

Four Seasons Health Care (England) Limited Preston Glades Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This unannounced inspection took place on 10 and 11 December 2018.

Preston Glades Care Home is a purpose-built home, registered to provide accommodation for up to 65 people who require nursing or personal care. The home is arranged in three units. The two first floor units provide services for people who are living with dementia. All accommodation is provided on a single room basis, with the majority of rooms having en-suite facilities. At the time of the inspection visit 45 people were receiving care and support at the home.

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

At the time of the inspection visit there was a registered manager in place. However, the registered manager was absent at the time of the inspection, so the service was being supported by several people from the senior management team. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on the 14, 16 and 18 May 2018. The registered provider did not meet the requirements of the regulations during that inspection as multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. These related to person centred care, safe care and treatment, safeguarding people from abuse, diet and nutrition, staffing, fit and proper person's and good governance. Additionally, we found a breach to Regulation 18 of the Care Quality Commission Registration Regulations as the registered provider had failed to notify the Care Quality Commission, (CQC) of all reportable incidents. At the May 2018 inspection, the service was placed in special measures by the CQC.

At this inspection visit carried out in December 2018, we found the registered provider had worked hard to make improvements but not all required improvements had been made. We found not all improvements had been made to ensure people received their medicines safely. Good practice guidance had not been consistently implemented to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014, Safe Care and Treatment. Additionally, we identified a continued breach to Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014, as the service had failed once again to ensure systems were operated to ensure compliance with the Regulations.

Following the May 2018 inspection, support had been provided to the home from the Care Service Support team. The Care Service's Support team were an internal team which offered support to locations who

required additional support to provide a high quality effective service. Improvements had been made to ensure risk was suitably managed. The Care Service Support team had started auditing people's care records to ensure risk was identified and appropriately managed. Care plans and risk assessments for people who lived at the home had been reviewed and updated to ensure they reflected their needs. We found no information of concern within any of the files we reviewed. Although we found improvements within care records we noted one incident when naturally occurring risk had not been appropriately managed. We have made a recommendation about this.

Auditing systems had been reviewed to ensure audits carried out reflected what was happening at the home so effective action plans could be developed and maintained. Oversight at the home from senior managers had increased to ensure the service was well-led. Lessons had been learned from the previous inspection visit. Staff told us they had seen an improvement in how the home had been managed since the last inspection visit.

The Care Service Support team had liaised with their internal human resources team to conduct a full audit of all personnel files. Personnel files had been reviewed to ensure all the required information was in place to ensure only fit and proper persons were employed at the home. Although an audit had taken place, we identified some concerns in one staff members file that had not been identified. We have made a recommendation about this.

We saw person-centred care was delivered to people who lived at the home. Staff were aware of people's likes and dislikes. However, we noted people's preferences were not consistently met when a person lacked capacity. We have made a recommendation about this.

We found deployment of staffing had improved. People had access to call bells to summon help and assistance and they told us staff responded in a timely manner. Staff were suitably deployed to meet people's individual support needs throughout the day. However, staff responses were sometimes inconsistent. We have made a recommendation about this.

People we spoke with told us they felt safe living at the home. The registered provider had started to make improvements to ensure people who lived at the home were protected from harassment and abuse.

Training had been provided to ensure staff were equipped with the necessary skills required to carry out their role. We saw staff working appropriately and putting their skills in practice.

The registered provider had acted upon recommendations to improve infection prevention and control processes within people's bedrooms. However, an external local authority inspection of the kitchen had identified concerns within staff practice. We saw immediate action had been taken to support the kitchen staff to make improvements.

People told us they were happy with the choice and quality of food provided. Improvements had been made to enhance the dining experience for people who lived at the home. Additionally, the registered provider had acted to ensure people's dietary needs were consistently met. Support was given in a respectful manner if people required support at meal times.

The mental capacity and consent of all people who lived at the home had been reviewed. We saw evidence best practice guidelines were followed when people were assessed as not have capacity. Advocates had been sought for people without families to assist people with decision making.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

When people made requests for assistance we saw their needs were promptly addressed. People who lived at the home spoke highly of the staff and their attitude. We noted staff were patient and respectful with people.

We looked at how complaints were managed and addressed by the service. At the time of the inspection no one had any complaints about how the service was delivered. We saw evidence that when complaints were raised they were dealt with professionally and in a timely manner.

Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

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

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we have asked the provider to take in the main report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Suitable arrangements were not in place for the safe management all medicines.

Procedures had been introduced to maintain and promote people's safety. Risk was addressed and managed within the home.

Staff were deployed to meet the needs of people who lived at the home.

Is the service effective?

Good 

The service was effective.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Staff had been provided with training to enable them to carry out their roles effectively.

Health needs of people living at the home were met.

People's food and nutritional needs were met by the registered provider.

Is the service caring?

Good 

The service was caring.

People who lived at the home and their relatives told us staff were caring.

We observed staff treating people with patience and compassion. Staff had a good knowledge of people who lived at the home.

Visitors were welcomed and encouraged at the home.

Is the service responsive?

Good ●

The service was responsive.

Systems had been implemented to improve documentation in relation to people who lived at the home. Documentation was person centred and tailored to people's needs.

People were offered the opportunity to be involved in activities.

Systems were in place to ensure complaints were dealt with effectively and efficiently.

End of life care had been discussed and considered.

Is the service well-led?

Inadequate ●

The service was not well led.

Although the registered provider had made significant progress in meeting the fundamental standards, the required improvements set out within the last five inspections had not been appropriately acted upon to ensure the service was meeting all the required regulations.

Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Preston Glades Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 10 and 11 December 2018. The first day of the inspection visit was unannounced.

Before the inspection took place, we reviewed information we held about the registered provider. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home. We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

We also spoke with the other agencies that had some involvement in working with the registered provider to make improvements at the home. This included the clinical commissioning group, the local authority contracts and commissioning team and the local authority safeguarding team. This allowed us to gain information relating to the quality and safety of service being provided. Additionally, we spoke with Healthwatch to see if they had any information which could help us with our inspection planning. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

On the first day of the inspection visit, the inspection team consisted of two adult social care inspectors, one pharmacy inspector, a specialist advisor with knowledge of mental health nursing and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector returned to the home on the second day to conclude the inspection process and to provide feedback.

Throughout the inspection visits we gathered information. We spoke with nine people who lived at the

home and two relatives to seek their views on how the service was managed. In addition, we sought views on how the service was managed from a visiting professional.

As part of the inspection process we spoke with a managing director, the head of care improvement, the resident experience regional manager, the care services support administrator, the deputy manager, the acting regional manager, three registered nurses, a care home assistant practitioner, four members of staff responsible for providing direct care, the housekeeper, the cook and the maintenance person.

To gather information, we looked at a variety of records. This included care plan files related to five people who lived at the home and medicines administration records. We also looked at other information related to the management of the service. This included health and safety certification, auditing schedules, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules. We also viewed recruitment files relating to three staff members employed to work at the home.

In addition, we walked around the building to carry out a visual check. We did this to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

At the inspection visit carried out in May 2018, we identified concerns regarding the safe management of medicines. We could not be assured people were receiving the correct medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities), 2014, (Safe Care and Treatment.) We used this inspection process to check if improvements had been made.

At this visit carried out in December 2018, we found that whilst some improvements had been made, medicines were still not being administered in line with good practice guidance. During the inspection we reviewed medicines which were being administered covertly. This means they were hidden in food or drink. While a discussion had taken place with people's GP's to gain consent to hide medicines in food and drink, we found no discussions had taken place with the pharmacy to ensure that medicines were not compromised by crushing and adding to food.

We could not be assured people consistently received their medicines in a timely manner as directed. We found one person's ointment was stored on the trolley but was not documented upon their topical administration medicines record to indicate it had been given. Another person had several creams to be used after personal care. We could not be assured each cream had been administered in conjunction with each other after personal care had been provided. One person had their medicines prescribed in a patch format. We reviewed the MAR record and saw staff had not followed the manufacturers guidance and rotated the patch as directed.

Additionally, we saw that directions provided upon the medicines administration record (MAR) were not always consistently followed. For example, two people had time specific medicines which meant they had to be given at specific times to ensure full benefit. We saw staff had not consistently followed these instructions.

Storage of medicines did not always meet good practice guidelines. We saw that medicines disposal bins in treatment rooms were not secure and locked away to reduce the risk of mis-use. Additionally, the storage of oxygen did not meet the required standards.

Systems for ordering of medicines were sometimes ineffective. We found two occasions where two people had no prescribed medicines available. One person who used the service and their relative confirmed this had occurred. The relative said they had to bring in pain relief tablets for their family member as the service had run out.

These above matters demonstrate there was a continued breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) 2014 as suitable processes for the safe management of medicines were not in place.

We fed back our concerns in relation to the unsafe management of medicines to the senior management team at the end of the first day of inspection. The head of care improvement agreed to act upon the

feedback. Following the inspection visit we received confirmation action had been taken.

At our last inspection in May 2018, we found management of risk was not consistently applied throughout the service. Risk assessments were not always completed in a timely manner to ensure all risk was suitably addressed. When people displayed behaviour, which sometimes challenged the service we found risk management plans were not in place to direct staff to protect the person and other people who lived at the home. In addition, staff sometimes failed to ensure risk assessments were followed to protect people from harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities), 2014, (Safe Care and Treatment.) We used this inspection process to check if improvements had been made.

At this inspection visit we found the required improvements had been made. Care records had been reviewed to ensure risk assessments were in place to ensure people's individual needs were met. Risk assessments had been reviewed on a regular basis to highlight the changing needs of people. Appropriate action had been taken when risks were identified. We observed staff practice and noted staff were aware of risk and how to effectively manage this. For example, one person was at risk of malnourishment and choking and required staff to supervise them when they ate. We observed staff being deployed to manage these risks at the required times.

Improvements had been made to proactively manage risk associated with behaviours which challenge. The service had considered the environment in which the risk took place and had implemented technology to manage the risk. Additionally, the service had consulted with other professionals to develop strategies to manage the risk. We reviewed the person's care records and noted only one specific incident had occurred within a six-week period. This showed strategies in place were effectively managing the risk.

Although we noted some improvements in the ways in which risk was managed, we found this was not yet consistently embedded. During the inspection visit on the first day, the expert by experience noted an incident occurring which had the potential to cause harm. This was reported to management so they could be assured action was taken. On the second day of the inspection visit we reviewed records and noted the incident had not been documented within care records. Whilst this had been a one-off incident, this should have been recorded so staff were aware of any emerging behaviours or risk.

We recommend the registered provider reviews processed to ensure risk is consistently managed and addressed.

At our last inspection in May 2018, we identified a breach to Regulation 13 of the Health and Social Care Act 2008, (Regulated Activities), 2014, (Safeguarding service users from abuse and improper treatment) as systems were not implemented and followed to ensure people were protected from abuse and harm. We used this inspection process to check if improvements had been made.

At this inspection visit carried out in December 2018, we found the required improvements had been made. People who lived at the home told us they felt safe. Feedback included, "I do feel safe because the staff look after you, they make sure you're okay." And, "I feel very safe and happy here."

The service had taken into consideration local authority guidance and had adapted the local authority safeguarding policy within the home. When people had acquired unexplained injuries, processes were followed to ensure they were investigated and reported in line with local authority safeguarding procedures. Senior staff had been provided with training so they could report concerns directly and in a timely manner. The service had allocated a safeguarding champion and the head of care improvement confirmed the safeguarding champion would be completing additional training in the new year.

At the inspection visit carried out in May 2018, we identified a breach of Regulation 19 of the Health and Social Care Act (2008) Regulated Activities 2014, (Fit and Proper Persons employed,) as procedures were not established and consistent to ensure staff employed were of good character and suitable for working with people who were sometimes vulnerable. We used this inspection process to check improvements had been made.

We found the required improvements had been made. We reviewed three staff files and saw that following the inspection visit the service had been supported by their human resources team to carry out a full audit of all staff files. Consideration had been taken to ensure all the regulatory requirements were being met. When items of historical information were missing from a staff file, a record was maintained to evidence information was missing and what action was taken in response to the deficit. When staff had disclosed criminal convictions, discussions had taken place with the staff member regarding the incident and a risk assessment had been implemented to manage any potential risk. Additionally, we were informed the human resources team had provided advice and guidance to the homes administrator so they were aware of how to ensure regulatory responsibilities were met.

We looked at staff records completed for staff who had been employed since the last inspection visit. Improvements had been made regarding documentation maintained. However, we saw within one of the two files viewed, the registered provider had failed to ensure a full employment history was recorded and a gap in employment explored. We fed this back to the head of care improvement who agreed to act as required.

We recommend the registered provider reviews practice to ensure the service consistently meets the requirements set out within Regulation 19 of the Health and Social Care Act 2014.

At the inspection carried out in May 2018, we identified a breach of Regulation 18 of the Health and Social Care Act 2009 (Regulated Activities) 2014 (Staffing), as the registered provider had failed to ensure suitable numbers of staff were deployed at all times. We used this inspection process to check that improvements had been made.

We found improvements had been made to ensure staff were suitably deployed. Seven of the eight people we spoke with told us they were happy with staffing levels. Feedback included, "[Carers] come straight away when that [call bell] goes. I've no complaints about that." And, "The staff levels have been quite good; there's always somebody around. Sometimes, in the morning, if I need help [and use the call bell] they're pretty quick. You never get 'Oh I'm busy' etc. If they are busy they'll say 'Give me a minute' and they always get back to you." Staff confirmed they were satisfied with current staffing levels.

The head of care improvement told us deployment sheets had been introduced at the home following the last inspection. The designated senior on each unit delegated tasks to each person on shift. Observations made during the inspection showed that staffing levels were sufficient to meet the needs of people who lived at the home. Staff were not rushed and had time to meet people's needs. Deployment of staffing at lunchtime had improved so people received the care and support to keep them safe.

As part of the inspection process we carried out a visual inspection of the home and found call bells were suitably located so people could call for assistance when required. We checked call bell response times by pressing call bells and waiting to see how long it took for staff to attend. We identified no concerns in response to call bell times. However, on the first day of the inspection visit we monitored staff response to a sensor alarm and found staff did not consistently respond when the alarm was activated. We discussed this with staff who told us the alarm was not always accurate and was sometimes set off by another person who

lived at the home. We fed back our concerns to the head of care improvement who took immediate action to ensure staff consistently responded to the alarm.

We recommend the registered provider reviews processes to ensure deployment of staffing is consistent to meet the needs of people who live at the home.

During the inspection visit carried out in May 2018, we found the process of reporting of accidents and incidents was unclear. We discussed previous processes with the head of care improvement. They recognised there had been errors in communication and recording of accidents and incidents which had meant senior managers were not fully aware of what was happening at the home. At this inspection visit we found processes had been improved to ensure all significant events were reported and highlighted to senior management. They told us the registered provider had learned from this and implemented systems to ensure lessons were learned. We reviewed accidents and incidents and found improved processes were now followed so that senior managers had awareness of accidents and incidents within the home.

As part of the inspection process we reviewed infection prevention and control measures within the home. At the last inspection visit we recommended the registered provider reviewed processes to ensure good practice guidance was consistently implemented. At this December 2018 visit we carried out a visual inspection of the home and noted that malodours were appropriately addressed and managed. We saw staff were wearing personal protective equipment. However, on one occasion we observed a member of staff in a kitchen handling food without gloves. The member of staff was prompted by another staff member to put gloves on. We fed back concerns to the head of care improvement so action could be taken.

During the December 2018 inspection visit we were made aware the kitchen had recently been inspected by the local authority. As a result, the kitchen's food hygiene score had deteriorated to a score of 2. This meant some improvements were required. We discussed this with the head of care improvement who said the kitchen staff were being supported to make improvements. We viewed an action plan which showed this was the case.

We spoke with the housekeeper who was responsible for overseeing the standards of cleanliness at the home. They confirmed that since the last inspection in May 2018, they had been assigned the role of safeguarding champion and were waiting to start their additional training in the new year.

At this inspection visit carried out in December 2018, we reviewed health and safety processes within the home. To do this we carried out a visual inspection of the premises and reviewed safety certification. During the visual inspection we identified a concern with the temperature of one hot water tap. We fed this back to the maintenance person who took immediate action to have the fault rectified. The maintenance person carried out regular checks within the environment to ensure the home was safe. This included regular checks upon the fire system.

Is the service effective?

Our findings

At the inspection visit carried out in May 2018 we identified a breach of Regulation 14 of the Health and Social Care Act (2008) Regulated Activities 2014 as the registered provider had failed to ensure people's dietary needs were met.

At this inspection carried out in December 2018, we found the required improvements had been made. People who lived at the home told us they were satisfied with the choice, availability and standard of food provided. Feedback included, "The food's good; you get two choices and there's more than enough. There is plenty of drinks and if you go to the kitchen you can get another if you like." And, "The food's all right; I've put on plenty of weight since I came here. Someone comes around every day to ask what you want for breakfast, dinner, tea etc, that day and for the next day. If I want a cup of tea or something to eat, someone will always bring it."

We reviewed arrangements to ensure people's nutritional needs were met. Improvements had been made in the dining areas to enhance the lunch time experience for people. Tables had cloths, placemats and knives and forks, with flowers and a range of condiments at the centre of each. People were offered the opportunity to choose where they ate. One person had their starter in the dining area but then chose to eat their main meal in a lounge. Staff happily obliged and supported the person with their wishes.

We reviewed documentation completed for people who were at risk of malnourishment. Records were appropriately maintained to evidence that people were offered regular food and drink. Additionally, guidelines and assessments to monitor people's weights had been referred to for advice and guidance. We saw evidence of professionals being consulted with when risks had been identified in relation to eating and drinking.

At the inspection visit carried out in May 2018, we made a recommendation to ensure the principles of the Mental Capacity Act 2005, (MCA) were consistently followed. At this inspection visit we found the registered provider had acted upon the recommendations to ensure consent received was lawful and within the principles of the MCA.

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 with appropriate legal authority. 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, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found the service had made further improvements to ensure the principles of the MCA were consistently followed. The service had appropriate assessments in place to assess a person's mental capacity and saw that consent to care and treatment had been obtained from individuals when appropriate. Additionally, documentation was in place to support individuals who could not make decisions about their care. For example, one person was unable to consent to the use of bed rails to ensure their safety. The service had carried out a capacity assessment to ensure the bed rails were only used in the person's best interest. The service had also initiated a best interest decision meeting to support decision making.

We reviewed processes for ensuring applications had been made to the appropriate professional body when people were being deprived of their liberty. Although the registered provider had a good understanding of the process to follow, applications to deprive people of their liberty had not always been updated when restrictions on liberty had changed. We highlighted this to the head of care improvement who requested a full audit of all people's restrictions to ensure all applications were accurate and reflective of care being provided. Prior to the inspection finishing we received confirmation all applications had been updated to reflect all restrictions placed upon people.

We looked at how the registered provider met people's health needs. Everybody we spoke with said they were confident the staff would arrange for a doctor to see them when necessary. One person said, "If I need a doctor I'll ask them; they will get one, I'm sure of that."

We reviewed care records and saw evidence of professionals being consulted with when there was a change in people's health care needs. Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Care records were reviewed monthly or when people's needs changed.

We saw evidence of health professional involvement when required. For example, district nurses and specialist health nurses had been involved for people who lived at the home. This showed us people's health care needs were met in a timely manner. Additionally, good practice guidance was referred to within people's plans of care. For example, NHS guidelines for managing a specific health condition were included in one person's care record to support the person's care plan.

People who lived at the home and relatives considered staff to be well trained and able to meet the needs of people who lived at the home. Feedback included, "The staff all seem to know what they're doing. I've never had any problem and I haven't seen anything to worry me. And, "Yes, absolutely [confident about staff skills]. They're good staff and do what they can."

Staff told us they were happy with the standard and availability of training at the home. A variety of training was offered to staff to enable them to develop their skills and deliver effective care. This included a mixture of mandatory and service specific training. Prior to the inspection taking place, we were aware there had been some concerns noted in relation to staff skills in moving and handling. At this inspection visit the registered provider had reflected upon this and had identified two staff to carry out comprehensive moving and handling training so they could update skills of staff at the home. This showed us the registered provider understood the importance of ensuring staff had up to date skills to carry out their role effectively.

During the last inspection visit we identified a training need for registered nurses and were offered reassurances that training would be provided to meet any skills deficits. At this inspection visit we saw training had been provided. From speaking with staff, it was evident staff now had an increased

understanding of the medical condition so safe and effective training was provided.

The registered provider maintained a training matrix so training could be planned and organised to meet staff need. The service had identified 21 courses which all staff had to complete. This included basic life support, fire safety and dementia awareness. We reviewed the training matrix and noted 20 of the 21 identified training topics had been completed by at least 85% of staff. This demonstrated staff training was an important concept of care provision.

We spoke with one staff member who had been working at the home for less than a year. They told us they had received support and guidance from senior members of staff at the beginning of their employment. They said they worked alongside more experienced members of staff and were provided with training before working unsupervised. This allowed them to learn the required skills within a safe and supervised environment. They told us they were happy with the training and guidance provided and praised the support received from other work colleagues and senior management.

We spoke to staff about supervision. Supervision is a one to one meeting between a manager and staff member. One to one meetings are a means to discuss staff progress and conduct and discuss any concerns. Staff confirmed supervisions took place with a more experienced member of staff. In addition to organised supervisions, the registered provider had introduced themed supervisions. Themed supervisions took place after a concern being identified and were used to highlight good practice and update staff about the correct procedures to follow. For example, we were informed a thematic supervision had taken place following an incident being highlighted during the inspection process. This showed us the registered provider was responsive to incidents. Staff praised the approachability of the senior management team and said they could discuss any concerns they may have in between supervisions.

At this inspection we reviewed the environment in which people were living. We noted areas had been adapted in line with good practice guidance for people who were living with dementia. For example, signage was on the walls to assist with their independence. Additionally, the home had a designated room for people who wished to smoke. Protective fire proof aprons were available to prevent the risk of people being harmed from lit flames. To keep people safe, the building was secured with key coded locks. The deputy manager told us the staff had worked hard since the last inspection to improve the garden area for people. A gazebo had been put in the garden to provide shelter and the area had been decorated to make it look more pleasing and welcoming. People commented on the improvements made to the garden area. One person said, "They did the garden not long ago; it's lovely."

Is the service caring?

Our findings

People who lived at Preston Glades Care Home and relatives told us staff were kind and caring. Feedback included, "The staff are great and we get on well. You can talk to any of them, they'll always listen." And, "The care and nursing staff are all right, very friendly."

People told us care was centred around their needs and wishes. One person said, "I can have a shower or bath whenever I want to." We observed care and support being provided to people. We noted care and support was provided at times to suit individual's choices. For example, we observed one person having a late breakfast after a lie in. This showed us services were flexible to meet people's needs.

Staff were universally warm and friendly towards other people. They spoke kindly and encouragingly when giving support and offering care. Staff had a good understanding of people's likes, dislikes and histories. We observed staff talking to people in an individualised manner. Conversations were promoted through staff having a sound understanding of each person. People were not rushed and staff were patient. We observed a member of staff supporting someone with mobility difficulties, staff offered reassurance and praise to encourage the person to maintain their independence. At the same time, through conversation it was evident they were aware of the person's previous history of falling and the need to be patient.

People who lived at the home told us privacy was considered always. Feedback included, "The staff ask if I want the door shut [when giving personal care] and when I'm having a shower or a wash, they leave me for as long as I need, to sort myself out." And, "The staff generally knock on the door before they come in." Also, "Staff always knock; I'm happy with how they look after my privacy and dignity in general."

Staff understood the importance of ensuring people were treated with dignity and respect. We observed a situation in which a person's dignity was compromised due to the person living with dementia. Staff responded immediately and gently provided support to the person to protect their dignity.

The registered provider understood the importance of supporting people to maintain relationships. During the inspection we spoke with one person who told us their spouse was in a different care home. They told us staff at the home had supported them to go and visit their spouse. The person spoke fondly of the time they had together, saying it was "wonderful" being able to spend time with their loved one. Additionally, we saw a poster on display offering family members the opportunity to join their relatives for a meal on Christmas day. This showed us the registered provider recognised the importance of maintaining friendships and limiting social isolation.

At the inspection carried out in May 2108, we identified concerns in the way in which human rights had not been universally considered within the home. We found the registered provider had failed to ensure people's religious and cultural beliefs were considered and addressed within the home. At this December 2018 inspection, we discussed these concerns with the acting regional manager and the head of care improvement. They said staff had received training to enable them to collect the correct information to be able to provide person centred support. The acting regional manager said that should someone move into

the home with cultural needs they were confident they could be addressed. Following discussions, the acting regional manager agreed to provide some additional training to staff at the home. This would enable the team to have skills and knowledge to meet specific cultural and spiritual needs. One person who lived at the home told us they had their religious needs met whilst they lived at the home. They said, "We can have Holy Communion in our room if we want – people come from church."

People told us they were consulted with to make decisions and express their opinion. When people did not have capacity, and did not have family to support them in making significant decisions advocates were involved to assist with decision making. Advocates are independent people who provide support for those who may require some assistance to express their views. This showed us people were encouraged and supported to express their views.

Is the service responsive?

Our findings

At the inspection carried out in May 2018 we identified a breach to Regulation 9 of the Health and Social Care Act 2008, (Regulated Activities) 2014 as person centred care was not always provided to people who lived at the home. At this inspection visit we found improvements had been made and person-centred care was considered and delivered always. The head of care improvement said since the last inspection visit they had started to collate and review person centred information held for each person.

We reviewed documentation related to one person who sometimes displayed behaviours which challenged the service. Behaviour management plans had been developed so behaviours could be monitored and reviewed. Additionally, further information had been included within the persons care plan. This provided staff with information as to how to support the person when they were distressed and displaying behaviours which challenged. Upon reviewing daily notes, we saw incidents had decreased.

When people had additional communication needs, these had been taken into consideration and strategies had been put into place to promote communication. The service had included steps for staff to follow to encourage effective communication whilst incorporating information which demonstrated staff had a good understanding of the person's individual needs.

At the last inspection visit carried out in May 2018, we found care records had not fully addressed people's care needs in a timely manner. We spoke to the head of care improvement who told us that since the last inspection support had been provided to staff to develop their skills to ensure accurate information was collected prior to admission. This information could then be transferred to care plans in a timely manner. Additionally, a review of all care records had taken place to ensure accuracy and consistency. On the first day of our inspection visit we spoke to a local authority reviewing officer who was visiting the home to review care records. They expressed no concerns about the quality of records maintained and was satisfied with the information recorded.

People who lived at the home told us they were included in the development of their care plan. Feedback included, "I'm fully aware of my care plan and what's in it. They ask you when you first come." And, "I did my care plan with [the acting manager]."

We looked at care records relating to five people. Care plans addressed management of medical conditions, psychological wellbeing, diet and nutrition, mental capacity and risk related to falls and tissue viability. People's independence was considered and promoted throughout the care plan.

People told us activities took place at the home. One person said, "We have quizzes and card games, 'Play your cards right.'" People who lived at the home told us the home was currently without an activities coordinator. They said staff sometimes provided activities during the afternoon. We observed staff supporting people to play card games and dominoes. A member of staff was also seen painting one person's nails. The head of care improvement told us they were in the process of recruiting a new activities coordinator.

On the second day of our inspection visit we observed a holistic therapist working at the home. The head of care told us the therapist was employed two days each week to come into the home to provide relaxation therapies to people. This was well received by people who lived at the home.

Activity stations were placed around the units for people living with dementia. Activity stations act as sensory cues to promote independence and for people to pick up and interact with.

Although activities took place we found not all activities took into consideration people's needs. For example, two people who were living with dementia were left in a room with a film on which may be deemed frightening for people with limited understanding. We fed this back to the head of care improvement so they could consider ensure activities which were dementia friendly. They told us the registered provider was reintroducing the dementia framework to the home to enhance the care provided to people living with dementia.

We looked at how end of life care for people was planned and provided at the home. One person we spoke with confirmed they had been consulted regarding their own personal wishes as they entered their final stages of life. We saw information collected about people's wishes were incorporated into the person's care plan.

We looked at how complaints were managed by the registered provider. At the time of the inspection, no one had any complaints. The registered provider had posters on display highlighting people's rights to complain and the process to follow. Although information was on display around the home, people were not always fully aware of the process, however, they said they would not be afraid to raise any concerns.

Pre-programmed computers were located around the home for people to use to express any concerns. The computers allowed people to register their thoughts and views using a touch button pad. The head of care improvement told us the technology allowed complaints to be escalated straight to the senior management team. The registered provider maintained a log of all complaints received and the outcome following the complaint being investigated. Only one complaint had been received since the last inspection and this had been investigated thoroughly and independently.

Is the service well-led?

Our findings

At the inspection carried out in May 2018, we identified a continued breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the registered provider had failed to evaluate practice to ensure fundamental standards were consistently addressed. The service was rated as inadequate due to the multiple breaches of the fundamental standards being identified.

At this inspection visit carried out in December 2018, although we noted some improvement in the way in which the service was being managed we found the service had still failed to ensure they were compliant with all Regulations. We could not be assured people would receive safe care and treatment as systems were not consistently implemented to ensure medicines were being appropriately managed.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008, (Regulated Activities) 2014 (Good governance) as effective systems were not in place to ensure the safe care and treatment of people who lived at the home.

Since the last inspection visit leadership and management at the home had been inconsistent. There had been a change in managing directors and senior managers. Additionally, the registered manager and deputy manager had been absent from the home. The service had been supported by the Care Support Services Team since August 2018 to drive forward the required improvements and it was expected the managers within the home would continue with the improvements on the departure of the care improvement team. The head of care improvement offered reassurances that oversight at the home would continue upon their departure from the home.

Preston Glades Care Home has been inspected seven times since December 2012 and has not met the required standard on six occasions. This demonstrated a failing service in which we could not be assured the leadership and governance was in place and embedded. For this reason, we have rated this domain as inadequate and the service will remain in special measures for a further six months.

At the inspection carried out in May 2018, we noted audits were ineffective and had failed to pick up concerns we identified during the inspection process. At this December 2018 inspection visit we found significant improvements had been made. The senior management team had implemented a number of audits to increase oversight at the home. For example, we viewed a spreadsheet which showed us that an internal audit had been carried out by a senior manager on care records relating to people who lived at the home. Each care record had been checked for accuracy to ensure people were receiving the correct support. Audits were now reflective of what was occurring at the home and identified where action was required.

Developments within the home were being scrutinised by the senior management team on a regular basis through weekly meetings, or sooner if required. Risk was being monitored by the senior management team to ensure it was appropriately managed. We viewed a resident risk analysis which was shared between the senior managers. This clearly detailed each person that lived at the home, the risks identified due to their health needs and what was in place to manage the risk. Although this was in place, we did note some minor

errors during our inspection visit which had not been picked up by the audit. For example, DoLS applications had not been updated when the person's needs had changed.

Following the last inspection carried out in May 2018, the service was supported by a local authority and clinical commissioning quality improvement team to improve the quality of the service and to meet the regulations. The registered provider had worked in partnership to implement new processes and drive forward standards within the home. As part of the process external networks had been developed so good practice could be implemented within the home. The service had identified champions to develop additional skills which could be shared through the home. We received positive feedback from the members of the quality improvement team about the commitment from the registered provider to make changes.

We found the registered provider had taken advice and support from health and social care professionals and implemented local guidance to ensure any safeguarding concerns were appropriately acted upon. The head of care improvement told us the registered provider was currently reviewing all policies and procedures. When policies had been introduced or updated staff were asked to read and sign to indicate they have understood them. Policies were also being shared with staff through a 'policy of the month' programme.

As the inspection carried out in May 2018, we found the registered provider was not meeting legal requirements in relation to Regulation 18 of the Care Quality Commission Registration Regulations 2009. This was because processes were not consistently implemented to statutory notifications were submitted in a timely manner. At this inspection visit, we found processes had been introduced to ensure notifications were submitted in accordance with the regulation. We reviewed accidents and incidents that had taken place since the last inspection visit and saw all the required notifications had been submitted in a timely manner.

At the inspection carried out in May 2018, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate, complete, up to date and accessible. We discussed this with the head of care improvement. They told us lessons had been learned from the last inspection and improvements had been introduced to reflect the identified failings. Staff had been provided with training to increase their awareness of the importance of maintaining accurate records. We saw improvements had been made. Documentation at the home was clear and concise and detailed the support people required. We reviewed diet monitoring charts and positioning charts and saw these had been completed as required. Although improvements had been made these had not been consistently embedded. For example, during the inspection visit we were made aware of a significant incident. We reviewed the person's care record and saw the incident had not been recorded in the person's daily notes. We highlighted this to the head of care improvement so action could be taken.

We discussed the maintenance and storage of records. An internal audit of personnel files had taken place and saw the service had been supported by an internal human resources business partner to make the required improvements. The human resources business partner was providing ongoing support to the home to ensure processes were consistently embedded to ensure all records were appropriately maintained and stored.

Improvements had been made to ensure effective communication was maintained throughout the service. We saw daily 'flash' meetings had taken place to discuss what was going on within the home. Additionally, when concerns within practice were identified, on the spot supervisions were taking place to ensure improvements could be made in a timely manner. The flash meetings and on the spot supervisions allowed

for issues to be actioned in a timely manner.

We received no information of concern from people or relatives about the way in which the home was managed. People passed comment on the work that had been done by the deputy manager before their absence and said they were happy the deputy manager had now returned to work. Improvements had been identified to both the environment and the way in which the service was being managed. One relative said, "Things are better but they could be improved more, they're moving upwards a bit."

Staff who worked at the home also told us they had noticed improvement since the last inspection visit. One staff member said, "We have had a lot of changes. It's a nicer place to work. Having the last inspection has pulled everything together." Another staff member commented, "Team work has improved [since the last inspection.]"

We looked at how the registered provider engaged with people who lived at the home. A residents meeting had taken place since the last inspection visit and people had been consulted with regarding the management of the home. Two people said they had also been consulted with by questionnaire. Feedback included, "The 'girls' sometimes do a survey, to ask if you're happy with things, whether there's anything you want changing etc. I think I've done one two or three times." And, "[The staff] do questionnaires; they're done regularly, for example 'what do you think of the place?' I'm happy with that because you know they're keeping up."

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.

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
Treatment of disease, disorder or injury	The registered provider had failed to ensure systems and processes were fully implemented to ensure the safe management of medicines. 12 (1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had failed to ensure systems and processes were implemented to ensure compliance with the regulations. 17 (1)