

Maria Mallaband Limited

Furze Hill Lodge

Inspection report

Furze Hill
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Tel: 01737362316

Date of inspection visit:
12 August 2019
20 August 2019

Date of publication:
23 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Furze Hill Lodge is a care home with nursing and accommodates up to 29 people in an adapted building. The service supports adults requiring care and support due to their physical health conditions, mental health needs and those living with dementia. At the time of our inspection there were 24 people living at Furze Hill Lodge.

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

Staff had not always identified and reported safeguarding concerns which had led to overly restrictive practices concerning one person. 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.

The care people received was not always person-centred. People's care was provided in line with set routines rather than people's preferences such as people receiving their care from the night staff in order for them to be ready for breakfast when the day staff arrived. People did not always receive the care they required to maintain good oral hygiene.

Sufficient staff were not deployed which meant staff did not have time to spend with people. Staff were not always aware of people's past lives and activities were not always relevant to people's interests. Although staff received training, this was not always effective in ensuring staff understood their responsibilities. People's needs were assessed prior to them moving into Furze Hill Lodge although consideration was not always given to people's compatibility with others. We have made a recommendation regarding this.

There was a lack of effective managerial oversight of the service which meant the above concerns had not been identified by the provider or registered manager. Records were not always clear and legible and the CQC had not been notified of all significant events in line with the providers responsibilities.

People told us staff treated them with kindness and we observed individual interactions with people were caring. Staff were aware of people's care needs and risks to their well-being. People had access to healthcare professionals and received support with their medicines as required. Staff were recruited safely.

People told us they enjoyed the food provided and had a good choice. Some people told us they were able to maintain their independence in areas which were important to them. Visitors were made welcome and there were no restrictions on visiting time.

Previous Inspection

The last rating for this service was Good (report published 9 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of safeguarding concerns, staffing levels and training, person-centred care, the protection of people's legal rights and the management oversight of the service. Please see the action we have told the provider to take at the end of this report.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Furze Hill Lodge

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.

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

Furze Hill Lodge 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.

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 took place on 12 and 20 August 2019. The first day of our inspection was unannounced. We informed the registered manager we would return for a second day of inspection but did not confirm the date of this visit.

What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used 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 all of this information to plan our inspection.

During the inspection

As part of our inspection we spoke with six people who lived at the service and four relatives. We observed the care and support provided to people. We also spoke with the provider, registered manager, deputy manager and seven staff members. We reviewed a range of documents about people's care and how the home was managed. We looked at nine care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed. We arrived for the second day of our inspection at 0630am to check the care people received at this time.

After the inspection

Following the inspection, the registered manager sent additional information and updates relating to audits, meeting minutes, care records and survey results.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Furze Hill Lodge. One person told us, "I definitely feel safe here as there are always staff around, it's nice to know someone's there if I need them." One relative said, "We feel mum is very safe here as staff very attentive, it gives us as a family peace of mind there is someone here 24 hours a day."
- Despite these comments we found safeguarding reporting procedures were not always followed to ensure people's safety. The registered manager and staff informed us of one person whose approach to others was not always appropriate. Support was initially requested from the local authority regarding how to support the person safely. However when the recommended support was not felt to be effective, further concerns were not reported to the local authority safeguarding team. This meant the person had not received the support they required to manage their behaviour. In order to manage the risks to the person and others, overly restrictive measures had been implemented which meant the persons rights were not safeguarded.
- Although staff had received training in safeguarding people from abuse they were not consistently able to identify what may constitute abuse and were not fully aware of their responsibility to report concerns to the local authority safeguarding team. The incidents described by staff had not been fully recorded or reported in order for the local authority to ensure that all those concerned were safe.
- Following our inspection, the registered manager provided evidence that concerns identified during our inspection were reported to the local authority safeguarding team and they had taken steps to implement less restrictive safeguards.

The failure to ensure that systems and processes were effective in safeguarding people from the risk of abuse was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We received mixed views from people and their relatives regarding staffing levels. One person told us, "There are not enough staff, I want to be independent but my body is very twisted so I require help. Staff are hard pressed all the time." One relative told us, "I think the staff do care but the problem is with staffing levels. There just isn't enough of them to get around everyone often enough. It's the details they miss like his glasses and how he's sat because they're rushed." Others told us they felt there were sufficient staff to meet their needs. One person told us, "There are always enough staff on for me as I am very independent unlike some of the other residents here."
- We found sufficient staff were not always appropriately deployed to meet people's needs. On the second day of our inspection we arrived at 0630 and found a number of people had already been supported with

their personal care. The night staff told us they started to get people up at 0530 in order to help the day staff as they were too busy in the mornings to help everyone get up and ready for the day.

- People spent long periods of time without support or interaction from staff. We observed staff were busy throughout the day completing care tasks and did not have the opportunity to spend time with people. One person told us they would enjoy being able to spend more time with staff, "I am not very outgoing but I would like some more company."
- We observed a number of people had to wait for lengthy periods of time to be supported with their meals. One person sat for over an hour at the dining table before a staff member was free to support them.
- We spoke to both the regional director and registered manager about people's comments and our observations of staff deployment. They both said they felt staffing levels were adequate and staffing hours exceeded those determined by calculating people's dependency needs. The regional manager said, "Some relatives believe this is a one to one service. I have said we can provide this if they want to fund it."

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

- Robust recruitment checks were completed which included all potential staff completing an application form and undergoing a face to face interview. Disclosure and barring service checks (DBS) were completed prior to staff starting their employment.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- With the exception of the above concerns, risks to people's safety were acted upon and accidents and incidents were monitored. Guidance was available to staff regarding the support people required to minimise risks. Risk assessments covered areas including moving and handling, skin integrity and hydration.
- Where appropriate, people were supported to manage risks in a way which enhanced their independence. One person told us they had been supported to manage their own medicines, "Staff used to look after my medication but the manager felt I could do it. I am happy doing it." Another person who enjoyed using the local community independently was supported to plan their route, ensure they had their phone and take the address of the service in case they needed help when out.
- Accidents were recorded and monitored by the registered manager. Where action was needed to prevent concerns reoccurring this was implemented. A monthly report was prepared for the regional management team and analysed for trends.
- People lived in a safe environment and regular health and safety checks were completed. A contingency plan had been developed to ensure people would continue to receive their care in the event of an emergency.

Using medicines safely

- People told us they received the support to manage their medicines. One person told us, "The staff do all my tablets which I am happy with. If I need an aspirin because of a headache I can just ask but they won't give them out without keeping an eye on you."
- Medicines were stored securely and only administered by staff who had been assessed as competent to do so. Each person had a medicines administration chart in place which contained a photograph, details of allergies and GP contact details. We noted a discrepancy with the number of tablets one person had in stock which may have indicated they had not received their medicines as recorded. The registered manager assured us this would be investigated.
- Where people required their medicines to be administered covertly (without their knowledge or consent)

appropriate measures had been taken to ensure this was agreed with relevant professionals and guidance for administration was in place.

Preventing and controlling infection

- People lived in a clean environment and safe infection control practices were followed. Housekeeping staff were aware of the need to use specific equipment in certain areas to prevent the spread of infection.
- Staff were aware of the protocols to follow when supporting people with their care. One staff member told us. "We wash our hands regularly and we wear gloves. We wear blue aprons for meals and white aprons for personal care. We also used the red bags for soiled items."
- The laundry area was organised to ensure that clean, dirty and soiled items were separated to minimise the risk of cross-contamination.

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

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

- People's legal rights were not always protected as the principles of the MCA were not followed where restrictions to people's liberties were in place. Significant restrictions to one person's freedom to move around the service had been implemented due to their behaviour. This restriction had been agreed with the person's family. A capacity assessment had been completed which determined the person did not have capacity to make this decision. However, the recorded best interest decision did not give consideration to using less restrictive options and the wishes of the person had not been taken into account. Staff we spoke with regarding this lacked understanding regarding how the MCA principles applied to their work. They were unable to demonstrate their understanding of ensuring people were cared for in the least restrictive way.
- A DoLS application had been submitted to the local authority regarding this restriction. However, this was completed as a standard authorisation rather than an urgent authorisation which meant the local authority were not alerted to this significant restriction on the person's freedom.
- Capacity assessments, best interests decisions and DoLS applications had been correctly completed in some instances. However, we found further instances where restrictions were in place and processes had not been followed. These were regarding people leaving the building without supervision.

The failure to ensure the principles of the MCA were followed in order to protect people's legal rights was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were well trained and experienced in their roles. One person told us, "I have never come across any of the staff not knowing what they are doing. They always give you what you want, I wouldn't want to be anywhere else." One relative told us, "I feel staff know what they

are doing, I can go home and feel confident she is looked after and I have peace of mind."

- Despite these comments we found training had not always been effective in ensuring staff were aware of their responsibilities in areas such as safeguarding and the principles of the MCA.
- Staff did not always receive training in supporting people with specific needs. A number of people at the service were living with long term mental health conditions. Staff we spoke with told us they had not received training in this area. The registered manager told us some of the staff team had received this training but not all. Following our inspection they informed us training in this area had been booked.

The failure to ensure staff training was effective and their competence assessed was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received an induction into the service and staff told us they found this useful. One staff member said, "The induction was very good. They were very patient with me and supervised me. They gave me a lot of confidence."
- Staff received supervision to support them in their role. Staff files contained evidence of supervisions and staff confirmed they regularly met with a senior member of the team. One staff member told us, "I have supervisions and an appraisal but to be honest I can speak to the manager or deputy anytime."

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

- People's needs had been assessed prior to them moving to Furze Hill Lodge to ensure the right care could be provided. However, some people told us they found the diverse mix of people's ages and needs difficult to adjust to. There was no evidence within assessments that people's compatibility with others had been fully considered. We spoke to the registered manager regarding how they managed supporting people with a wide range of needs to live together. They told us, "I will give the younger ones little jobs to do so they feel they are looking after the older ones." This did not demonstrate a planned approach to ensuring people's compatibility was fully considered.

We recommend assessment processes fully consider people's needs, personalities and how they will fit in with others living at Furze Hill Lodge.

- Assessments contained information relating to people's medical history, mobility, emotional needs, sleep pattern and personal care needs. The information gained was used to form the basis of initial care plans.
- The staff used recognised clinical assessment tools to monitor risks and provide effective care. Assessment tools were used to measure people's skin integrity, their risk of falls and their nutritional needs. Information and guidance to deliver effective care and treatment was displayed within the service.

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

- People were complimentary about the food and the choices available. One person told us, "The food is very good here, you can have what you want and as much of it as you like." One relative said, "The food seems good by our standards although mum doesn't like having sandwiches for tea so often. She asked for cheese on toast and they were happy to provide it."
- People were offered a choice of foods at lunchtime. Although some people had to wait for their meal, staff supporting people in a kind and considerate manner. Staff ensured people were seated appropriately and had the equipment they needed to eat independently where possible. Where people required their food to be of a modified consistency this was attractively presented. People were offered a choice of drinks throughout the day and water was available in people's rooms.
- People's weight was monitored on a regular basis and any significant changes were reported to health professionals.

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

- People lived in an environment which was suitable for their needs. A lift was available to both floors and corridors were wide enough for people to access. Handrails were fitted to aid people's mobility.
- People's names were on their doors to help orientate them to their room and pictures were also present for some people where appropriate. Signage around the service was clear and consideration had been given to using colour to support people's awareness. For example, all toilet seats were red to ensure they were clear to people.
- Seating provided was of an appropriate height and style. People had requested new seating for the lounge areas and the registered manager told us this was in hand.

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

- People and their relatives told us they had access to healthcare support. One person told us, "The chiropodist comes regularly and if I feel unwell I ask the deputy and she will arrange for me to see the doctor." One relative told us, "I know the GP comes in weekly and if there is any special treatment or change they will talk with me about it."
- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals to support people's changing health care needs. This included GP's, district nurses, occupational therapy and speech and language therapy.
- Where advice was provided by professionals this was recorded and actioned. For example, where people were recommended modified diets or specialist equipment to minimise risks to their skin this was provided.

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.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were supported by caring and considerate staff. One person told us, "The staff are very good they treat me with compassion." One relative said, "When staff come to help and I am here they are always very nice and respectful, I think mum would say the same as well."
- Despite these comments we found some practices within the service were designed around routines for staff and did not respect people's dignity and preferences.
- We arrived at 0630 am on the second day of our inspection as staff had told us the majority of people received their personal care from the night staff. On arrival we found two people sat in the lounge having already received their personal care. Both people required the support of two staff members. The night staff told us they were responsible for supporting the same seven people each morning with their care. In addition they supported a further five people into their chairs. One staff member told us, "We do the ones who are doubles (require support from two staff members) and some of them we get up into their chairs so they're ready for breakfast when the (day staff) start."
- People who were sat in the lounge/dining area following their personal care slept in their chairs before and after their breakfast. We checked the care plans of the seven people staff had referred to as receiving support from two members of staff with their personal care. Whilst two people's care plans indicated they were early risers there was no information regarding the times the other five people wished to get up in the morning.
- We checked the rooms of five people who had recently received their personal care. Four people's toothbrushes were found to be dry and had clearly not been used that morning. The fifth person's toothbrush had been used but no toothpaste was available in their room. The registered manager told us they would address this concern with staff.
- When speaking with staff about people's needs they referred to people by room number and not their name.

The failure to ensure that people's dignity and preferences were respected at all times was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Individual interactions between people and staff were caring. Staff treated people with affection when speaking with them and offered reassurance. When supporting people with the hoist staff offered people constant reassurance. There was a relaxed atmosphere within the service and people were heard to share jokes with staff. One person told us, "The staff are always kind to me, I can only speak for myself. I love it here

because the staff are nice."

- People's cultural and religious needs were respected. One person told us, "I was a chorister as a boy and like to keep up my faith. They have a lovely Church of England priest who comes once a month to do a service with communion." Another person did not eat particular foods due to their beliefs and this was respected and known by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. We observed staff knocked on people's doors prior to entering and spoke to announce themselves to the person. When asking people if they required support with their personal care this was done discreetly.
- People were supported to maintain and develop their independence. One person liked a particular type of food which they shopped for themselves. A fridge and microwave had been placed in the persons room so they could prepare their own light meals in the evening. The person told us they were pleased with this arrangement.

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.

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

- People told us they did not feel the activities provided were relevant to them. One person told us, "The things that are put on here don't really suit me so I tend to stay in my room a lot listening to music on my radio." A second person said, "I found it depressing to go to the lounge and see people just staring into space and I told them so. I have nothing to do." A third person commented, "I don't want to sit and colour, I am a lot younger than a lot of residents and lots of them have dementia so whilst it might suit them it doesn't suit me."
- We observed a group of eight people enjoyed time taking part in a discussion group and quiz during the morning of our inspection. However, in the afternoon people were asked if they would like to watch television or a film. Most people spent time sleeping in their chairs or in the rooms.
- People who spent time in their rooms received little social interaction from staff. This meant there was a risk people may become socially isolated or lonely. The activity co-ordinator told us they found it difficult to find time to visit people in their rooms, "I have said that I need to do that, to do a 1:1, even if it was for 10 or 15 minutes each day. I am spread too thin. I do ask them though if there is anything they'd like to do or I can buy for them, like a book."
- People did not have access to trips on the mini-bus and staff told us this had not happened for some time, "We used to, but we haven't done for a few months now as we don't have a driver. We are looking for a volunteer driver but it's difficult."
- Activity staff were limited in the time they had to spend with people. Activity staff were available five days per week for six hours per day and were also expected to complete other tasks such as supporting people at lunchtime and completing records. Staff told us they were unable to be involved in activities as they were busy with other tasks.
- Staff we spoke to were not always able to tell us about people's life histories, interests and past occupations. This meant they were unable to plan activities which would be relevant to the people living at Furze Hill Lodge. This was particularly evident due to the wide age range and diverse needs of the people at the service.
- People told us they were aware of their care plan but were not always involved in their care plan reviews. One person said, "I know what a care plan is and used to regularly see it but I haven't now for some time." A second person told us, "I have never seen my care plan but I am aware that they exist." The registered manager told us that people were involved in care plan process and had signed to acknowledge this.

The failure to ensure people received person-centred care and were offered a range of activities relevant to their needs and preferences was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

- Care plans gave guidance to staff regarding the support people required. Staff were aware of people's needs in areas including personal care, mobility, skin care and nutrition. They were aware of people's personalities and how people liked to be approached.
- Visitors were made to feel welcome and there were no restrictions on when people were able to receive guests. One relative told us, "The staff are never anything but welcoming. I spend a lot of time here and they always involve me."

Meeting people's communication needs

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

- People had communication care plans which highlighted the support they required to communicate and how staff should present information to them. Plans took into account people's sensory needs such as hearing and sight loss and the support they required in these areas. One person told us, "I am registered blind and also have a hearing loss, staff help me with this, for example I found the chair I liked sitting in the lounge wasn't very good for light so I asked the staff to move it which they happily did."
- Where people required information to be shared with their families, records contained contact details and information regarding the circumstances they wished to be contacted in. One relative told us, "They're very good at letting us know anything."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise any concerns and felt confident they would be acted upon. One person told us, "If I have a concern I am happy to go to the manager with a problem and she will address it." Information regarding how to make a complaint was displayed and discussed at each residents and relatives meeting.
- The registered manager maintained a complaints log which showed that complaints had been responded to in line with the providers policy.
- A compliments file was also kept which included a number of compliments and thank you cards from people and their relatives. One person had written, 'Thank you for arranging the special birthday tea party in my honour, together with birthday cake. It was very nice to celebrate with my friends and staff here, you are all so kind to me'.

End of life care and support

- People and their relatives told us their wishes when at the end of their life had been discussed with them. One person told us, "I have spoken to the priest who visits here and to the deputy manager." One relative told us, "Mum's end of life needs were discussed with her when she moved here."
- People's care records contained information regarding their end of life care support. This included basic details such as where they wished to be cared for and who they would like to be informed. We discussed ways in which people's plans could be completed in a more personalised manner.
- The service had developed good links with the local hospice and district nursing team who provided support to people at this time.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had failed to ensure that staff practice put people at the centre of the service. The routines which had been established such as getting people up early in the morning and one person being locked in their room for much of the day did not demonstrate a person-centred and empowering service. Registered manager audits, quality assurance audits and provider visits had not identified these issues.
- The providers website stated, 'Staff are committed to delivering care tailored to the individual needs and preferences of each resident'. We found that although staff were caring in their individual interactions with people these values were not embedded within the service.
- The provider and registered manager had not identified concerns regarding the lack of personalised activities and stimulation for people who spent most of time in their rooms received. This meant the risk of people becoming socially isolated had not been identified and acted upon.
- Records were not always clearly written making them difficult to read. Where people's needs had changed significantly updates were completed on the back of the care plan rather than the care plan itself being refreshed. This meant there was a risk staff would miss important information. Daily notes were not consistently written making it difficult to know how people had spent their day, what time they had got up, gone to bed and how they were feeling. They were completed in a task orientated manner rather than reflecting the person.
- People were invited to attend residents and relatives meetings. However, people told us they were not involved in service development and did not see the resident's meetings as an opportunity to influence the running of the service. One person told us, "When the staff have something they want to tell us they call us all together, its more what they want to tell us than if we have anything to say." Another person said, "I don't go anymore because they don't listen."

The lack of effective management oversight of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not notified CQC of all significant events that had happened in the service. Services that provide health and social care to people are required to inform the CQC of important events. As reported, we identified safeguarding concerns during the inspection which the provider had failed to notify us of. This meant we were unable to effectively monitor the service provided.

Failing to submit statutory notifications was a breach of Regulation 18 of the of the Care Quality Commission (Registration) Regulations 2009.

- People and their relatives told us the registered manager and deputy manager were often around and were friendly and approachable. One relative told us, "(Registered manager) was very helpful during very stressful time when Dad moved in. (Deputy manager) is worth her weight in gold. She takes a personal interest."
- Audits in relation to the premises, health and safety, medicines and infection control were completed regularly and any actions identified were promptly addressed.

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

- The manager understood their responsibilities in relation to duty of candour. Where concerns had been raised or accidents or incidents occurred, apologies were provided to people and their relatives.
- Following an incident where a person had sustained an injury following a fall a letter of apology had been sent to the person and their family apologising for the incident. The letter invited the persons relatives to meet with the registered manager to discuss the incident and how they have learnt from it and what may change as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Surveys were sent to people and their families annually to gain their views on the service provided. The results were, overall, positive. The registered manager told us the results were discussed as part of the audit process and contributed to the action plan.
- Staff told us they had regular staff meetings and felt supported in their role. One staff member told us, "It's a very good team. We watch each other and help each other out. Both of the managers are very good."
- The service had developed positive working relationships with other professionals which meant advice and support could be accessed as required. Links had also been developed with local churches. The registered manager told us they were also in contact with a local school who brought the children to visit periodically.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people received person-centred care and were offered a range of activities relevant to their needs and preferences</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider failed to ensure that people's dignity and preferences were respected at all times</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure the principles of the Mental Capacity Act 2005 were followed in order to protect people's legal rights</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure that systems and processes were effective in safeguarding people from the risk of abuse</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to ensure effective management oversight of the service

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure sufficient staff were deployed to meet people's needs

The provider failed to ensure staff training was effective and their competence assessed