Neil Tucker

Welcome Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Welcome Home is registered with CQC to provide two services: A residential care home and a community based domiciliary care agency which delivers personal care to people in their own homes.

The care home provides accommodation, care and support to up to five adults with a learning disability. Five people were living in the service at the time of our inspection. People had complex care needs, including learning disabilities, autism and physical health needs such as epilepsy and diabetes. People had limited verbal communication so were unable to speak directly to us.

The care agency was providing personal care to approximately 41 people at the time of our inspection. The care agency is run from an office within the grounds of the care home with a separate staffing group. The provider also provided care and support through the care agency to four people with a learning disability living in a 'supported living' setting in one property, so that they can live as independently as possible in their own home.

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

People's experience of using this service:
Risks relating to individual people were not assessed and recorded appropriately, incorporating their personal circumstances, to make sure measures were in place to protect them from harm.

A robust process was not used when recruiting new staff to the services to make sure only suitable staff were employed to provide care and support to people who may be vulnerable.

People living in the care home were not supported by staff who had the up to date training they needed to meet people's particular needs. Staff in the care home and the care agency did not receive practical moving and handling training to make sure they were competent to assist people with poor mobility to move safely.

The basic principles of the Mental Capacity Act 2005 had not been followed to make sure the rights of people living in the care home were upheld. DoLS authorisations had not been reviewed to make sure conditions were met. A mechanism to review authorisations was not in place to make sure new applications had been made when necessary.

The management and leadership of the services continued to need improvement to make sure people were provided with a safe and good quality service.

Peoples and relatives views had not been consistently sought to use their feedback to make improvements to the whole service. We have made a recommendation about this.

Although people living in the care home accessed the community and followed activities they enjoyed, records were not available to show if new activities had been tried, to widen people's interests and social interaction. We have made a recommendation about this.

People were supported to access health care when needed to support their health and well-being. Staff helped people living in the care home to maintain a healthy and well-balanced diet. People living in their own homes were supported by care agency staff with their meal preparation if they needed this.

Staff across both services knew people well and supported them with dignity and respect. People were encouraged to be involved in making decisions about their care using their own communication methods when they were not able to converse verbally.

People using the care agency thought the service was managed well. Staff spoke highly of the registered manager, describing them as approachable and supportive, which helped them to do their job.

Rating at last inspection:
Requires improvement (Report published 10 May 2018). This is the fifth time this service has been rated requires improvement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well Led to at least good. We found the provider had undertaken some of the actions in their action plan but had not made enough improvements to achieve the rating of Good.

Why we inspected:
This was a planned inspection based on the previous rating.

Enforcement:
Please see the 'action we have told the provider to take' section towards the end of this report.

Follow up:
We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Requires Improvement overall with one domain rated as Inadequate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led Details are in our Well-Led findings below.	**Inadequate**

Welcome Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was carried out by two inspectors and an expert by experience. The expert by experience made telephone calls to people using the care agency to ask for their feedback of the service they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, older people and care at home services.

Service and service type:
Welcome Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Welcome Home is also a domiciliary care agency. It provides personal care to older people and younger people with care needs living in their own houses and flats. Not everyone using the Welcome Home care agency receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

Both these services were looked at during this inspection and we have reported on both areas of regulated activity within this report. We have reported on the services provided by the care home and the care agency separately under the evidence sections of the report where there were differences in the quality and safety of care. Where the evidence we found related to both services we combined the reporting.

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:
We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:
We reviewed information we had received about the service since the last inspection in March 2018. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. This information helps support our inspections. Due to technical problems, the provider was not able to complete a provider information return. This is information providers must send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection we looked at the following:
Six people's care records including their medicines records.
A selection of the provider's records including, records of accidents, incidents and complaints, monitoring and audit records. We also looked at four staff recruitment files, staff supervision records, staff training records and staffing rotas.
We checked the care home environment, including the communal areas, bathrooms and people's bedrooms.
We observed how staff interacted with people living in the care home as they did not communicate verbally and had different ways of communicating.
We spoke with eight people who used the care agency to hear their views of the care and support they received. We used this feedback to inform our report. We spoke with the registered manager, the deputy manager, the care agency manager and four care staff to incorporate their views.

After the inspection the registered manager sent us additional information we requested in a timely manner.

Requires Improvement

Is the service safe?

Our findings

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

RI: 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.

At our last inspection, in March 2018, we rated the service as requires improvement in safe. We found a breach of Regulation 12 in both services, in relation to the assessment and management of risk. In addition, care visits were not coordinated which meant people were not always getting their visits as planned from the care agency. At this inspection we found that although some improvements had been made to the assessment of risk, further improvement was needed around the accuracy of people's records. Improvements had been made to staff deployment by the care agency.

Assessing risk, safety monitoring and management

- Risk assessments did not address identified risks to people, nor provide plans to mitigate the risk. Risk assessments were confusing as they covered many areas within one assessment, so it was not clear which area of risk the management plans were referring to.
- For example, some people had seizures. An individual risk assessment had not been carried out to identify what the risks were for each person, for instance when they were swimming or having a shower. An individual care plan was in place that gave guidance to staff about what they should do if a seizure lasted more than a certain number of minutes. However, a risk assessment would make sure management plans were in place to prevent harm in areas of risk.
- Some people needed a bed rail fitted to prevent them falling out of bed, or a lap belt on their wheelchair to keep them safe. Individual risk assessments had not been completed to make sure people were kept safe from the hazards associated, such as trapping limbs in bed rails or fastening a lap belt too tight.
- Some people occasionally had behaviour that challenged others and this was described in their care plan. However, care plans in place did not identify known triggers that may cause people to challenge. Nor did they describe what the behaviour may be communicating to staff. Positive behaviour plans were not in place to make sure people were provided with the same consistent support from staff to reduce risks.
- Risk assessments for people using the care agency were generic rather than a reflection of people's individual needs. Moving and handling risk assessments were in place for two people who had very different medical conditions but the risk assessments for both people were the same. They included limited information about the measures in place to control the risks associated with helping them to move around, recording only that staff were trained.
- Staff in the care home and the care agency knew people very well and could describe how they provided care and support for each individual, describing their medical needs and the associated risks. Staff knowledge mitigated the risks of the incomplete records. However, new staff may not follow the correct procedures to keep people safe as risk assessment records were lacking individual detail.

The failure to ensure records accurately reflect the risks to people to provide care that is safe is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People receiving assistance with their personal care from the care agency told us they felt safe. One person said, "They are very capable and that makes me feel safe." A relative told us, "The care workers seem confident which makes the family feel confident."
● Environmental risks inside and outside of people's homes had been assessed to protect people and care agency staff when care was being provided.
● Staff supporting people living in the care home carried an 'emergency pack' with them when they went out with people. These gave details of who to contact in an emergency, people's communication needs, or the medicines people may need to take when out of the service. For example, if they had a seizure.
● Fire drills had been carried out with both the day staff and the night staff in the care home to make sure staff understood the procedure to safely evacuate people from the premises.

Staffing and recruitment
● Robust recruitment procedures had not been followed to make sure only suitable staff were employed to care for people living in the Welcome Home care home and using the care agency services.
● The registered manager had not requested applicants provide appropriate previous employer details. References were not always provided by the applicant's previous employers and character references used instead. This meant that the registered manager could not be assured of a new employee's employment history. Identity checks were not thorough as they did not include checks on the person's address.
● Disclosure and Barring service (DBS) checks had not always been appropriately completed. DBS checks help prevent unsuitable staff from working with people who could be vulnerable. The provider did not have procedures in place to consider when or if staff were required to update their DBS checks after they were employed by them for a period of time. Some staff had been in post for a number of years. One staff member had not had an updated DBS check since 2009 and another staff member since 2010. The provider had not considered if this provided the assurance that staff continued to be suitable to provide personal care to people.
● The provider was not following best practice with regards to the transferability of DBS checks from one employer to another. One staff member's recruitment file had a note saying their DBS had been seen and checked on the date of the person's interview. This suggested the registered manager had not applied for a new and up to date DBS check but had relied on a previous check. The staff member did not subscribe to automatic updates with the DBS. We were told that if a DBS from a previous employment was less than one year old, this was accepted. However, staff who managed the recruitment records could not tell us if the person's DBS was from their previous employment, what date the DBS check had been completed, or if it was at the same enhanced level as required at Welcome Home.
● Accepting previous DBS checks for new employees was not included in the providers recruitment and selection policy.

The failure to ensure robust recruitment procedures are in place is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were enough staff to support people safely in the care home. Staffing was arranged flexibly so that people were provided with one to one support when this was needed. For example, when people wanted to go out.
● Sufficient staff were employed in the care agency to provide the care people had been assessed as needing. People told us staff did not miss their care visits, although many people we spoke with said staff often turned up late. This meant people were kept waiting to receive their care. This is an area that needs improvement.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. Staff had completed safeguarding adults training and kept this updated to stay up to date with changes in legislation. The staff we spoke with were knowledgeable and confident.
● Staff told us the registered manager and all office staff were approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise concerns if necessary.
● When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Using medicines safely
● Medicines were managed in a safe way in the care home and the care agency. People received their medicine on time and as prescribed. Staff in the care home checked the medicines twice a week to make sure the numbers left in stock tallied with the medicine administration records to make sure no mistakes had been made and people had received their medicines correctly.
● Medicine was ordered, stored and disposed of safely. Medicines administration records were complete with no gaps or errors in recording.
● There was information for staff about people's medicine such as why the medicine had been prescribed and how people liked to take their medicine.
● Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.

Preventing and controlling infection
● Staff had training to make sure they understood the precautions they should take to prevent the spread of infection.
● The provider made sure enough personal protective equipment was available for staff to use, such as disposable gloves and aprons.

Learning lessons when things go wrong
● There had been no accidents or incidents since the last inspection. Staff told us how they would report and record any incidents. These would be recorded on the provider's electronic recording system and followed up by the registered manager.

Requires Improvement

Is the service effective?

Our findings

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection, in March 2018, we rated the service as requires improvement in effective. We found a breach of Regulation 18 in both services. This was in relation to the support and supervision of staff and the training in place to make sure they had the skills needed to provide the care and support people needed. We also made a recommendation about how decisions were made in people's best interests in the care home. At this inspection we found although improvements had been made to staff supervision, staff training was still a concern. In the care home we found improvements had not been made to how decisions were made in people's best interests and further improvement was needed.

Staff support: induction, training, skills and experience

- Staff had not received the training necessary to ensure they had the skills and up to date knowledge to support people with their assessed care needs in the care home.
- No staff had up to date epilepsy training. The last time any staff had undertaken epilepsy training had been in 2016. The training was completed online and only valid for one year. Six staff had not completed the training at all. At least two people living in the service had epileptic seizures.
- Diabetes training was completed online and only valid for one year. The training for six staff was out of date and nine staff had not completed the training at all. One person living in the service had insulin dependent diabetes.
- One member of staff had not completed medicines administration training since September 2017, which was completed online and only valid for one year. The member of staff was responsible for giving people their medicines.
- Five further staff who were responsible for administering medicines had not had their competency checked since June 2017.
- One person had a percutaneous endoscopic gastrostomy tube (PEG) in place. A PEG is where a tube is passed into a person's stomach through the abdominal wall, usually to provide a means of feeding when they are unable to take adequate nutrition orally. The person was able to eat food but the PEG was still in place and needed to be flushed with fluid regularly. Staff also administered soluble painkillers through the PEG tube.
- Only three staff had training by a specially trained trainer to care for the person's PEG tube. This training had been completed in March 2017 and no update had been provided so the provider could not be assured that they had the necessary skills and knowledge to perform this task. No other staff had completed the specialist training even though they were flushing the PEG each evening.
- No staff in either the care home or the care agency had completed a practical moving and handling training course or had their practical skills tested. Staff only had online training available to them. This meant they had not had their competence checked following training to make sure they were able to use

the correct techniques to keep people and themselves safe.

The failure to ensure staff receive the appropriate training to meet people's assessed needs is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff working in the care agency had completed the appropriate training courses and had regularly updated them to keep their skills up to date.
● People who were supported with their personal care by staff from the care agency told us staff knew what they were doing and were competent. One person said, "They help me efficiently, are very good at their jobs, and are obviously trained" and another person commented, "The carers help me in a nice way, and they seem well trained and professional."
● Staff working at both services told us they had the opportunity to shadow more experienced staff for a period of time when they were newly employed so they could get to know people and familiarise themselves with the service.
● Staff working at both services had received one to one supervision. All staff had met with the registered manager, or senior member of the team, at least once this year to discuss their performance, receive feedback and plan their personal development. This part of the breach of regulation was met.

Ensuring consent to care and treatment in line with law and guidance
● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● People can only be deprived of their liberty to receive care and treatment 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.
Care home
● The registered manager was unclear how many people had a DoLS authorisation in place. They told us there were two and they were awaiting decisions on the other three. When we looked at the records we found there was a DoLS authorisation in place for only one person. The other person's DoLS authorisation had expired in November 2018 as it had only been authorised for a six-month period. This meant the DoLS authorisations had not been kept under review.
● The DoLS authorisation that was in place for one person had conditions attached by the supervisory authority. These were in relation to, the managing authority (the service) ensuring mental capacity assessments were completed within two weeks of the authorisation being given, regarding the use of a lap belt and the activities the person took part in. We checked and found these conditions had not been complied with. We asked the registered manager about this who was unaware conditions had been attached to the DoLS authorisation.
● A lack of understanding was shown in relation to the MCA and the responsibilities of the registered manager and staff in making sure people's capacity to make specific decisions was assessed appropriately. Capacity assessments were in place for 'choices' or 'complaints', which were general and not decision specific.
● Although capacity assessments had been signed as reviewed, no changes had been made, as recommended at the last inspection. This meant they were not fit for the purpose they were intended, to protect people's basic rights.

● Some people used a lap belt on their wheelchair when they were out in the community. However, there was no evidence that a less restrictive option had been considered. A capacity assessment had not been carried out to ascertain if people had the capacity to make this decision and consent to the use of a lap belt, if it was considered the only option. There was no evidence of a best interests decision making process to make sure a lap belt was the best solution for each individual.

The failure to ensure people's rights were upheld under the basic principles of the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Where complex health decisions needed to be made, relevant healthcare professionals had met with relatives and staff to ensure decisions were made in people's best interests. For example, where a surgical procedure had been advised.
● People were supported to make some everyday choices where staff knew how to encourage this. For example, one person's care plan described how staff should hold up two breakfast options to choose from. It then goes on to say, 'I will touch or reach for the one I want'.
● People receiving personal care in their own homes by the care agency told us they either made their own decisions or had relatives who supported them to do so. Information was included in people's care plans if the assistance of relatives was needed when decisions were being made.

Adapting service, design, decoration to meet people's needs
● There were areas of the care home that required improvements to the premises. The flooring in one person's en-suite bathroom was very stained and unsightly and the laundry room had unsuitable flooring. The registered manager told us they had purchased the flooring and was awaiting a date from a contractor to fit it.
● An armchair in the communal lounge was split in the sitting cushion area and uncomfortable to sit on as it had lost its support. We asked the registered manager about this and they told us they would replace it straight away.
● We asked the registered manager to inform us when these improvements had been completed. The registered manager confirmed after the inspection the new flooring and new sofa and chairs were now in place.
● The service was in a bungalow, so all rooms were accessible on one level. There was space for people to move around.
● Each person had their own bedroom and en-suite bathroom where they could have private space if they preferred to spend time away from the communal lounge area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had been living in the care home for many years and although they had an initial assessment of their needs before moving in, this had been reviewed. Care plans had been developed following the initial assessment and ongoing reassessment.
● People were not able to be involved in their care plan verbally. Care plans had been developed based on staff's observations of people's body language and their reaction to situations, using their own communication methods. Staff had built this knowledge of people over many years living in the service to enable the development of their care plans.
● People's care needs had been assessed in relation to, for example, personal care, medicines administration, communication, eating and drinking and activities.
● People's care and support needs had been assessed before receiving a personal care service from Welcome Home care agency.
● Assessments were used to develop each person's individual care plans and meant the registered manager

could make decisions about the staff skills needed to support people.
● They included making sure that support was planned for people's diverse needs, such as if they had religious and cultural needs that needed to be taken account of when care was being provided in their home.

Supporting people to eat and drink enough to maintain a balanced diet
● People living in the care home were supported to maintain a healthy diet while at the same time eating the foods they liked.
● People's likes and dislikes around food were detailed in their care plan with photographs of the items to aid their understanding. For example, one person's care plan said they would usually choose a breakfast cereal for breakfast and they liked to have it with warm milk and sometimes they liked to have two slices of cheese on toast.
● Menus were available and were in picture format to help some people's understanding. Staff told us menus were based on what they knew people liked and their favourite foods. If people did not eat what staff had cooked, staff told us they always made something different for the person to try instead.
● Care plans were clear if people needed staff to assist them to eat their meal or if they could do this with little assistance. Some people needed staff to sit with them throughout their meal to encourage them to eat or to keep them safe from choking.
● Many people receiving care in their own homes by the care agency did not need support with their meals or to plan a healthy and nutritious diet. Some people made their own meals, or family members did this. Some people used other agencies to deliver meals to their home.
● Those people who did need staff assistance chose what food they wanted from their own store of food.
● Care plans guided staff about people's needs, such as if they needed a jug of drink or snacks left within reach before they left the visit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People living in the care home had access to the advice and guidance they needed to meet their healthcare needs. Staff knew people well, so although people may not always be able to communicate if they were feeling unwell, staff were able to recognise signs.
● Staff made sure people had regular appointments and reviews, so they could maintain their health. People saw dentists, chiropodists and opticians regularly as well as annual health checks with the GP.
● Many people using the care agency either arranged their own healthcare or their family members did this. Where people needed assistance to make healthcare appointments or seek help, staff were responsive.
● Staff contacted the office staff if they had concerns about a person's health. Staff told us the office staff were quick to respond. One person's health condition had worsened. Office staff spent a considerable amount of time trying to get the person the right help and more appropriate equipment to enable them to remain in their own home.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
● Staff supporting people living in the care home knew people very well. They told us about people, their family connections, their likes and dislikes and their individual communication methods.
● Staff were chatting with people, sitting close to them and encouraging them to take part. Some people liked to sit on the floor. Staff sat down on the floor with them to be able to engage more easily.
● People were supported and encouraged to stay in close contact with their loved ones. Some relatives visited people regularly and staff supported other people to visit their relatives at their home.
● Relatives were encouraged to ring if they wanted to find out what their loved ones had been doing and staff made regular contact to keep them up to date, such as concerns about health or well-being.
● All the people we spoke with who used the care agency to provide their care and support told us they found the staff caring and friendly. The comments we received included, "They are all very kind, they bring a little bit of life into my life" and, "Care staff treat me in a way which I value and appreciate."
● The care agency office staff knew people well and were able to describe people's care needs and speak with confidence about their personal lives, such as who they lived with and who their closest family members were. They spoke with caring and passion about helping people to access the health and support services they needed.

Supporting people to express their views and be involved in making decisions about their care
● People living in the care home were not able to be verbally involved in their care and voicing their preferences. However, staff knew people well and had sought the views of others who knew them. For example, relatives, other staff and health and social care professionals. This was clearly recorded in people's care plans.
● People using the care agency to provide their personal care told us they were fully involved in decisions about how their care was provided. One person said, "The staff encouraged me to give my views and opinions on how I wanted my care provided" and another person told us, "I tell them what I want and that is ok. I make decisions all the time."

Respecting and promoting people's privacy, dignity and independence
● The care plans of people living in the care home guided staff to always respect their privacy and dignity when providing their personal care. People were treated with respect by staff, asking their permission before providing assistance with drinks or to ask if they wished to go outside.
● Some people had goals to work towards achieving. One person made their own drinks with support and was able to assist with food preparation and making a packed lunch if they were going out. Another person was working towards putting their laundry in their laundry basket.
● Staff described how they supported people to do as much as they could for themselves to maintain the

skills they had.

● People receiving care and support from the care agency said that staff were good at maintaining their privacy and dignity within their home. The comments we received included, "I am offered the choice to wash myself as much as I can, which is good for my independence and dignity" and "The carers manage to make sure I am never exposed when I am going to and from the shower and that really helps."

● Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

Requires Improvement

Is the service responsive?

Our findings

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

RI:□People's needs were not always met. Regulations may or may not have been met.

At our last inspection, in March 2018, we rated the service as requires improvement in responsive. Both services needed improvement in relation to the reviewing and updating of peoples care needs and care plans. At this inspection, we found that care plans were now being reviewed regularly.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had their own car, through a scheme to assist people who were eligible, with mobility needs. This helped them to get out and about with staff support. People took part in various activities outside of the service, including visiting a hydro therapy pool, going to the local library, attending an activity club, shopping, going out for lunch or walks.
- People were supported by staff to do the things they liked to do in the service. Staff told us about what each person liked to do, such as using sensory items, looking at magazines or watching DVD's.
- Although people clearly liked to do these things, there was no evidence, and staff could not tell us, about new things that had been tried to increase people's choices. People had been taking part in the same activities for many years with little change.

We recommend the provider and registered manager seek guidance from a reputable source regarding a person centred approach to meaningful activity.

- The care plans for people living in the care home were easy to read, with a person centred approach, focusing on the individual, their specific needs and how they liked things.
- A detailed description of people's usual morning and evening routines was described to make sure they received their support they way they liked it.
- People living in the service had limited verbal communication. Care plans clearly detailed people's individual communication methods, such as some sounds, basic sign language or body language. One person hummed if they were happy and shook their head or made loud noises if they were not happy or were frustrated.
- People's care plans were comprehensive, covering all areas of their life to make sure they received the support they needed, including their sexual, religious and cultural needs. Although no one living in the service had been brought up to practice a particular religion, most people's families identified them as Christian.
- A person centre approach was used when developing and reviewing care plans with people living in their own homes and using the care agency to provide their care and support. Apart from detailing people's personal care needs, information included what was important to people, such as their loved ones and their religious and cultural needs. The people and relatives we spoke with told us they were fully involved in developing the care plans and all ongoing reviews.

Improving care quality in response to complaints or concerns

● No complaints had been received by the registered manager regarding the care home.

● Some concerns had been raised in relation to the care agency. These were by telephone or during care plan reviews. The registered manager and staff had dealt with these straight away.

● One person said they did not want a particular member of staff to provide their care and support any longer as they felt they did not get on together. The staff member's rota was changed straightaway and they no longer supported the person. The registered manager met with the staff member to speak to them about how their approach may be interpreted by people.

● People confirmed their concerns had been acted on when they had raised an issue. One person told us, "I have not complained as such, but we have made concerns known and they are acted on" and another person said, "Yes, I feel comfortable to complain, I will call the office if I must and they are always ready to help with any concerns you've got."

End of life care and support

● Although no people were receiving end of life care, the registered manager had completed care plans to make sure that decisions that had been agreed in people's best interests and were understood by staff.

Inadequate

Is the service well-led?

Our findings

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

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At our last inspection, in March 2018, we rated the service as requires improvement in well led. We found a breach of Regulation 17 in both services in relation to accurate record keeping, the effective management of the care agency and limited quality monitoring processes. At this inspection, although some improvements had been started, these could not yet be assessed for their ongoing compliance and many areas still needed to improve.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems for identifying, capturing and managing risks and issues were ineffective. This had resulted in continuous breaches of regulation with regards to managing risk, consent and staff training.
- The provider had not ensured the staff team had the necessary skills and knowledge to respond to people's changing needs.
- Peoples rights within the principles of the Mental Capacity Act 2005 were not understood to ensure they were consistently met.
- Required recruitment checks on staff had not been undertaken. This meant that there was a risk of unsuitable staff being recruited to support people as a result.
- The culture of the service was one of being reactive to concerns rather than looking ahead and addressing issues before they become more serious concerns.
- There were widespread and significant shortfalls in the way the service was led. Management arrangements were not sufficient to make sure the service provided safe and effective care that was responsive to people's needs. The provider and registered manager had not been able to achieve a Good rating over five CQC inspections.
- Changes to quality monitoring and auditing checks were not effective, nor had they been put in place in a timely fashion.
- The registered manager had commenced weekly checks of the care plans but these had not been maintained. Only one or two checks of each care plan had been completed and three out of the five care plans had not been looked at since 3 March 2019.
- Care home monthly audits such as, health and safety, infection control, fire safety, laundry and kitchen had commenced but sufficient time had not passed to ensure they had been embedded to show consistency. We could not check if the registered manager could sustain the process.
- Weekly audits to check the quality and accuracy of the care agency records had not been sustained. The first audit was undertaken in December 2018. Following this, no further audits had taken place until 25 April 2019. Therefore, areas for improvement had not been identified or addressed.

● There was inconsistency in record keeping. Some records were not easily accessible which meant staff may not always have easy access to the most up to date information. There were differences found between paper and electronic records with regards to people's care and treatment.
● For example, information about the arrangements for one person's health care needs did not correspond, as out-dated information was documented in one record, which meant that new staff may use the wrong information.
● Although the provider's action plan confirmed they would carry out three monthly audits of both services, this had not been sustained. In the 12 months since the last inspection, only two audits had been carried out by the provider in the care home, one in September 2018 and the other in January 2019.
● Only two quality audits had been undertaken by the provider in the care agency, in October 2018 and April 2019.
● Provider audits did not include medicines, to ensure an oversight of quality and safety.
● The provider found areas that needed improvement during the completed audits, however, an action plan was not in place to show what action needed to be taken, who was responsible and when the improvements should be made by. As a result, it was not clear if any action had been taken to make improvements to the quality and safety of the service.
● The registered manager had not informed CQC of all significant events that happened within the service, as required by law. They had not notified us that people had a DoLS authorisation in place
● People living in the care home were not able to provide feedback about the service provided.
● The provider had not sought feedback from the relatives, friends or other stakeholders of people living in the care home to gain their views of the service provided.
● People using the care agency were asked their views of the service during their care plan reviews. Comments were recorded on the review sheet in their care plan and any areas of concern were dealt with by the staff member conducting the review. However, people's views were not collected and analysed by the registered manager to check if there were any themes across the service that could be improved, such as late arrival at visits or staff competency.

The failure to ensure effective processes were in place to monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the service.
● The registered manager had made improvements to staff support since the last inspection. They held regular staff meetings in the care home where they updated staff, for example to feed back on the local authority commissioner compliance visit and planned changes to improve practice.
● Staff meetings were not held for care agency staff. The registered manager told us it was difficult to gather the care agency staff together for a meeting due to their shift patterns in the community. They were looking at using technology to try to resolve this, such as online meetings. This is an area that needs improvement.
● Care agency office staff told us they had a catch up meeting most mornings to discuss plans for the day.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
● People using the care agency to provide their personal care told us they were happy with the service provided and thought it was well managed. The comments we received included, "It is a really good service, I am impressed"; "They ring me up and ask if my care is ok" and "The service is pretty good on the whole; I

don't think they could do any better." This was an improvement since the last inspection when feedback from people about how the care agency service was managed was mainly negative.

● A registered manager was in post and knew what was going on in the services. They were passionate about providing a person-centred service to people in both the care home and the care agency. However, they struggled to keep up with the amount of work they had to do to achieve this. The registered manager had recently appointed a deputy manager who was new to the service and getting to know their role. The deputy manager had already had an impact by supporting the registered manager to make some improvements.

Working in partnership with others

● The registered manager worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams. However, they did not attend local forums to keep in touch with other managers and providers to share good practice and keep up to date with changes in legislation. This is an area that needs improvement.

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 11 HSCA RA Regulations 2014 Need for consent The provider and registered manager failed to ensure people's rights were upheld under the basic principles of the Mental Capacity Act 2005. Regulation 11(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider and registered manager failed to ensure robust recruitment procedures were in place. Regulation 19(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager failed to ensure staff received the appropriate training to meet people's assessed needs. Regulation 18(2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider and registered manager failed to ensure effective processes were in place to monitor and improve the quality and safety of the service. The provider and registered manager failed to ensure records accurately reflected the risks to people to provide care that is safe. Regulation 17(1)(2)

The enforcement action we took:

We served a warning notice requiring the provider and registered manager to take action to meet regulation 17 by 31 October 2019.