Mauricare Limited

# Ashfield House

## 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? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service
Ashfield House provides accommodation, personal and nursing care for up to 47 older people. At the time of our first inspection visit 35 people lived at the home and 31 lived people at the home when we returned on day two. Accommodation is provided across two floors in a converted residential house.

People's experience of using this service and what we found
The provider had not learned lessons. The quality and safety of the service had deteriorated since our last inspection which showed the provider was unable to make and sustain improvements to benefit people. The lack of provider and management level oversight meant previously demonstrated standards and regulatory compliance had not been maintained. The provider's systems and processes designed to identify shortfalls, and to drive improvement were not effective and had not identified the concerns we found.

Some people did not feel safe. The inconsistency and limited availability of staff who provided people's care impacted negatively on their lives. The risks associated with people's care and fire safety were not consistently identified, assessed and well-managed. This placed people at risk of harm. The prevention and control of infection was not managed safely and in line with government guidance. The management of medicines required improvement. Staff had been recruited safely. Some staff did not understand their responsibilities to keep people safe and safeguarding procedures had not been followed to protect people from avoidable harm.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People had access to health and social care professionals. However, the advice of health care professionals was not always sought in a timely was to promote people's health and well-being. Some staff training was not up to date. Some agency staff had not received an induction which meant they did not have all the information they needed to keep people safe.

People and relatives spoke highly of the regular staff who cared for them. Staff were caring in nature but did not have the time they needed to provide person centred care. People's right to privacy and dignity was not always considered, upheld or respected.

People's needs were assessed prior to moving into the home. Care records did not always provide staff with the information they needed to deliver personalised, safe care and some records contained conflicting, out of date information. Daily care records had not been consistently or accurately completed to demonstrate people had received the care they needed to keep them safe and well. People continued to have limited opportunities to take part in meaningful activities. Complaints had not been managed in line with the provider's procedure.

The provider had not created opportunities for people and relatives to feedback about the service provided.

Staff felt supported by the registered manager. However, staff did not feel able to raise concerns or share their ideas. The registered manager had identified some areas of the service required improvement and acknowledged they needed additional support to achieve this. People and relatives had different levels of satisfaction with the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was requires improvement (published 10 February 2020).

Why we inspected
This was a planned inspection based on the previous rating to establish if required improvements had been made and to review information, we had received from the local authority which indicated risk.

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 can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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 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 identified breaches in relation to people's safety, staffing, promoting and upholding people's rights, personalised care, protecting people from avoidable harm and governance of the service.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will work alongside the provider and local authority to monitor actions taken to address the concerns we identified.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of

inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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 five questions we ask about services and what we found

We always ask the following five questions of services.

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| **Is the service safe?**<br>The service was not safe.<br>Details are in our safe findings below. | **Inadequate** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service caring?**<br>The service was not always caring.<br>Details are in our caring findings below. | **Requires Improvement** |
| **Is the service responsive?**<br>The service was not always responsive.<br>Details are in our responsive findings below | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not well-led.<br>Details are in our well-Led findings below. | **Inadequate** |

# Ashfield House

**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
The inspection was conducted by two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE who supported this inspection had experience of care of older people and those living with dementia.

Service and service type
Ashfield House 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection visits were unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection and sought feedback from the local authority 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 11 people and eight relatives about their experiences of the care provided. We spoke with 19 members of staff including the provider, the nominated individual, the registered manager, the clinical lead, senior carers, care staff, agency carers, agency nurses, the administrator and a domestic. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting health care professional.

We observed the care people received and reviewed a range of records. This included six people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and support and a range of records relating to the management of the service, including audits and checks and policies and procedures.

After the inspection
We reviewed some of the provider's policies and procedures and sought clarification from the registered manager to ensure agreed actions had been completed.

Inadequate

# 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 deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were at risk because known risks associated with their safety, health and wellbeing were not well managed.
- The unsafe management of people's urinary catheters placed people at risk of harm. One person's catheter should have been replaced on 03 November 2021. That had not happened, and the registered manager was unable to provide an explanation for this. The registered manager responded to our request and arranged for the person's catheter to be replaced.
- A catheter risk assessment was not in place for another person who had lived at the home for six months. Evidence was not available to demonstrate the person's catheter had been replaced during that time period. The registered manager did not know how often the person's catheter should be changed, they said, "I don't know I haven't got any records. I'll ask the district nurse." In response to our feedback they contacted the community district nursing team who confirmed the catheter had been replaced in August 2021. The registered manager arranged for the person's catheter to be replaced on our request.
- Staff did not always follow instructions to keep people safe and manage risks. One person had been assessed at high risk of falls and staff were instructed to observe the person every 30 minutes to make sure they were safe. During our first inspection visit records had not been completed to confirm the required checks had taken place. When we asked an agency worker how often the person should be checked they replied, "I don't know."
- Another person had fallen on three occasions over a two-week period and had needed treatment at hospital following one fall. When we asked what action had been taken to reduce the risk of the person falling again the registered manager told us, "We are doing 30-minute observations…" However, we found those observations had not taken place and the person had experienced a fourth fall. In addition, on 02 December 2021 staff had recorded the person was 'unsettled' and their behaviour had changed. A senior carer confirmed no action had been taken to investigate if the behavioural changes could be an indication of an infection or physical illness which could be contributing to the person falling.
- Some people were at risk of developing sore skin. To mitigate these risks care records instructed staff to assist people to reposition to reduce the pressure placed on their skin, at four hourly intervals. Position change records indicated staff had not followed the instructions. For example, position change records showed a gap of nine hours between position changes for one person and a 17-hour gap for a second person. A senior carer said, "That's the problem they (staff) do their own thing. They don't fill in the records." This exposed people to the potential risk of their skin becoming sore which was avoidable.
- Fire safety risks were not managed safely. During day one of our inspection visits some bedrooms doors and the door to the staff room, were wedged open which was unsafe and placed people at risk. Despite alerting the registered manager and staff to this fire safety risk, bedroom doors and the door to the staff

room remained wedged open when we returned to the home to undertake our second visit.
● During day one of our inspection visits an agency nurse responsible for the safety of people at night-time was not aware the provider had an emergency contingency plan to ensure people's safety in the event of an emergency such as a fire. Also, they did not know people living at the had personal emergency evacuation plans (PEEPS). They said, "No one told me about that." The registered manager assured us this would be addressed. However, on day two of our inspection a different agency nurse confirmed they had not been made aware of this important information. This lack of knowledge placed people at risk.
● During day one of our inspection visits important information staff and the emergency services needed to keep people safe was not up to date including, the list of people living at the home provided to the agency nurse and Ashfield Houses General Emergency Evacuation Plan. When we alerted the registered manager to this, they assured us the information would be immediately updated. However, when we returned on day two, we found similar concerns. This meant accurate information remained unavailable.
● Fire safety risks associated with the use of prescribed oxygen were not well managed in line with fire safety guidance. One person's oxygen concentrator was placed directly in front of a radiator. The radiator was turned on. The clinical lead told us, "I did speak to the man (supplier) about that and staff have been told not to put it (cylinder) by the radiator." We also saw an oxygen cylinder was not secured in a stand to prevent it from falling over and a warning sign was not displayed on the person's bedroom door to show oxygen was in use.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● The provider's procedures failed to safeguard people from the risk of abuse. The registered manager had not made safeguarding referrals or conducted an investigation following two separate allegations of abuse. The registered manager was not able to explain the reason for this. A safeguarding referral was made following our request.
● Staff had completed safeguarding training. However, one staff member did not understand their responsibility to escalate a concern despite knowing management had not investigated an allegation of abuse.

Systems and processes were not sufficient to prevent abuse of service users. 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.

● People expressed different views when we asked them if they felt safe living Ashfield House. One person said, "I feel really safe living here. They [staff] are all friendly and they care." Another person described feeling 'frightened and unsafe' because some staff rushed when providing care and support.
● Relatives also shared mixed views about their family members safety. One relative felt confident their family member was safe. In contrast another relative told us, "Worrying about [person] gives me sleepless nights. I am not confident they are safe."

Staffing and recruitment
● People told us there were not enough staff on duty. They explained how low staffing levels impacted negatively on their safety and experiences of living at Ashfield House. One person said, "They (staff) don't always answer the buzzer and say they are very busy if you query them." Other people told us they received their care from inconsistent staff. One person said, "There is always different ones (agency staff) and you

don't know who they are. I don't like that."
● Relatives expressed concerns about low staffing levels. Comments included, "We come in on Sundays to help give mother her lunch. The home is so understaffed and they (staff) say they are grateful that we are helping." And, "It seems all those buzzers are going off all the time. They are going permanently, going on and on…it's not the staffs fault they are great. It just there aren't enough of them."
● Staff felt staffing levels were too low. One staff member described staffing levels as 'absolutely disgusting'. They added, "We are nearly always short staffed…I feel the residents deserve consistency and good care." Another told us, "We use lots of agency staff. Some are great, others don't do anything, so we are left trying to do the work of many." A third member of staff commented, "With 16 residents who need two of us, you can't do thing right when there are only two of us. We have no time to spend with the residents. It's sad."
● The registered manager used the provider's 'dependency tool' to establish staffing requirements.

We found no evidence that people had been harmed however, the provider had failed to ensure there were sufficient numbers of staff available to meet people's needs This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager described the recruitment and retention of staff as the biggest challenge the service faced. They explained the actions they had taken and those planned to try to address this, including block booking agency staff and changing the regulated activities they are registered with CQC to provide.
● Checks to ensure agency staff working at the home were suitable were not always completed. Information was not available to demonstrate some agency staff were of good character and were suitably trained to work with people. The administrator told us they had not been informed they must obtain the important information to keep people safe before agency staff worked at the home.
● Permanent staff had been recruited safely.

Preventing and controlling infection
● We were not assured the provider was preventing visitors from catching and spreading infections. Temperature check records for visitors to the home between 6 and 8 December 2021 had not always been completed. COVID -19 screening in line with the provider's procedure had not been completed for visitors and agency staff. This was unsafe and placed people at risk. Between our inspection visits records showed 13 visitors had entered the home. However, temperature checks had only been recorded for two visitors. On day two of our inspection visits inspectors were permitted entry to the home without their temperature being checked.
● We were not assured the provider facilitated visits for people living in the home in accordance with current guidance. On day one of our inspection visit the homes visitor log showed staff had permitted two relatives to enter the home without taking a lateral flow test in line with government guidance. This was unsafe practice and placed people at risk. This risk remained during our second inspection visit because inspectors were not screened prior to being permitted to enter the home.
● We were not assured the provider was meeting shielding and social distancing rules. One person was not self-isolating following discharge from hospital in line with current guidance to prevent the potential spread of infection. Staff were observed entering the person's room without wearing the required Personal Protective Equipment (PPE).
● We were not assured the provider was using PPE effectively and safely. During both of our inspection visits some staff entered the home without wearing a face mask and other staff worked whilst wearing their face masks below their noses. We saw staff failed to dispose of used PPE correctly in line with current guidelines.
● We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules did not clearly demonstrate frequently touched points were regularly cleaned

for example, door handles and handrails.
● We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. The provider was not able to demonstrate agency staff working in the home had not worked in other social care locations to reduce the risk of infection transmission.

We found no evidence that people had been harmed however government guidance was not followed to ensure risk associated with the prevention and control of infection was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were somewhat assured the provider was accessing testing for people using the service and staff.
● We were somewhat assured the provider's infection prevention and control policy was up to date in line with current guidance and implemented effectively to prevent and control infection.
● We were assured that the provider was admitting people safely to the service.

● We were not assured the provider was meeting their legal responsibility to ensure staff working at the home had been fully vaccinated against coronavirus, unless they were exempt. Staff vaccination records were incomplete, including no vaccination dates for three staff and only one vaccination date for three other staff. The registered manager told us, "I'm waiting for the nurse practitioner to give me the date." Records did not show if staff's vaccination status had been checked. When we asked to see the vaccination passport for an agency nurse on duty, we were told this had not been requested from the agency. Two of the three staff we asked told us they had not been asked to share their vaccination passports.

This is a breach of regulation 12 (3) of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021.

Using medicines safely
● Medicines were not always managed, stored or disposed of safely in line with the provider's policy and best practice guidance.
● One person was prescribed a bone strengthening medicine to be taken on a set day once a week. Medication administration records showed this medicine had not been administered on the set day week commencing 06 December 2021. Manufactures guidance states if a dose of this medicine is missed it should be taken the next day. The guidance had not been followed.
● We identified discrepancies with physical stocks of medicines and medicine administration records. For example, 33 tablets for one person and two tablets for another person were unaccounted for.
● Some people were prescribed creams to be applied directly to their skin. A senior carer told us care staff recorded the applications of those medicines on the 'log my care' electronic record system. When we checked we found records did not show prescribed creams had always been applied as prescribed by staff.
● Some prescribed creams did not have their dates of opening recorded. This is important to ensure creams in use remain effective.
● Medicines no longer required had not been managed in line with the provider's procedure. For example, a medicine prescribed for a person who no longer lived at the home had a written note dated 26 April 2021 attached stating the medicine should be destroyed when a destruction kit arrived. On day two of our inspection action had been taken to address this.
● One staff member described the management of people's medicines as a 'major issue'. They added, 'We run out of medication regularly and then have to spend a lot of time sorting it. Medication stock should be returned asap and you know that hasn't happened."

We found no evidence that people had been harmed however systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some prescribed creams did not have their dates of opening recorded. This is important to ensure creams in use remain effective. Action was taken to address this.
● Where people were prescribed 'as required' medicines, information was available to inform staff why the medicine had been prescribed and when it should be given.
● Staff had received medicines training.

Learning lessons when things go wrong
● Whilst we acknowledge the challenges the provider has faced over the last twelve months our inspection findings demonstrate the provider had not learned lessons since our last inspection and the overall quality and safety of the service provided to people had deteriorated.
● Previously, accidents and incidents had not been monitored and reviewed to identify actions needed to prevent reoccurrence. At this inspection the same issues remained. The registered manager explained the 'new electronic record' system did not identify individual patterns and trends. That meant opportunities to prevent recurrence could have been missed. To address this shortfall the registered manager planned to implement a paper copy form.
● Staff had completed some accidents and incidents records. However, the information recorded was limited and did not provide a clear overview of the circumstances surrounding the incident and the actions taken. A senior care told us this issue had already been identified and action was planned to address this.

Requires Improvement

# 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.

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

● The registered manager and staff team had a limited understanding of the requirements of the MCA. For example, some people who lived at the home had sensor mats in their bedrooms that alerted staff when they moved. People's consent had not been obtained or best interest decisions considered in relation to this equipment and staff did not view this practice as restrictive. The registered manager told us they were planning to work with a mental health professional to develop their knowledge of the MCA.

● One person had been assessed as not having capacity to make decisions by the service. This conflicted with the person's care plan which detailed the person was able to make informed decisions. When we asked an agency staff member if the person had capacity to make decisions they replied, "I don't know. Probably."

● Despite completing training staff did not have the information or knowledge they needed to work within the requirements of the Mental Capacity Act 2005 (MCA). One person's care plan informed staff the person was not free to leave the home and was nursed under locked doors and keypads. This was despite a DoLS application being rejected by the local authority in March 2021. Staff confirmed they would not 'allow' the person to leave the home. Other staff told us, "We (staff) wouldn't know if there were any DoLS in place. We don't get involved in that aspect." And, "We wouldn't allow any resident to go out. We would stop them because they wouldn't be safe." This created the risk people's liberties could be unlawfully restricted.

Systems and processes were not sufficient to prevent abuse of service users. 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.

● The registered manager had submitted DoLS applications and was waiting for the outcome of these. No

one living at the home at the time of our inspection had legally authorised restrictions on their liberty.

Staff support: induction, training, skills and experience
● People and relatives had confidence in the skills and knowledge of permanent staff members. One relative said, "The staff are very good. They know how to do things. The problem is lack of time." Another relative told us, "Some of the agency (staff) are excellent, those ones who are regular. Other's haven't got a clue."
● The provider had failed to ensure staff working at the home had received an induction before they provided care and support to people. During both of our inspection visits agency nurses who were responsible for people's safety at night-time confirmed they had not completed an induction. In addition, during our first visit when we asked an agency care worker about their induction they commented, "No induction. I am an experienced carer."

● Permanent staff told us they had completed an induction. However, records to demonstrate that had happened were not available at the time of our inspection.
● Staff had varied views about the training provided to them. One staff member commented, "Moving and handling practical training was really rushed. I'm glad I did it before at another home." Another staff member described their training as good. However, they added, "The only thing is you have to do it in your time at home."
● The provider did not have a clear overview of the training their staff had completed. Training records demonstrated some staff training was not up to date. The registered manager told us the records needed to be updated to reflect training staff members had recently completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs
● People's needs were assessed before they moved into the home.
● Discussion with permanent and some agency staff members demonstrated they knew people well and they tried to provide care and support in line with people's wishes and preferences.
● The provider had an ongoing environmental development plan to ensure the homes environment created a nice place for people to live.

Supporting people to eat and drink enough to maintain a balanced diet
● People shared mixed views about the quality and range of food available. One person said, "The food is fantastic, you can't fault the food, I've put on weight since coming here, you get biscuits quite often." Another person told us, "On the whole it is not nice food that they dish up here."
● Care records contained some information about people's dietary likes and dislikes including cultural requirements.
● The mealtime experience was not positive for some people because staff members were rushed, and task focused. We observed a staff member entered a person's bedroom without seeking their permission or without speaking to the person. The staff member put a pudding on the bedside table and then turned to leave the room. The person asked the staff member, "What is it?" The staff member replied, "Its crumble. I don't know what flavour. It will be fruit of some sort." The staff member then left the room.
● We observed other people's experiences were more positive because they received the support, they needed to eat their meal from sensitive and patient staff. One relative said, "[Staff member] tends to give mom her meals. [Staff member] is so kind. It's just what she needs".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to a range of health and social professionals. However, timely specialist advice had not

always sought by the registered manager and staff team to ensure people received the care and support they need to remain healthy and well including support from district nurses and the falls team.

● When the registered manager and staff had consulted with healthcare professionals the advice provided to them was recorded and followed.

● The registered manager described their working relationship with health and social care professional as helpful. They added, "I really value their input."

● A visiting health care professional described staff as 'helpful and available to offer support when they visited the home.

Requires Improvement

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; Respecting equality and diversity

- The culture of the service was not consistently caring. The provider and registered manager had not recognised how low staffing levels and care being provided by inconsistent staff had impacted negatively on people.
- One person told us they 'often' had to lie in a wet (urine soaked) bed at night-time because staff told them they were too busy to assist them to use the toilet. The person told us this made them feel ashamed and demonstrated staff did not see people's dignity as a priority. In addition, people's dignity was compromised due to the length of time they had to wait for assistance, including support with their personal care.
- Another person explained they never knew who was coming through their bedroom door to help them. They added, "Would you like a stranger doing personal things?"
- People's right to privacy was not always respected. Throughout our inspection visits we saw staff entered people's bedrooms without seeking their permission, including when people were hosting visitors and their bedroom doors were closed.
- The language used by some staff when they spoke to each other about people was not always respectful. For example, an agency nurse referred to some people who had called for assistance as 'buzzer' happy. A member of the management team failed to address this which indicated poor practice was accepted.

We found no evidence that people had been harmed however, people's privacy and dignity was not always considered and promoted and their preferences respected. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff cared about people and told us they wanted to provide good care. However, staff did not always have enough time to support people in line with their wishes. One staff member said, "You don't have the time to do things as they [people] want. That makes me feel bad."
- People were offered some choices such as, what they wanted to eat and drink. However, care records did not clearly show how people and relatives had been involved in planning and reviewing their care.
- People's confidential supplementary records were not always securely stored.
- Despite our findings people and relatives spoke highly of the permanent and regular agency staff. Comments included, "They (staff) are always trying their best." And, "The regular ones are lovely."
- Most staff had completed equality and diversity training, but we saw they did not put their training into practice. The registered manager told us this was an area for further development.

Requires Improvement

# 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Support to follow interests and to take part in activities that are socially and culturally relevant to them; Supporting people to develop and maintain relationships to avoid social isolation

- People did not always receive personalised care that met their needs. Inconsistent staff and low staffing levels combined with staff not having the time and lacking knowledge resulted in needed to provide individualised and responsive care. For example, one person waited over twenty minutes for their call bell to be answered. The person told us this was usual.
- At our last inspection care plans were detailed, personalised and up to date. This standard had not been maintained and meant staff did not have the information they needed to provide individualised and safe care. For example, a person's care plan did not provide staff with the guidance they needed to support the person' to prevent their skin from becoming sore. A second person's care plan had not been updated following their discharge from hospital to reflect changes in their needs.
- Staff did not always complete daily records to confirm people's planned care had been provided. When we asked staff about this, they explained this was because they did not always have time to fill in daily records and they found the new electronic record system confusing.
- Some people's supplementary records contained inaccurate and misleading information. For example, at 07.15 during our second visit we reviewed welfare check records completed by staff for five people. We saw staff had recorded people had been checked at 08.00 and were safe and well in bed. Staff were unable to explain why the records were inaccurate. We brought this to the attention of the clinical lead for them to address.
- Previously, in January 2021 feedback we gathered confirmed social activities required improvement. At this inspection improvement had not been made. One person described feeling 'bored'. They added, "I can look at that wall or that wall. The staff don't have time to talk to me." Another person explained chatting with the inspection team had made then feel like a human being because they had very limited opportunities for any social interaction which made them feel isolated.

The provider had failed to ensure people received person-centred care that met their needs. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people who lived at the home spent time completing crosswords puzzles or reading which they said they enjoyed.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise a complaint and told us they felt able to do so. A copy of the provider's complaints procedure was on display in the home.

● However, records were not available at the time of our visit to demonstrate complaints received had been managed in line with the provider's procedure. The registered manger told us this was because they were in the process of transferring from paper to electronic records.

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). AIS should be in place for prospective service users for who the standard printed information is not suitable. 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

● Care records contained some information which helped staff understand people's communication needs for example, if they wore hearing aids

● Information including information for people about the service was available in a variety of formats including large print. The registered manger told us additional formats were being developed.

End of life care and support

• Some people living at the home were in the end stage of their lives. End of life care plans contained some information about people's wishes.

• Most staff had completed end of life training. One staff member said, "Whilst it is very sad part of my job it's an important one. I try to make sure the resident is comfortable."

● The registered manger told us, "Our end of life care is good. We have received really good feedback."

Inadequate

# 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 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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The quality and safety of the service had deteriorated since our last inspection. The multiple breaches of the regulations we identified showed the provider was unable to make and sustain improvements.
- Some people and relatives were dissatisfied with the quality of the service provided to them including how the service was managed and the way issues they raised were managed. A relative explained they rarely received a response when they attempted to communicate with the management team. In contrast, another relative shared a more positive experience.
- The provider and registered managers failure to maintain sufficient or accurate oversight of the service placed people at unnecessary risk.
- Lessons had not been learned. Systems and processes to assess and monitor the safety and quality of the service were ineffective. A system was not in place to monitor and analyse accidents, incidents and falls and a medicines audit had not identified some of the issues we found.
- The provider had exposed people to the risk of avoidable harm because they had failed to identify, assess and mitigate risks associated with people's care and fire safety.
- The provider had not ensured COVID-19 national guidance was followed to keep people as safe as possible during the Coronavirus pandemic.
- The provider had failed to meet their legal responsibilities to ensure staff working at the home were fully vaccinated against coronavirus in line with regulatory requirements.
- The provider had failed to maintain the staffing levels needed to meet people's assessed needs and uphold their rights. This impacted negatively on people's experiences.
- People were at risk because the provider had failed to ensure all agency staff working at the home had completed an induction and they had the information they needed to keep people safe.
- The registered manager had not met their legal responsibilities to ensure people were safeguarded from the risk of harm.
- The provider had not ensured the transition from paper to electronic records was effectively managed. As a result, information including people's care records were not easily accessible, up to date and accurate.

Governance and service oversight were ineffective. Systems and processes were not established and operated correctly. There was a failure to make and sustain improvements to benefit people. This was a

breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The home had a registered manager as required by the regulations. The registered manager was supported by a clinical lead and senior carers.
●The registered manager felt supported by the provider and welcomed the appointment of a quality manager to provide them with additional support. They added, "This will help as there are so many things to do."
● Staff felt supported and spoke positively about the registered manager. However, staff told us because the registered manager was always busy, they tried to resolve issues themselves and did not share their ideas for improvement. One staff member said, "Communication really needs to improve. If you've been off there is no way, no system of catching up with what gone on. I don't want to trouble the [registered manager] about it as she's got so much to do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;
● At the time of our inspection no information was available to show people and relatives had been invited to provide feedback about the service provided. The registered manager said, "We haven't sent any quality surveys." This was highlighted as an area to be addressed at our last inspection.
●The registered manager acknowledged our inspection feedback. They said, "I'm aware we are not where we need to be, we are lacking in some areas. It has been a hard year, but we have got through. I am so proud of the staff who have been really committed."

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>Regulation 9 (1) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care<br><br>The provider had not ensured care provided met people's needs.<br><br>The provider had not ensured care and support provided reflected people's preferences. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect<br><br>Regulation 10 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and Respect<br><br>The provider has not ensured all staff respected people's dignity.<br><br>The provider had not ensured people's privacy was respected and promoted at all times. |

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Regulation 12 (1) (2) (a) (b) (h) (3) HSCA RA Regulations 2014: Safe care and treatment<br><br>The provider had not ensured care and treatment was consistently provided in a safe way.<br><br>The provider had not ensured risk associated with people's care and the environment was identified, assessed and well-managed.<br><br>The provider had not taken all practicably reasonable actions to mitigate risk.<br><br>The provider had not ensured risk associated with fire safety was well managed.<br><br>The provider had not ensured risk associated with the prevention and control of infection was identified, assessed and well-managed in line with government guidance.<br><br>The provider had not ensured staff working with people had been vaccinated, unless exempt. |

**The enforcement action we took:**

NOP

| 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<br><br>Regulation 13 (1) (2) (3) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment |

| | |
|---|---|
| | The provider had not ensured staff understood their responsibilities to escalate safeguarding concerns<br><br>The provider had not ensured staff understood and worked within the requirements of the Mental Capacity Act 2005<br><br>The provider had not ensured action was taken following allegations of abuse.<br><br>The provider had not ensured staff acted in accordance with the Mental Capacity Act at all times. |

**The enforcement action we took:**

NOP

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014: Good governance<br><br>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.<br><br>The provider had not ensured improvements to the service provided had been made and sustained<br><br>The provider had not ensured they had effective systems in place to identify, assess and mitigate risk to the health, safety and/or welfare of people who used the service.<br><br>The provider had not ensured records relating to the care and treatment of each person using the service were accurate and up to date. |

**The enforcement action we took:**

NOP

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Regulation 18 (1) of the Health and Social Care Act |

2008 (Regulated Activities) Regulations 2014: Staffing

The provider had not ensured there were sufficient staff deployed to meet people's needs

**The enforcement action we took:**

NOP