

Four Seasons (No 10) Limited

# Summerdale Court Care Home

## Inspection report

73 Butchers Road  
London  
E16 1PH

Tel: 02075402200  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit:  
10 May 2018  
11 May 2018  
15 May 2018

Date of publication:  
09 July 2018

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 10, 11 and 15 May 2018. The first day of the inspection was unannounced. The service was last inspected in September 2017 when we identified breaches of regulations about safe care and treatment, and good governance. The service had addressed our concerns about safe care and treatment. However, new concerns arose regarding staffing, recruitment and our concerns regarding governance remain.

Following the last inspection we met with the provider and asked them to complete an action plan to show what they would do by when to improve the service to bring them out of special measures and address our concerns about the rating of well-led. Although there had been significant progress in some areas, further improvements are needed to improve the overall rating to 'good'.

Summerdale Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Summerdale Court can accommodate up to 116 people in a purpose build nursing home. The home is divided into four units across two floors. Two of the units provide nursing care, and two are specialist residential units for people living with dementia. At the time of our inspection 55 people were living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment records had not been appropriately maintained and did not demonstrate safe recruitment practice had been followed. Staff had not received the training and support they needed to perform their roles.

Staff completed a range of audits to monitor the quality of the service. However, these had failed to identify or address issues with staff training, supervision and recruitment. Analysis of serious incidents focussed on the actions of individuals and did not consider organisational solutions and learning. Despite multiple reviews, the style of care plans meant it was not easy to find the most pertinent information.

People told us they felt safe and staff were knowledgeable about safeguarding adults from harm and abuse. Risks faced by people receiving care had been identified with clear measures in place to mitigate risk. People were supported to take medicines and this was managed in a safe way.

People gave us mixed feedback about the staffing levels in the home. Records showed sufficient staff numbers were deployed, but people's feedback reflected there were frequently more senior staff than care workers on duty. People told us this meant they sometimes had to wait for support with care tasks.

The home was clean and free from malodour. The home was accessible to people who lived there. Adaptations had been made to the building, including re-purposing rooms to ensure it met people's needs.

People and their relatives where appropriate were involved in planning their care. Care plans contained details of people's preferences and choices. People's healthcare needs were detailed as well as the support they needed to access healthcare and other services involved in providing their care.

People told us they liked the food and they were offered choices. We saw people were able to have individual meals if they did not like the food on the main menu.

People were offered choices in their day to day life. Where people lacked capacity to consent to their care and treatment staff had completed appropriate capacity assessments and followed best interests' decision making principles in line with the Mental Capacity Act 2005. Where people's support amounted to a deprivation of liberty appropriate applications had been made to the local authority.

People told us, and we saw staff treated people with kindness and compassion. Staff recognised and responded appropriately to people's emotional needs. People's relationships were valued and family members told us they felt welcome in the home. The service had taken steps to ensure they provided a welcoming environment to people who identified as Lesbian, Gay, Bisexual and Transgender.

People were supported to practice their religious faith if they wished to do so. Various representatives of faith groups visited the home regularly.

People told us they felt staff respected and valued them. Staff described how they promoted people's dignity and measures to protect people's dignity were embedded in the home.

Care staff knew people very well and we observed individualised and personalised care being given. Staff had supported people to create multi-sensory life story books which included a high level of personalisation and detail.

The range and quality of activities on offer had significantly improved. A wide variety of group and individual activities were offered tailored to the different needs of people living in the home. As well as traditional group activities such as quizzes and bingo, sensory sessions were in place for people with more complex needs related to dementia. The home had a garden room and had created a bar called 'The Summerdale Arms' where people could play darts and dominoes. In response to feedback from people living in the home, the service had developed links with local primary schools who now visited the home regularly. Care workers took opportunities to engage with people over traditionally passive activities such as watching television. Staff kept clear records of people's support and engagement with activities.

People and relatives told us they knew how to make complaints and where they had done so were happy with their resolution. Records showed complaints were responded to in line with the provider's policy.

People and relatives told us they were confident the home would provide them with compassionate care at the end of their lives. Where people were approaching the end of their life they had appropriate plans in place. The home had liaised with relevant healthcare teams to ensure they had all the support they needed in place.

There were regular meetings for people, relatives and staff. People and relatives were involved in consultations about the future of the home.

There had been significant changes to the senior leadership of the provider. Additional resources had been provided to the home. During the inspection where issues were identified further resources were allocated to address our concerns.

We found breaches of three regulations relating to staffing, fit and proper persons employed and good governance. You can see what action we asked the provider to take at the back of the full version of this report.

This is the second consecutive time the service has been rated 'Requires Improvement.' As no key question is rated inadequate the service is no longer in special measures.

## 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. Recruitment had not been completed in a way that ensured staff were suitable to work in a care setting. Feedback about staffing levels was mixed.

Staff were knowledgeable about safeguarding adults from harm and there were processes in place to protect people from abuse.

Risks faced by people were identified with clear measures in place to mitigate them.

People were supported to take their medicines and there were systems in place to ensure this was managed in a safe way.

The home was clean and free from malodour.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff had not received the training and support they needed to perform their roles.

People and their relatives were involved in comprehensive needs assessments which led to personalised care plans.

People told us they liked the food, and were supported to eat and drink in line with their preferences.

Staff worked with other agencies involved with providing support to people.

People were supported to manage their health and access healthcare services when needed.

The service was adapted to meet people's needs, with some rooms changing purpose to increase options for activities for people.

The service was working in line with the principles of the Mental Capacity Act 2005.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring. People had developed positive relationships with staff, who responded to and recognised people's emotional needs.

People were supported to maintain their relationships and felt their relationships were valued and respected. The service had taken steps to ensure they provided a welcoming environment to people who identified as Lesbian, Gay, Bisexual and Transgender.

People were supported to practice their religious faith if they wished.

People felt their dignity was promoted and measures to protect people's dignity had been embedded across the service.

### Is the service responsive?

Good ●

The service was responsive. The service had made significant progress with activities with a wide range of group and individual activities on offer daily. People told us they never felt lonely or bored.

People had personalised life story books which ensured staff had information about people's background and interests.

Care plans were regularly reviewed and updated.

People received appropriate support at the end of their lives.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led. Audits and checks on quality had not identified issues found on inspection with the style of care plan, support and training for staff or recruitment records.

Incident investigations focussed on individual actions and wider implications across the service were not considered.

People and staff told us they thought the home was well managed.

There were regular meetings for people and relatives, and they were involved in making decisions about the future of the service.

The service held regular meetings for staff where information was shared across the home.

There had been significant changes to the provider's leadership team, who were committed to extending and embedding improvements to the home.

---

# Summerdale Court Care Home

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 10, 11 and 15 May 2018. The first day of the inspection was unannounced. The inspection was completed by three inspectors, a specialist advisor with expertise in older adults nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

During the inspection we spoke with twelve people who lived in the home and three relatives. We spoke with 18 members of staff. This included the managing director, regional manager, registered manager, resident experience manager, two nurses, two senior health care assistants, eight health care assistants, an activities coordinator and the chef. We reviewed the care files of nine people who lived in the home including needs and risk assessments, care plans, reviews and medicines records. We reviewed 13 staff files including recruitment, training, and supervision records. We also reviewed various policies, meeting records, incident records and other documents relevant to the management of the service.



# Is the service safe?

## Our findings

We reviewed the recruitment records of five staff who had joined the home since our last inspection in September 2017. Recruitment records were not complete in any of the files and did not demonstrate safe practice in recruiting staff had been followed. In one file there was no record the staff member had been interviewed or assessed as suitable for the role. A second staff member's application showed previous employment in the care industry, but their references were not from that employer. One of their references was undated, and did not state the relationship of the referee to the applicant or their position. This had been signed off by the registered manager. In a third file the interview questions did not correspond with the areas on the score sheet. In a fourth file the scoring and assessment of the candidate's answers had not been completed. In the fifth file one reference was from a colleague and another from a former colleague who now worked for the provider. This meant the provider had not followed a robust process to ensure staff were suitable to work in a care setting as recruitment records were not clear or well maintained.

The above issue is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In response to feedback about the recruitment information contained within files, the registered manager and provider told us an internal audit of recruitment records had taken place since our last inspection and had not identified these issues. A further audit and a "find and fix" approach to staff files was implemented during the inspection.

At our last inspection in September 2017 we found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2012. This was because risk assessments in relation to people who could behave in ways that put themselves or others at risk were not always robust, moving and handling risk assessments were inconsistent and risk assessments in relation to specific health conditions were not always clear. The service had taken action to address these concerns.

People told us they felt safe living at the home, and where they felt their safety was at risk staff took swift action to reassure them. One person said, "I feel very safe here." Another person told us they had been scared by the behaviour of another person living in the home but staff had taken action to ensure they were safe. They said, "I think the staff did very well."

Care plans contained detailed risk assessments regarding risks people faced while living in the home. Risk assessments contained details of the actions staff needed to take to mitigate the risks and had clear information about what changes in people's presentation might mean. Risk assessments were reviewed monthly and updates made if changes had occurred. We saw staff were aware of risk assessments and followed them. For example, one person's records showed they needed to be supported by two staff and a standing hoist during transfers. We saw this process being followed appropriately. Another person's risk assessment stated they should be encouraged to maintain their independence with transfers and we saw staff observing safe transfers.

Where people had specific risks in relation to their healthcare conditions, such as diabetes, epilepsy, swallowing difficulties or risk of pressure wounds there was clear guidance for staff about how to mitigate risks. This included clear information about how to respond if staff noticed any changes. Although we found one set of risk assessments lacked detail, this was discussed with the management team at the home who identified a training need for the staff members working with that person.

Staff were knowledgeable about safeguarding adults from abuse. The staff we spoke with were able to identify the different types of abuse people may be vulnerable to and were confident of the actions they should take. Staff told us they would report any concerns to their line managers and escalate to the local authority or internal whistleblowing hotline. One member of staff told us, "You have to report it to the unit manager or nurse. We have been told about whistleblowing by the manager." Information about reporting abuse and the internal whistleblowing information was on display throughout the home.

Records showed staff appropriately identified incidents and safeguarding alerts and reported them on. Referrals were made to the safeguarding authority and people's care plans and risk assessments were updated in response to incidents. This meant people were protected from avoidable harm and abuse.

People told us staff supported them to take their medicines. One person said, "The staff give me medication when I have needed it." Another person said, "Yes the staff help people with their medicine. They wear a red bib and come round with the medication trolley." Care plans contained details of people's medicines, their purpose and potential side effects as well as information about how people liked to be supported to take their medicines. For example, care plans specified if people preferred to take their medicines from a spoon, in a cup or have them placed in their hands. We observed people being supported to take medicines in line with their recorded preferences. Staff told us, and records confirmed, they completed training and had their competence to administer medicines assessed at least annually.

Records were clearly maintained and showed people were supported to take medicines as prescribed. There were clear systems in place for ordering and recording medicines stocks. Unit managers completed regular audits of their own and other units' medicines as part of the home's quality assurance processes. Where these audits identified recording errors, clear actions were taken to address them.

The home administered controlled drugs when this was required. Controlled drugs are medicines which require additional security and record keeping due to their nature. Controlled drugs were appropriately stored and records were completed as required. This meant people were supported to take their medicines as prescribed.

At the last inspection in September 2017 we identified the instructions for staff when people were taking their medicines covertly did not reflect the full range of strategies used by staff. When medicines are given covertly they are hidden in food or drink without the knowledge of the person. Records showed appropriate processes had been completed to ensure the administration of covert medicines was in line with legislation and guidance. However, the information about how to disguise medicines remained unclear, and in one case staff were instructed to crush a capsule which is not possible. The provider submitted an updated medicines plan for this person which contained clear information about how different medicines were covertly administered, including that capsules were administered whole, disguised by a spoon of cereal.

People gave us mixed feedback about staffing levels at the home. Six people we spoke with told us they didn't think there were enough staff. One person explained, "No they don't have enough staff, there are too many chiefs and not enough Indians. They need more staff on the ground. Sometimes you have to wait to go to the toilet because there is not enough staff." Another person said, "No, there is not enough staff for

example at feeding times it is a mad house" However, another person said, "I do find there are sufficient staff."

Staffing levels were calculated using the provider's staffing calculator. Records showed the home was consistently staffed at this level, and frequently more staff than were calculated as needed were deployed. We noted at the last inspection that staff numbers deployed were consistent, but sometimes there were more senior staff on duty than care workers, and this affected people's perception of staff availability. This was found again on this inspection. The registered manager told us all staff of all grades were expected to work in order to meet people's needs, with more senior staff supporting care assistants in the provision of care tasks where required.

The home was clean and free from malodour. A relative told us, "This is the only home I've been to that never smells." There was a clear schedule for cleaning the home and managers completed regular checks to ensure the home was kept clean and hygienic. We saw, and staff confirmed they were provided with appropriate personal protective equipment to ensure people were protected by the prevention and control of infection. There were reminders of good hand hygiene and hand washing technique on display in bathrooms.

Care files and incident records showed that when incidents occurred actions were taken to reduce the risk of recurrence. For example, one person had fallen and their falls, mobility and moving and handling risk assessments had been appropriately updated. Records showed staff would call or write to relatives to inform them of any incidents that occurred involving their family member to ensure they were kept up to date if anything went wrong.

## Is the service effective?

### Our findings

At our last inspection in September 2017 we found improvements regarding staff training and supervision. However, these had not been maintained and at this inspection we found staff were not receiving the training and support they needed to perform their roles.

The registered manager sent us a copy of the training matrix. This showed staff had not completed training as required by the provider. The provider stated the frequency with which training courses should be completed. The training matrix stated staff who administered medicines should complete training every two years. The matrix showed eight out of the 15 staff who had completed this course had last done so more than two years ago. The provider stated staff should complete training in safeguarding adults annually, 47 staff had not completed this training for over a year. The provider stated staff should complete training in infection control annually, 48 staff had not completed this training for over a year. In addition, 36 staff had out of date training in allergy awareness, 19 in basic life support, 30 in equality and diversity, 31 in fire safety, 29 in first aid, 27 in food hygiene, 29 in health and safety, 28 in the Mental Capacity Act 2005 and 33 in moving and handling theory. The matrix stated all these courses should be completed annually. This meant staff had not completed the training required to perform the roles.

Staff told us they received regular supervisions. However, records showed not all staff received supervision in line with the provider's guidance and records were not appropriately maintained and contained conflicting information. The registered manager sent us a supervision matrix, but this had coded group supervisions as one-to-one supervisions which meant the records did not reflect the support staff had received. For example, we saw identical supervision records in the files of three staff, showing a group supervision had taken place. However, in the matrix these were coded as one-to-one meetings. Another staff member had received one observations of their practice, and eight group supervisions. Four of these had been recorded as one-to-one supervisions. One member of staff had no supervisions in their file prior to their probation being extended. This meant there was no record to show they had been informed of, or supported to address deficits in their performance. The registered manager told us there had been conversations with this member of staff but there was no record of these.

The provider had an induction programme for new staff. There was a schedule which included various aspects of their role which staff and their line manager signed to indicate had been completed. The registered manager then signed off inductions to confirm they had been completed. We found the registered manager had signed off one person's induction despite half of the tasks not having been covered. A second induction had been signed off by the registered manager as complete before the date half of the items had been signed as completed by the staff member and their manager. This meant it was not clear staff were receiving appropriate inductions to the service as the records were incomplete and inconsistent.

Records showed issues with staff performance were discussed in one-to-one sessions. However, the records did not demonstrate staff had had issues clearly explained to them with information about what they needed to do to improve their performance documented. For example, one supervision record stated, "Expectations of [staff member] discussed." There was no detail about what these expectations were, or

how this staff member would be able to meet them.

The above issues with training and supervision of staff are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, in September 2017 we were unable to evaluate how the home assessed people's needs before they moved into the home, as there had been no new admissions. At this inspection two people had moved into the home, both of whom had moved in so they could live with family members who were already living there. We reviewed the assessment process and found staff completed comprehensive assessments which clearly captured the views of both the person and their relatives who knew them well. Records showed staff had explored each area where the person needed support and had captured their views and preferences, as well as useful information from their relatives who had been providing support prior to admission to the home. The resulting care plan contained clear information about the nature of choices the person could make, and how to support them to maintain their skills. For example, the plan emphasised that the person could choose their clothing and meals, but would sometimes forget to finish eating. Staff were instructed to sit with the person during mealtimes to remind them to finish.

People told us they liked the meals prepared by the service and they were offered choices. One person said, "The food is excellent especially the breakfast." A second person told us, "The food is very good and well cooked. We have two choices at each meal." People's dietary needs and preferences, as well as the support they needed to eat their meals was recorded in their care plans. Information about specific needs were captured in 'diet notification sheets' which were shared with kitchen staff to ensure they had key information about people's nutritional needs. The information in these forms was brief, and noted religious needs, or whether the person followed a specific diet for health reasons. However, the kitchen staff demonstrated they had a more detailed knowledge of people's dietary needs and preferences than was captured in the forms.

People confirmed that if they did not like the food on the menu, alternatives were prepared. One person explained, "I am very particular with food. I get different food to the others as I don't eat spicy food. They give me choices." We saw people were offered choices and these were respected. The home operated a 'resident of the day' scheme where one person was the focus and we saw this person was prepared a special meal. People were supported to eat in the room of their choosing, either their bedroom, the dining area or lounges. Support was easily available and we saw staff were attentive while supporting people to eat their meals.

People's care plans contained clear information about other agencies involved in providing their care. Where people were receiving ongoing support from external agencies this was clearly captured within their care files. Advice and guidance was recorded in a "professional's visit log" within their files and where appropriate, care plans were updated to ensure the professional guidance was available to staff. Records showed care assistants would report and escalate changes or concerns and unit managers would make appropriate referrals to other agencies. This meant the service was working with other organisations to ensure people received effective care and support.

At the last inspection in September 2017 we were concerned that information about how to support people with monitoring their health conditions was not always clear. This had been resolved and people's care files were now consistent across the service with clear information about the support they needed to monitor and maintain their health. Records showed concerns about people's presentation were appropriately escalated to healthcare professionals whose advice was incorporated into the care plan. The home had an effective working relationship with their GP who visited the home twice a week. People were supported to

attend external healthcare appointments, and feedback and advice from these appointments was captured in reviews and updates to care plans.

Due to low levels of occupancy at the time of inspection the home was consulting with people, relatives and staff about closing one of the units and moving people to different rooms. There had been meetings with people and their family members to discuss this. Part of the reason for closing the unit was that it would allow for a full redecoration and refurbishment of the unit, that would be very disruptive if attempted while people were living there. There were detailed plans in place to ensure a smooth transition for people. This included documenting how their current bedrooms were set up so this could be exactly re-created in their new bedrooms. In addition staff had been given guidance on how to monitor people who cannot communicate using language for distressed reactions to change.

The provider had ensured the home had the facilities to meet people's needs, and had re-decorated bathrooms and shared areas to ensure they were suitable for people's needs. For example, one of the shared lounges was under-used and had been converted into a cinema room which was now used daily. They had re-created a bar with a darts board which was used by people to play darts and dominoes as if they were in a pub. A third room had been converted into a garden room, with imitation grass flooring and pet birds. We saw this room being used for a relaxation session by people.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Each care file contained a specific section regarding people's capacity to make decisions. This contained information about the nature of decisions people found more challenging to make, and what support was in place to support them with decision-making. If people had legally appointed decision makers this was clearly captured, as was the involvement of advocates. The home completed comprehensive capacity assessments following good practice guidance where there were doubts about people's ability to make a specific decision. Staff we spoke with recognised that people's capacity to make decisions could fluctuate.

Where people lacked capacity to consent to their care and treatment the home had made appropriate applications to the local authority where their care amounted to a deprivation of their liberty. Where people had conditions imposed on their DoLS this was clearly recorded and known by staff. For example, one person had a condition whereby they must be allowed to be visited by a dog as part of the pets as therapy programme. Their care records showed this was taking place.

People told us, and observations confirmed people were offered choices about their care and treatment. People told us they chose their own clothing and we observed this to be the case. This meant the home was working in line with the MCA 2005 and was following guidance in relation to decision making for people who lacked capacity.

# Is the service caring?

## Our findings

We saw positive interactions between staff and people and their relatives. As one relative arrived at the home he was warmly greeted by a care assistant on the ground floor, who he thanked for a piece of work they had completed. The care assistant showed him to the first floor where his family member lived. We saw staff updated him on how his relative was, and there was relaxed, friendly communication focussed on the wellbeing of the person receiving care.

Throughout the inspection we saw staff took time when communicating with people to ensure their emotional needs were met. For example, upon returning from a group activity one person became distressed and was adamant they had not chosen to attend the activity. We had seen them being offered the choice beforehand and setting off to the activity in good spirits. Staff took time to reassure this person, and eventually they revealed a different cause for their distress which staff responded to in a sensitive manner.

People told us the staff were kind and caring in their attitude. One person said, "Oh yes, the staff are kind. They are lovely and we have a good laugh. We have a cuddle every morning." Another person said, "We are like a little family here." A third person told us, "They [staff] are very kind and very understanding. We can have a chat with them when we want. I feel that our relationships are valued and considered important."

We saw relatives visited the home and were given time alone with their family members where they wished. Care plans contained contact details for people's relatives and we saw staff contacted relatives to update them on their family member's wellbeing. Two couples lived in the home and they told us their relationships were supported and valued by staff.

No one who lived in the home had disclosed that they identified as lesbian, gay, bisexual or transgender (LGBT). Staff told us they would respect people's sexual and gender identity. We saw awareness posters on display around the home. Sexuality and gender identity had been discussed in staff meetings and staff had completed awareness training. This meant the home had taken steps to ensure the environment was welcoming and supportive of people disclosing their sexual and gender identity.

Staff told us the steps they took to maintain people's dignity during care. These included ensuring doors and curtains were closed while providing personal care. The measures introduced during the last inspection to protect the dignity of people who could compromise their own dignity had now been embedded. A relative confirmed to us the home supported their relative to maintain their dignity even when their behaviour occasionally compromised it. They told us, "They [staff] respect her privacy and dignity as much as they can. For example, they close the door to do her personal care and ask me to sit outside." A person who lived in the home told us, "Yes I am treated with dignity. I like to sit quietly in the lounge and read the paper." The home had posters about the 'Dignity Dos' on display throughout to remind staff how to promote and protect people's dignity in care.

Representatives of various faith groups visited the home regularly to support people to engage with their faith. People and relatives told us their religious beliefs were respected by staff. One person told us, "A vicar

comes in." Another person told us, "Our religious beliefs are respected. They have a praying space." Staff we spoke with knew who wished to practice their faith, and ensured they were able to do so if they wished. This meant people's choices about how their faith affected their care were respected.



# Is the service responsive?

## Our findings

At our last inspection in September 2017 we found activities lacked structure and purpose, and some people told us they were bored and not engaged by the activities on offer. The home had made significant progress with activities.

The activities coordinator was now supported by a new assistant and the amount of activities provision within the home had increased in both number and scope. Staff offered two group activities per day as well as one-to-one sessions for people who were unable or unwilling to join group sessions. We saw a range of activities were offered to suit people's needs. For example, there were lively bingo and karaoke sessions as well as more gentle sensory sessions for people with more complex needs. Staff were utilising the different spaces available to offer variety in the activities programme. For example, we saw music sessions were taking place in the garden as the weather was warm.

People had said they wanted children to visit the home during residents' meetings. In response, staff had established and developed relationships with local primary schools and now had regular sessions where children visited and shared activities with people living in the home. At Christmas one of the schools had performed a concert for people living in the home. Photos of this event showed residents smiling and enjoying the day. In addition, some people had taken part in the home's nativity play and photos of this event were displayed around the home. The local pets as therapy service visited with a dog who provided therapeutic support for people living in the home.

This inspection took place a week before the Royal Wedding and the home was preparing for a celebration with bunting and pictures of the royal couple on display throughout. One person told us, "We have celebrations here, we celebrate things that happen in our country for example we have the royal wedding next week and at Christmas we had a lovely nativity. I never feel lonely or isolated here. Today I might go to the park. I am just about to do keep fit for an hour this morning." Another person told us, "I can join in activities if I want. I don't feel lonely, isolated or bored"

All staff working across the home viewed supporting people with activities as part of their role. Engaging people in activities was not seen as the sole responsibility of specifically designated activities staff. This had increased the options available to people and this was reflected in the positive feedback received about activities within the home. We saw staff took opportunities to engage people. For example, one person was sitting in a lounge watching a television quiz show. A care worker joined them and they had a conversation about the programme, joining in the quiz together. Staff used an individual chart to record the activities people had attended and evaluated their levels of engagement with the activity.

Staff based on the units had worked with people to complete life story books. These had been completed with great care and attention. They included photographs of people when they were younger and highly detailed information about people's lives. Staff had adopted a multi-sensory approach to the books, and where people had spoken about particular smells or experiences from their pasts these had been included. For example, one person was a former smoker and had described memories about smoking with friends so

staff had included a real cigarette within the book. Another book contained a tea-bag as the person had talked about tea.

Records showed people's care plans were reviewed and updated regularly. When people's needs changed their plans reflected this. Most of the files reviewed contained clear detail about people's support needs and preferences for how they wished to receive support. Where plans were less detailed this was brought to the attention of the management team who took action to ensure the detail was included. We noted that where these plans lacked detail it was often due to them being completed by more senior staff who did not deliver the aspect of care that part of the plan related to.

The format of care plans meant they were large folders, with a dedicated section for each aspect of care. The inspection team all found the folders difficult to navigate and found information about people's background was repeated in each section. This meant that it could be several pages into the section before the relevant detail for that section was found. Each care file took up to two hours to read. This meant staff were unlikely to be given the protected time to read all of the care files before starting work with people. Care workers told us they had read care files over time, rather than in one go. Staff we spoke with were confident in how to navigate the folders and told us they were used to the format. This was demonstrated as they were able to use number references for sections of care plans from memory. It was clear from people's feedback and conversations with staff that care workers knew what people's needs were and how to ensure they were met.

The format of care files meant that multiple sections required updating when people's needs changed. For example, following a fall the person's mobility, moving and handling, falls risk assessment and personal hygiene care plans all required updating. In one file we found reference to nutritional supplements had been included in their skin integrity care plan but not their nutrition and hydration care plan. In another file, although the moving and handling guidance had been updated to reflect a change in need, the person's personal hygiene care plan still described supporting them to transfer in a way they were no longer able to. These issues were addressed during the inspection. Senior managers recognised that the current format of care files increased the risk that files were not read, or consistently updated when people's needs changed.

People told us they knew how to make complaints. One person said, "I know how to complain but I have never had to complain." People who had made complaints told us they were satisfied with how they had been resolved. A relative told us, "My experience about complaints has been positive. I made a complaint and I was taken seriously. My difficulties have been resolved amicably. I have no concerns that have not been addressed. They phone me if I have been away. They will take a call at any time to address any concerns." The home had a robust complaints policy, with information about how to make complaints and raise concerns displayed around the home. Records showed complaints were investigated and responded to in line with the policy.

People and relatives told us they were confident the home would provide sensitive and compassionate support at the end of their lives. A relative said, "[Family member] hasn't got long to go now and there is nowhere else I would rather her be than here." A person told us, "I am very confident that staff would give compassionate care to people at the end of their life. I have seen people upstairs and I know two of the staff who work there and they are very nice."

Records showed staff liaised with relevant health services and the local palliative care team when people approached the last stages of life. The home ensured people had appropriate pain relieving medicines available. We noted the paperwork in relation to people's end of life wishes tended to be focussed on practical issues such as funeral arrangements and ensuring paperwork regarding views on resuscitation

were in order. However, staff we spoke with demonstrated a thorough understanding of the importance of ensuring people received appropriate and timely care.

## Is the service well-led?

### Our findings

In September 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we had identified continuing breaches of other regulations and the governance systems in place had not ensured the improvements required to the quality and safety of the service. Although significant progress had been made in some areas, other issues remained.

Unit managers and the home's senior management team had completed regular audits of care files, considering both their content and quality. None of these audits had identified or addressed the style of writing care plans had led to the creation of care plans where background information was repeated ahead of the most pertinent information for that section of support. The consistency of this style of writing care plans across the home meant it was clear staff were writing the plans as they had been instructed. Even after we had provided this feedback we were given updated care plans, which had been reviewed by the registered manager, which contained four pages of background information before the current needs and support were described.

Since our inspection in September 2017 we had continued to receive anonymous whistleblowing concerns regarding incidents and the management of the home. Two of these reports related to people's deaths where instructions about whether or not to attempt cardio pulmonary resuscitation had not been followed. A do not attempt cardio-pulmonary resuscitation (DNACPR) document instructs staff not to attempt resuscitation in the event of a person's heart stopping, usually due to a low likelihood of success due to the person's health condition. A DNACPR is made in agreement with the person and their relatives. In response to these incidents we saw DNACPRs had been discussed at unit meetings, in group and individual supervisions. However, the group meetings records showed the focus was on identifying when someone had a DNACPR in place. For example, the unit meeting where the incident occurred stated, "End of life care was discussed the importance of DNAR and advanced plan." The incident record showed that a staff member who had attempted CPR in error did not usually work in that unit. A root cause analysis had been completed. This did not include any reflection on the impact staff working on a different unit from usual could have on the quality of information they held. Despite these issues relating to DNACPR none of the home's audits had identified that the DNACPR forms within people's files had not been clearly completed. This meant that despite a clear focus on discussing these documents, their content had not been thoroughly reviewed.

We had also received information concerning a deterioration in one person's physical presentation which had led to surgery. At the time we were made aware the home had already taken action to ensure safeguarding adults processes were initiated. The investigation showed a clear failure to follow up on recommendations from healthcare professionals, lack of monitoring and escalation of concerns. The root cause analysis did not consider organisational issues and focussed on the individual workers, particularly the care workers who had not recorded their concerns. The registered manager told us lessons learnt from this incident had been discussed in unit meetings. However, the relevant unit meetings only recorded that the lesson that had been learnt was "the importance of record keeping." This meant the home was not taking a holistic approach and learning appropriately from incidents.

Unit managers completed frequent medicines audits of their own units and peer audits of the other units in the home. We reviewed these audits and found that some of the templates did not make sense. For example, the stock audit had columns for incoming medicine, administered medicine and then a 'balance' column. This form was being used inconsistently and there was no place to record both the calculated balance and the actual medicines in stock. One unit manager was consistently recording the balance as zero. Discussions revealed staff were recording discrepancy in the balance column. Despite the volume of audits being completed, these issues had not been identified or addressed by the management of the home.

At previous inspections we had extensive discussions with the registered manager regarding the style and content of support and supervision for staff. These issues had not been addressed as we identified a breach of regulations regarding staff training and support. The registered manager had signed to indicate work had been completed which had not been done. Likewise, previous progress with regards to staff recruitment had not been maintained.

The above issues with the effectiveness of the governance arrangements within the home are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed each unit held monthly meetings. These followed a set agenda. However, only one unit recorded discussions amongst staff about the people they supported. In this unit staff used their meetings to raise concerns about people's presentation and unit managers shared updates and changes to people's planned care and the involvement of other professionals. The remaining unit meeting records recorded that agenda items were discussed and policies were made available for staff to read. It was not captured if the home's senior management attended unit meetings. Despite our concerns about the recording of meetings, staff told us they found them useful and they received the information they needed from them.

We saw meeting records for residents and relatives. These showed people were asked for ideas for improvements that could be made to the service. The home had a 'you said, we did' display which showed where actions had been taken in response to people's feedback. Senior managers had consulted with people and relatives regarding changes to be made to the home and had involved advocates and social workers where appropriate.

The provider had made significant changes to the management and support structures around the home since our last inspection. There was now more support in place from the resident experience team, with a dedicated resident experience manager based in the home and a new regional manager had oversight of the home. The provider had recognised the need for 'a fresh pair of eyes' given the poor history of the service. Observations from the additional management support had identified the lack of outcome focus in care plans, and agreed with the inspection team's observations about the style and format of care plans. There had been an increase in monitoring of care at night. Night visits had identified issues regarding work allocation within the teams as well as issues regarding uniforms. Follow up visits had been completed to ensure recommendations from the visit had been implemented. The new senior management team described their commitment to embedding the improvements identified, and addressing where concerns were found. This was demonstrated as resources were immediately allocated to re-audit staff files and train administrative staff after we identified issues with the files.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems had not identified or addressed issues with the quality of the service. Regulation 17(2)(a)(d)(i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The service had not followed safe recruitment practices. Regulation 19(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff had not received the training or support they needed to perform their roles. Regulation 18(2)(a)