 2021 we had received feedback from healthcare professionals and relatives that changes in people's health was not always escalated to the relevant professional and relatives were not always kept informed. During a recent safeguarding meeting, some professionals stated this issue remained a concern. They stated they had called the service, but were not always able to obtain the current clinical information about their patients. However, they did state that if the agency employed clinical lead was on duty, and they were able to speak to them, they received detailed information about people's health.

People received their medicines as prescribed. However not all medicines audits had been completed monthly as required. Regular checks of the environment and other audits had not always been completed monthly.

Support plans had been updated and included monitoring of people's needs, including their weight, food and fluid intake, skin care and re-positioning records. Staff were aware of the details of people's care needs and supported them accordingly.

At the previous inspection not all risk assessments had been completed including risk assessments for people receiving visitors. We found this had now been actioned at this inspection.

People's needs had been assessed and this information was made available to all staff via their handheld computerised care system. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a staff team that were both caring and compassionate and treated them with dignity and respect. The service had an activities coordinator however, we observed that not all people where engaged in meaningful activities. We noted that not all people were offered activities.

We made recommendations about activities.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014;

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

The last rating for this service was requires improvement (published 14 April 2021) and there was a breach of regulation. The service remains rated requires improvement.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service could respond to another COVID-19 outbreak.

We have found evidence that the provider needs to make improvements. Please see the Safe/Effective/Caring/Responsive/Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe/Effective/Caring/Responsive/Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belmont House nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection control, good governance and staff training at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Belmont House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors and an assistant inspector carried out this inspection.

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the newly appointed temporary manager, nurses, carers and ancillary staff.

We reviewed a range of records. This included four people's care records, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement.

At this inspection this key question has now remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The local authority told us the service had reduced the number of staff on duty. The management of the service had stated this was due to the reduction of the number of people living in the service. However, staff comments included; "We are not getting everyone washed and dressed until 11:30am, just before lunch. It was really good before because we had the extra staff", and "I understand the company cannot pay out, but after COVID-19 it was nice to have that extra support," "We were just told staff numbers are getting cut – no reason why, they just do not tell us anything." Another said; "Sometimes we are short of staff, we do not have a lot of residents now but we have [X] and [X] (naming two people who live at the service), who do not get along and we cannot leave [X] alone and [X] can be challenging and we cannot let things escalate." Another staff commented; "I don't think there is enough staff." The provider informed us after the inspection that 'care records rarely show (personal) care being provided after 11am'.
- Staff had concerns about the new staffing levels. They said some people required the support of two staff and other people could be challenging. Staff said they were not always able to spend quality time with people. Observations showed staff did not always sit down and chat to people. We concluded that the provider was not delivering enough staff to carry out personal care in a timely manner and meet peoples social and emotional needs.
- The clinical staff on duty were all employed by an agency. One had been working continuously at this service for the last few months. The other nurse on duty had only completed three shifts at the service. The previous manager had informed us at the inspection in February 2021 that ongoing recruitment had been in progress to employ more nurses. However, one nurse had been employed and left after five weeks at the service. We concluded that having only agency nursing staff on duty could not deliver consistent care for the people that received the service.
- Not all staff were recruited adequately, and had the appropriate employment checks in place. The newly appointed temporary manager was working with the administration staff to obtain employment records, for example references, as needed. The new manager had completed an audit of staff files. Each staff member had been requested to produce these missing documents.
- Staff knew people well and had supported each other during the COVID-19 outbreak. However, staff told us they felt unsupported and not appreciated. Stating they had worked many extra hours and days during the COVID-19 outbreak and the lack of a consistent managers had not helped the situation at the service. Staff said they had not been informed of changes within the service including staff reductions on shift and who or why the consultancy firm were working in the service.

The provider had not ensured sufficient employed qualified staff were available to provide consistent care. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were observed as attentive, kind and caring.

Systems and processes to safeguard people from the risk of abuse

- The provider remains under the local authority's whole home safeguarding procedures due to the high number of alerts made over the last year, many raised by visiting professionals. The newly appointed manager was able to provide information that nearly all safeguarding alerts were now closed.
- At the last inspection, February 2021, we received information of concern that some staff were using restrictive practices. The manager employed at that time confirmed no staff at the service were using these practices. However, it was recorded in the home's safeguarding folder that an alert had been made on the use of 'safe hold' practices for one person, while carrying out personal care. A DoLS application had not been made to support the use of this practice. Some people at the service, due to living with dementia, could be challenging at times, but only 42% of staff had completed conflict management training and only 30% of staff had completed safeguarding training.
- Staff had not received training in equality and diversity to help ensure they understood the principles of people's diverse needs and cultures.

The provider had not ensured that care and treatment had not been provided in a way that includes acts intended to control or restrain a person that was not necessary. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

- Safeguarding policies and procedures were available for staff to access. Staff knew how to report and escalate any safeguarding concerns.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.

Preventing and controlling infection

At our last inspection in February 2021 we were not assured that the providers infection and prevention and control policy and procedure were up to date. The visitor's policy had not been updated based on new government guidelines, particularly for people deemed to need end of life care. We also received conflicting information from staff about the wearing of uniforms to work. One staff member said they changed from ordinary clothes to their uniforms when they came on duty. While another said they wore their uniform into work.

We therefore made a recommendation and signposted the manager to resources to develop their approach. For example, the manager at that time did not know the date they were due to come out of whole home isolation after their COVID-19 outbreak. We advised them to speak to Public Health England and the local authority for this date.

At this inspection not all areas of infection control had been met.

- We were somewhat assured that the provider was using PPE effectively and safely. We saw no evidence that staff were not wearing PPE appropriately. However, we had received information from visiting professionals that not all staff had been seen wearing masks as required. One staff member we spoke to said; "We try and change our PPE after we come out of every room, sometimes we do forget." We have

concluded that PPE was not being worn consistently by all the staff.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The provider had not taken all necessary action to protect people from infection This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

At our last inspection in February 2021 we found that risk assessments in relation to relatives visiting their loved ones if they were deemed as being end of life care, were not present. People now had end of life care plans and risk assessments in place for those who required them.

- An electrical installation certificate dated March 2017, required that urgent remedial action was taken to deal with faults in the homes electrical wiring system. However, there was no evidence that action had been taken. The manager had contacted an electrician to ensure the work had been completed.
- Weekly fire alarm and fire systems checks had not been carried out or recorded. Therefore, we could not be sure the fire safety system was working satisfactorily.
- Hot water temperature checks on the hot water temperature at taps had not been checked or recorded. As the hot water temperatures at taps were not all restricted, these checks were necessary to ensure that vulnerable people were not being exposed to unnecessary risk.
- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. However, audits had not been completed regularly to ensure these mattresses were at a safe pressure level for each patient.

The provider had not ensured the equipment used to keep people safe had been adequately monitored and maintained. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The heating system, which had been a problem during the last inspection and part of the winter months, had now been resolved.

- Where people were assessed as being at risk of pressure damage to their skin, information was held on the electronic care plan systems. Staff confirmed they had easy access to this information on handheld devices. These were used to document when people received personal care including re-positioning if confined to bed, and when they received food or fluids.
- Electronic devices held information on people who were at risk of losing weight. Staff confirmed people's weight was being checked regularly and recorded.
- Where people experienced periods of distress or anxiety due to living with dementia staff knew how to respond effectively. Care plans included instructions for staff on how to identify indicators, so they could respond quickly.

#### Using medicines safely

- The acting clinical lead told us that people's sedation medicines were being reduced and changed to a more appropriate level as needed.
- Systems for administering, storage and monitoring medicines were safe.
- Medicines were regularly checked by senior staff to ensure no errors were being made.
- Medicines were kept securely in locked trolleys and cupboards. Stock levels were satisfactory.
- Medicine records were fully completed and well organised. However, we did find one medicine record inappropriately crossed out and the acting clinical lead assured us they would speak to the nursing staff member about this error.
- When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.

#### Learning lessons when things go wrong

- In respect of concerns raised (above), the manager, who had only been in post for five days, confirmed they would be taking suitable action to review current procedures, and assured us that changes had either been made, or plans were in place to ensure changes would occur. This was with the support of the consultancy firm.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We were shown the training matrix which evidenced staff had not completed training in many areas of basic training. Training records showed, and staff confirmed, little training or induction for new staff had taken place. Some staff had started their employment last July and had only just received induction training. Staff told us that staff who started work at the service last year had only recently completed moving and handling training.
- There were systems in place to monitor training. However, these showed large gaps in staff training. This included only 36% of staff completing dementia awareness training, 43% completing end of life training and only 33% completing infection control training.
- Training methods included online, face to face training and competency assessments. The provider informed us that there are 17 courses to complete throughout the year and staff are encouraged to complete this training out of work hours. They would then be reimbursed six paid hours. However, staff raised concerns that due to not being able to complete some training last year because of COVID-19 restrictions; they would not be able to complete all the required training in six hours.
- The service's policy stated new staff should complete an induction and work alongside more experienced staff in order to get to know people. We were informed of one staff member, new to care, who had only been given one shadow shift with experienced staff before working independently delivering care.
- Staff files did not contain staff induction from when they started employment. No evidence was documented that staff, new to care, had completed the Care Certificate, a set of national skill standards social care workers are expected to adhere to.
- Staff were not provided with opportunities to discuss their individual work and development needs including one to one supervisions and annual appraisals. However, some staff said during the early part of the pandemic the then manager held daily briefings for all staff to update them on current guidance. This no longer took place.
- Staff told us they did not feel supported by the senior management. Staff said that the previous temporary manager had only worked in the service for a few months and the current one had only been in the service 5 days. One commented; "I have had five managers since July."

The provider had not ensured staff received appropriate support, training, professional development, supervision and appraisal, as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- At the previous inspection in February 2021 it was identified that the provider and previous manager did not work well with professionals visiting the service. Though many professionals, attending the recent local authority safeguarding meeting, and said things had improved, some concerns were still raised. They felt this had been mainly due to the inconsistency of managers, clinical staff and senior management role.
- We continued to receive information from healthcare professionals that the service was not working effectively with them, to ensure people's care needs were met. They stated that it had become increasingly difficult to engage with management and staff over the clinical wellbeing of people in the service. They went onto say that at times when they spoke to nurses and other staff members, they often did not know any details about the person concerned. However, they did go onto say that if the agency clinical lead, currently working in the service, was available then information passed on was satisfactory.

The provider must assess, monitor and improve the quality and safety of the services provided. This was part of a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager that had recently left, had worked closely with the local authority's COVID-19 Outbreak team during the homes outbreak. The new manager hoped to continue and improve this working relationship with all professionals involved with the service.
- People's health conditions were documented, and staff used the computerised care plan system to record people's daily wellbeing.

Adapting service, design, decoration to meet people's needs

- The service has bedrooms over three floors. The service had taken steps to move everyone to the lower floor. This was to enable upgrades to the facilities on the top two floors
- People's rooms were decorated with personal belongings to ensure they felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs had been assessed before they moved in. Records showed people and their relatives were involved in assessments and were supported and empowered to make choices about their care.
- Care plans were developed for people's individual needs and staff had guidance on how to meet those needs. The plans were regularly reassessed to ensure they continued to be reflective of people's changed needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals. Staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Nutrition and hydration care plans were in place and covered people's dietary needs and detailed if assistance from staff was needed. When people's food and fluid intake needed to be monitored, we found records were consistently completed and acted upon if necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Not all staff had completed training on the MCA, with records showing only 33% of staff having completed this training. Staff had not been given the knowledge and skills to comply with the MCA and DoLS.

The provider had not ensured that staff received appropriate training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the HSCA and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place. Everyone living at the service, that needed it, either had an authorised DoLS in place or an application had now been submitted.

- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good.

At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a busy, and at times noisy, atmosphere in the service due to people's needs. Staff knew what was important to people and how to offer them comfort and reassurance. People were not all able to provide feedback about the staff. Though one person was able to respond with; "Yes they are" when asked if staff were kind and caring. One relative said the staff that came out to greet them on their arrival at the service were, "Helpful, kind and very friendly."
- Staff supported people with sensitivity and compassion and were quick to respond to people's emotional needs. Throughout the inspection we saw many examples of staff responding to people and acts of kindness were seen with staff talking with people to provide reassurance.
- Staff said they supported each other and said this had been particularly important during the constant change of managers and the COVID-19 outbreak in the service. Staff talked about the sadness of the number of people who had sadly passed away and the impact it had on them and other people living in the service.
- Staff showed concern for people and people's privacy and confidentiality was respected.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be involved in day to day decisions and have as much control as possible over their daily routines. When staff assisted people with tasks, they explained what they were doing and ensured the person understood before they continued.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- People's privacy was respected. When providing personal care to people in their rooms staff ensured doors and curtains were closed.
- People's right to privacy and confidentiality was respected.
- People were supported to maintain and develop relationships with those close to them. Due to COVID-19 restrictions additional support was put in place to enable people to see relatives safely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure available.
- At the previous inspection it was noted that two relatives had made a complaint to the service. However, it took many phone calls and engagement with the service from us, for the previous manager to respond and resolve some issues. The new manager said they would follow these issues up to ensure all concerns have been resolved.

The provider must assess, monitor and improve the quality and safety of the services provided. This was part of a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A relative told us they were confident they could raise any concerns they had regarding the care of their family member.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities co-ordinator working in the service. We observed some activities taking place. However, some people were sat for long periods of time without any interaction or offered any activities. Due to COVID-19 no group activities had been taking place. The service had a separate activities room, though this was not being used. One staff member said this room had not been used before COVID-19. The activities that were being delivered encouraged social interaction, provided mental stimulation and promoted people's well-being.

We recommend the provider review guidance to ensure the provision of activities meet people's needs and preferences.

- People were supported to maintain relationships which were important to them, with friends and relatives particularly during the COVID-19 lockdowns.
- Due to the health needs of some people they spent their time in their room or in bed. Staff checked on people's welfare and conversations with them. Though staff said they had little time to spend with people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were responsive to people's needs and requests for assistance. However, staff said; "I love all my residents, I treat them like I would my own family" and "we want the best for them and when we are not

getting to people's personal care until 11.30am, it does not make you feel good. I know my parents would not like it. It's tough sometimes." Another said; "We could use some more staff, so we had more time (to spend with people)."

- Care plans held information and provided staff with detailed information about people's personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported.
- Staff had a knowledge of people's personal histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's care plans were regularly reviewed and updated when their needs and abilities changed.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records outlined any communication need and documents could be provided in other formats if required.
- During the COVID-19 outbreak in the service, staff had assisted people to remain in contact with family and friends. This included through using electronic devices.

#### End of life care and support

- Unfortunately, due to the COVID-19 outbreak the staff cared for many people at the end of their lives. At the last inspection we found one person's wishes had not been followed at the time of their death. All care plans now had clear end of life plans in place for staff to follow people's wishes. The new manager felt with a more stable care staff team they knew what people's wishes were.
- Though staff had experience of caring for people at the end of their lives less than half of the current staff team had completed end of life training.
- People were supported, where possible, to make decisions and plans about their preferences for end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our inspections in November 2019, July 2020, November 2020 and February 2021 the provider had failed to establish satisfactory governance arrangements and to maintain an effective overview of the home or taken sufficient action to make the required improvements identified in the previous inspections.

This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service is required to have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service had not had a registered manager since the beginning of June 2020. The current manager had only been in post for five days. The previous manager in post at the last inspection, February 2021, left before completing their registration process. The new manager had not made an application at the time of this inspection and informed us they were only holding the post temporarily until a suitable manager was recruited.
- There had been a lack of consistent management of the service since a long-standing manager left in December 2019. Between that long-standing manager and the current manager there had been four other managers for short periods, with this manager also being temporary. This had caused systems and processes to be frequently changed and not effectively implemented or embedded.
- Staff recognised that the lack of consistent leadership had impacted on the service's performance. Roles and responsibilities of staff in relation to specific tasks for nurses were not clearly defined. Comments from staff included; "I have seen five managers since July. Morale is definitely affected, and the changes have affected everybody" and "No-one knows where we stand at the moment – no-one is really talking to us. We have not had a lot of support and reassurance – we just got told our manager had left and that was that". Another staff member said, after the last long-standing registered manager left in December 2019 that "We have had a few managers and when we think things are going OK it then is going down again." "We've had manager changes, they come and then they go and when they go you think it is going forward and then it goes bad again" and "We have had a lot of managers come in and out and so no-one has been here running it steadily so that has made it a bit hard on us," Professionals also commented that the lack of consistent managers in post has caused communication and consistency difficulties.
- The company had employed a consultancy firm to support the service and improve the quality of the service. However, staff said; "No-one has introduced us. No-one really tells us anything" and "I don't know

who they are."

- At our last inspection, February 2021, it was noted that systems required to pass on important information about changes in people's care needs to the relevant professionals had not taken place. The previous manager felt this would come with the appointment of the new clinical lead and through filling other vacant posts. However, the permanent role of clinical lead had not yet been filled and currently an agency nurse was in this role.
- Due to the continued change of management, the assessing and monitoring of the safety and quality of the service was not always carried out or recorded. For example, we could not be sure the unsatisfactory electrical installation certificate highlighting urgent remedial action, had been carried out. The manager contacted an electrician to check this work had been completed.
- Auditing systems for the provider and manager to have oversight of the service, had not always been carried out regularly.
- There had also been a change of senior provider management since the last inspection. The current manager informed us that they received visits and telephone support from them and other management in the company. However, professionals involved with the service, in particular when the outbreak started, stated this support had been inconsistent.
- Staff were complimentary of the new manager and comments included; "[X] has been speaking with us a little so that is good" and "I felt I could talk to her."

The provider's governance systems were still ineffective in improving the service people received. This was part of a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- At our last inspection we were informed by professionals about the lack of provider level involvement in the service and during the early part of their outbreak of COVID-19. This had now improved, and senior management participated in the regular safeguarding meetings and supported the manager in the service.
- We had also received information from healthcare professionals that the service was not working effectively with them to ensure people's care needs were met at the last inspection. They had said previously that it had been increasingly difficult to engage with management and staff over the clinical wellbeing of people in the service. They went onto say that at times when they spoke to nurses' and other staff members, they often did not know any details about the person concerned. The manager at that time felt this was due to the high levels of agency workers in the home. Though this had improved, there remained some concerns from some healthcare professionals mainly due to the lack of consistency in staff.
- Though the previous manager has left the new manager had already started to work closely with the local authority. They had offered continued support to the new manager.

The provider must assess, monitor and improve the quality and safety of the services provided. This was part of a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- At the last inspection the previous manager, who has since left the service, had been reminded that no notifications had been sent to CQC regarding the deaths of people living in the service, in line with the regulations. They agreed to action this, and complete notifications as required. However, to date we have not received these notifications.

The provider must assess, monitor and improve the quality and safety of the services provided. This was part of a continued breach of continued Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Continuous learning and improving care

- At the last inspection we found that staff training has not been updated for all staff as required. The manager at that time said they had set up staff on the on-line training system to enable all staff to carry out mandatory training. This will help to ensure all staff were trained to the same level, so the care provided to people was consistent. However, at this inspection we found that staff had still had not completed sufficient basic training.

The provider had not ensured the staff received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys of relative's views on the service's performance had not been completed since October 2018 and there was limited evidence available to demonstrate people's views on performance of the service had been sought. A relative said they had been kept informed by the service during the COVID-19 outbreak.
- Staff had not completed equality and diversity training to ensure people were protected from all forms of discrimination.

We found no evidence that people had been harmed however, the provider had failed to establish satisfactory governance arrangements. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>The provider had not taken all necessary action to protect people from infection.</b>
Treatment of disease, disorder or injury	<b>The provider had not ensured the equipment used by people is safe.</b>

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	<b>The provider had not ensured that care or treatment had not been provided in a way that includes acts intended to control or restrain a person that was not necessary.</b>
Treatment of disease, disorder or injury	

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to establish satisfactory governance arrangements and to maintain an effective overview of the home or taken sufficient action to make the required improvements identified in the previous inspections.  The provider's governance systems were still ineffective in improving the service people received.

### The enforcement action we took:

We issued a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured sufficient employed qualified staff were available to provide consistent care.  The provider had not ensured the staff receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

### The enforcement action we took:

We issued a Warning Notice.