

Caring Homes Healthcare Group Limited

Ivy Court

Inspection report

Ivy Road
Norwich
Norfolk
NR5 8BF

Tel: 08082020478
Website: www.caringhomes.org

Date of inspection visit:
17 February 2020
18 February 2020

Date of publication:
02 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Ivy Court is a residential care home providing personal and nursing care to 45 people at the time of the inspection (currently half receiving nursing). The service can provide both residential and nursing care, for up to 71 people, aged 65 and over, including support for people living with dementia. The home is a modern purpose-built building over two floors with communal areas, including lounges, dining areas, a cinema room and gardens.

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

People had experienced a high level of instability of management and staffing at the service which had been without a registered manager since May 2019. Whilst improvements had been experienced since the last inspection, there were still significant areas of concern regarding the oversight and management of the service. Some of the systems and processes in place to monitor the quality and safety of the service required further improvement and embedding to support identifying and driving improvements. Where issues had been identified action had not always been taken to ensure improvements were made in a timely manner.

People's care plans still did not always contain accurate, consistent and accessible information about their needs, risks or the care they required. Care was not always sufficiently personalised to reflect people's preferences. The service supported social activities and made visitors welcome. People felt listened to and responses to complaints had improved. End of life care plans were in place and training was to take place to improve this aspect of care.

Risks were not always monitored and mitigated for effectively. Staff recruitment practice was appropriate to ensure staff were suitable to work in a care environment. We found there were sufficient staff, but they were not always managed appropriately to meet the needs of people in a timely way. We made a recommendation about the deployment of staff. Overall medicines were being managed safely and infection control measures were appropriate. Safeguarding procedures were being followed. Accidents and incidents had been analysed so that lessons could be learnt, and preventative action taken.

The environment was modern, pleasant and well maintained; and people were positive about recent improvements to meals and choice. Staff were generally well trained and capable. People's health was well monitored, and they were supported to access health and social care services as required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind, caring and considerate and respected their dignity. However, they felt staff were busy and did not always have time to chat. People were given opportunities to feedback regarding the quality of service and how the service was organised.

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

Rating at last inspection and update: The last rating for this service was Inadequate (published 16 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection whilst we found improvements, not enough had been made and the provider was still in breach of regulations. The service is now rated Requires Improvement overall but remains with a rating of Inadequate for well-led. This service has now been rated Requires Improvement or Inadequate for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to not ensuring safe care, providing personalised care and not having an adequate management structure in place to ensure necessary improvements have been made in a timely manner at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

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

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Ivy Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors, a medicine inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. Therefore, the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

An acting manager was in place since mid-December 2019 and was in the process of applying to become the registered manager on a temporary basis until a permanent registered manager was recruited into post.

Notice of inspection

This inspection was carried out over two days and both days were unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health care professionals who had contact with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with twelve members of staff including the regional operations director, acting manager, deputy manager, registered nurses, senior care workers, care workers, chef and maintenance worker. We spoke with one visiting health care professional. We observed medicines administration and spoke to four members of staff about medicines. We observed how staff supported people in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and 16 medicines administration records with their associated notes. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance processes, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure there were systems to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst some improvements had been made the provider remained in breach of regulation 12. This is because not all risks were not being identified, mitigated and/or managed effectively

- There were systems in place to identify, assess and reduce the risk of people coming to harm. These had usually but not always been reviewed as a whole monthly. For example, one person had not been reviewed holistically for three months despite documented changes in assessed need, such as support required with their mobility. Whilst we did not find this had impacted on the person in practice, this raised the potential for risk assessments not being sufficiently up-to-date to guide staff safely.
- We found some updated risk assessments were contradictory to associated care plans. For example, one person's risk of choking had been recently reviewed with specialist advice to change the prescribed consistency of their fluid intake, however this had not been reflected in the associated nutritional care plans. Staff were aware and adhering to the latest advice but there was an increased risk of errors due to the contradictory records.
- Care records were often excessive, contradictory and/or duplicated information. Whilst staff generally knew people well and could explain how care was delivered the records did not demonstrate clear information about how staff supported people consistently to remain safe and have their needs met. For example, having too much information which was either out of date or inaccurate risks staff referring to the wrong guidance. One person had four care plans relating to aspects of administration of medicines all written in the last month. Another person had three recent updates of moving and handling requirements held in different places within their records.
- We found prescribed creams were not always locked away as per the provider's policy and risk assessments. In one person's ensuite we also found cleaning products next to toiletries. This raised the risk of people with impaired understanding ingesting chemicals or topical medicines.
- Appropriate environmental risk assessments were in place, and health and safety checks completed regularly. This included regular fire safety drills, water quality checks and up to date personal emergency evacuation plans. Regular maintenance checks, auditing and servicing of equipment mitigated the risks associated with the premises and working practices. Action was being undertaken to address minor fire door issues and risk assess people's access to balconies. We were assured the risks were suitably mitigated

meanwhile.

- People were supported where appropriate to maintain independence and take positive risks. For example, one person had their own kettle and drink making facility.

Staffing and recruitment

- Staff were recruited safely and in line with best practice. This included undertaking checks on their background and employment history to check their suitability to work in care.
- We had mixed feedback from both staff and people living at the service as to whether there were enough staff to meet people's needs in a timely manner. One person told us, "No there's not enough people [staff]. The staff are marvellous but always running around."
- The service used a dependency tool to help determine staffing levels and reported they were deliberately overstaffing the service until improvements had been made. We discussed the staff levels with the service and reviewed the staff rotas. These showed there were adequate staff numbers on duty and relatively low agency staff usage. However, we found people who required the assistance of two staff often had to wait. Several staff, people and relatives told us that it was common to have to wait unacceptable lengths of time for two staff to be available. One relative said, "My [relative] needs two people [staff] to help them and often only one is available. This means a delay and they have to wait for whatever – the bathroom etc." Staff deployment issues were compounded by the large size of the home, current high room vacancy rate with people spread throughout the building and high dependency levels with most people requiring assistance of two staff. Based on our inspection findings, staff were not appropriately deployed or supported to meet the needs of people in a timely manner.
- Whilst no significant negative physical impact was found, the accumulative effect of delays to care giving and lack of attention was reported by some people and relatives to have negative emotional or social impact.

We recommend the provider reviews their management of staff deployment regarding ensuring staff are readily available to meet people's needs when required and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse.

At our last inspection the provider had failed to ensure there were systems robust enough to ensure that people were protected from abuse and improper treatment. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 13.

- People and their relatives told us they felt safe living in Ivy Court.
- Fifty percent of staff had either not received an induction or a recent refresher in safeguarding training. However, training was booked to take place soon and all staff interviewed had an adequate understanding of what to do to make sure people were protected from harm or abuse. Information was readily available on who should be contacted regarding a safeguarding concern.
- The service had improved the implementation of their safeguarding systems and were now routinely notifying the appropriate authorities of all incidents, to enable external oversight.
- Incidents were investigated, and actions taken to minimise any potential risk of recurrence.

Using medicines safely

At our last inspection the provider had failed to ensure that there was safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- There was a system in place for ordering and giving people their medicines as prescribed. Records showed people received their medicines as prescribed.
- Observations showed staff followed safe procedures when giving people their medicines and when people refused their medicines staff took time to try to give them later.
- There was a system in place to check medicines regularly, report and investigate any errors or shortfalls.
- Oral medicines were stored securely and at correct temperatures. However, at the time of inspection, medicines prescribed for external application such as creams and emollients were not always safely stored to prevent people from accessing them and potentially causing themselves harm.
- There was improved written information available to help staff give people their medicines safely and consistently. However, more clarity was needed about how medicines given to people in their food and drink should be prepared.
- People were encouraged to manage some or all their own medicines to maintain their independence. The home had assessed the risks around this for most but not all people that were handling their own medicines.

Learning lessons when things go wrong

- Analysis of accidents and incidents had become more robust and routine in recent weeks. For example, there were detailed falls records with analysis to identify trends and action taken to minimise risks. This led the manager to analyse the circumstances around a person who had had repeated falls and near misses. Changes to their room furnishing to promote greater contrasts of colour were made. This helped reduced the incidents whilst not restricting the person from mobilising independently. These analysis systems needed embedding into practice across all areas of risk.

Preventing and controlling infection

- The environment appeared clean and well presented with no lingering malodours.
- Staff were trained in infection control and followed safe procedures to minimise the risk of the spread of infection. We saw staff wearing protective equipment such as gloves and aprons when required such as for personal care and meals.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Daily notes were not readily accessible to staff, so were not filled in contemporaneously. They potentially lacked detail or had inaccuracies where it was needed to demonstrate people's needs were being met effectively. For example, how much food and fluid people had was observed to be completed from memory. Without accurate records it is difficult to identify patterns which might indicate a deterioration in a person's health and wellbeing.
- Where issues had been identified, people were usually supported to access appropriate health care services such as nurses, doctors, specialists, dentists, opticians and chiropodists. However, we found one person was known to be consistently refusing aspects of their care which was having a significant detrimental impact on their physical health. The service had not adequately reviewed their records or considered a re-referral to an appropriate specialist. Following the inspection, the manager immediately requested a referral to this specialist.
- We spoke with a health care professional who advised they believed the service worked well with, and supported health care professional's instructions. They reported the service knew the person they were visiting well and gave helpful support during their visit.
- People and staff told us that care was not always provided in a timely way, especially if the person required two staff to help them. This was reported to have impacted on the dignity and emotional well-being of people but was not found to have significantly impacted physically.

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

- People's needs had been fully assessed on admission. People told us they had been fully involved in the initial assessments which took place when they started to use the service. However, where needs or preferences had been revised, we found that there was often a lack of cross-referencing between care plans and risk assessments to avoid contradictory records.
- Care and support was planned in line with legislation and nationally recognised guidance was used in delivering the service.
- We found the nurses and care staff's work-related competencies were being reviewed using nationally recognised frameworks.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to follow best practice guidelines and to ensure that staff have

the necessary training and support places people at risk of being cared for staff whom are not competent to carry out their role effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 18.

- People told us staff were usually well trained and capable. Several people described the staff as, "Competent" and one said, "Yes they [staff] know what they're doing. They're very good."
- New care staff completed the 'Care Certificate', which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency. New staff shadowed experienced staff for a minimum of one week, usually two weeks, depending on their levels of experience. Their practical competencies were observed prior to working independently.
- Since the last inspection, all nursing staff were now completing a nationally recognised competency framework for registered nurses.
- Staff reported they felt supported by the current management and had adequate supervision.
- Training was mostly comprehensive and up to date. Training included a mixture of eLearning, classroom sessions and competency assessments. Approximately half the staff required safeguarding and end of life training however these were scheduled for the following week.

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

- The feedback from people on the food was mixed but generally noted an improving picture. One person explained, "The food is better with the new chef. I have a cooked breakfast most days. I'm vegetarian so I have eggs, mushrooms, a fried slice, tomatoes and toast."
- Where people were deemed to be nutritionally at risk, food and fluid charts were completed and weights monitored. Fortified diets and a variety of drinks and snacks were available. One person had requested a particular diet to aid their health, however was reported to often contradict this request in their food choice. This had not been suitably risk assessed and documented within their care plans or daily records to inform staff whether the person was able to make this choice or how to manage the situation.
- The manager reported the recently recruited head chef was working on improving the menu and the meal experience had been audited to facilitate improvements. Areas being improved included better choice and presentation and a pictorial menu to support those with impaired communication or understanding.
- The kitchen staff were knowledgeable about people's nutritional requirements and preferences. Following a recent resident's meeting the chef has begun to regularly seek feedback after meals to check people's experience of the quality and choice.
- The activities and catering staff regularly worked together to provide events such as baking sessions and themed meal experiences.
- Staff supported people to eat and drink when required at a pace that suited them.

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

- Ivy Court is a purpose-built home. The building was light and spacious with numerous communal areas, and accessible views of the adapted garden. The building was fully accessible and equipped to meet people's physical needs. The premises were decorated to a high standard and each person's room was furnished to their taste, with many personal belongings to support people to feel it was their home.
- There was signage throughout Ivy Court so that people knew which way to go and where to find amenities. This included dementia friendly pictorial signage.
- There were items of interest and retro-themed areas to provide opportunities for reminiscence and engagement.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to carry out capacity assessments and best interest decisions which meant that people's rights may not always have been upheld. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 11.

- Mental capacity assessments had been carried out where needed to establish if people had the capacity to make specific decisions affecting their lives. Decisions for people identified as lacking capacity to make certain decisions were taken following the best interest process. Where this was the case, it was clearly identified in people's care plans.
- Records were kept regarding whether anyone was legally appointed to represent a person lacking the capacity to make a decision.
- Where necessary applications had been made to appropriately deprive people of their liberty in their best interests.
- People were also supported to take positive risks according to their own preferences. One person who used to greatly enjoy an outdoor life, was enabled to go outside independently. Whilst the person had orientation and understanding difficulties, the service had balanced the risks and benefits involved, and supported their preferred behaviour. Another person who required a specialist diet, refused to adhere to it, but lack understanding of the risks. A best interest decision was made in consultation with appropriate health professionals and relatives to support them to eat food of their choice whilst minimising the associated risks as far as possible.
- People told us, and we saw, staff asked for people`s verbal consent before providing them with support. People were offered choices and encouraged to express their wishes during support.
- Staff demonstrated a clear understanding of the MCA. Staff explained some people had limited capacity to make certain decisions, but they always encouraged them to participate in decisions wherever possible, for example, by showing them the options. One relative explained that their "[Relative] was resistant to doing much so the staff make a great effort with giving them choices."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We received mostly positive feedback from people and their relatives about how staff treated them. One person summed up many of the responses we received saying staff were, "Kind, caring and considerate." However, one relative described how some staff were better than others at communicating and caring for their relative. This relative now checked the staff rota and tried to visit on days when 'good staff' were not on duty to ensure their relative had all the attention they needed. Another relative explained the staff were usually so rushed they did not have time for the little details like drying their hair after a shower.
- We observed staff were usually task focused and did not spend long alongside people chatting. Staff were usually polite, kind and reassuring but sometimes talked over people to each other rather than including the people they were talking about. Several people commented staff did not spend time talking with people. One person commented, "They're [care staff] overworked. There is not enough slack. No time for chit chat."
- During the inspection people were often left unattended for long periods of time in the communal areas with little stimulation. When care staff were present in communal areas they were often busy completing care notes and frequently did not engage meaningfully with people unless a task was required.

Respecting and promoting people's privacy, dignity and independence

- We observed people generally appeared well presented and cared for. However, one relative described their relative as sometimes looking, "Unkempt and dishevelled, when they had previously taken great care in their appearance."
- We observed staff were careful to respect people's privacy, such as knocking before entering rooms. Staff explained they encourage people to retain as much independence in their daily activities as possible, such as washing parts of themselves they can reach.
- People told us staff supported their independence. One person explained, "The staff know what I want them to do, I do what I want. No-one tells me what to do. I keep my room tidy and keep things private in here."

Supporting people to express their views and be involved in making decisions about their care

- The service had just completed a quality assurance questionnaire with people and this was about to be analysed and an action plan developed from the results.
- The service had recently had regular people and relative's meetings. These provided an opportunity to explore people's wishes and concerns and feedback on actions being taken to address concerns raised including CQC's last report's findings.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to provide accurate person-centred information about the support people required. This meant that people were at risk of not getting their needs met in the way they preferred. This was a breach of regulation 9 (Person Centred Care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection insufficient improvements had been made and the provider was still in breach of regulation 9. This was because the provider had failed to always incorporate consistent, up-to-date and personalised information about the support people required. People were not always getting their needs met in the way they preferred.

- People's care records lacked a regular holistic overview of the person's wishes and objectives and were not sufficiently person-centred. We found most people had a 'life history' section completed which detailed their social background, interests and preferences. However, these were filed at the back of care files and the information appeared not to have been routinely incorporated into the person's care. For example, the records of one person living with dementia noted a preference for classical music, but this was not known or adhered to by staff.
- The service was undertaking a review of all care plans which was approximately half complete. We saw letters inviting relatives to attend reviews. However, care plans were frequently not signed by people or their representatives to demonstrate their involvement and agreement with their care plans and objectives.
- We received mixed feedback from people and their relatives regarding their inclusion and the effectiveness of care plan reviews. Approximately half of those we spoke with felt included and their care plan content acceptable. One relative told us, "Yes it's been good lately. There are discussions. I come three times a week and am kept up to date." However, half felt the care plans were not good enough and they had not been adequately consulted. A relative commented, "[My relative's] care plan is a farce. I have to initiate a meeting. The home says the plans are being re-done, but it's not happened. You just get handed a thick folder and told this is what's happening with your [relative]."
- Records showed provision of personal care was not always planned according to personal preferences or needs. For example, times of personal care varied and was not always according to people's choice. Several people commented on this. For example, one relative told us, "My [relative] is totally dependent on the staff here and would prefer to get up earlier but she fits in with the staff." Another person required an aspect of personal care twice daily but the recording proforma only prompted once daily support.

- The new chef was working towards more personalised food choices. However, we noticed those on a soft diet were not offered choice which was confirmed by two people we spoke with. The service agreed to review this immediately.
- The manager told us they were not using a keyworker system at present. This meant the service was not promoting people having consistency or a rapport when discussing their care needs.
- The service had created a 'Wishing tree' which people had added their requests to. However, these were not dated, and no evidence was displayed that the service had supported fulfilling any of these wishes, which could have helped raise well-being and morale.

Meeting people's communication needs

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

- There was dementia friendly signage throughout the home. Visual displays were in place and a pictorial menu was being created.
- The service had a mobile device with an app promoting communication and engagement in activities in one to one sessions, for those who struggled to communicate or participate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mostly positive feedback regarding the activities available and observed the activities staff had more time to be engaged with people. One person told us, "I love the 'Knit and Natter' group ... There's probably more natter than knit but I so look forward to it. We go into the little library and get served tea, it's lovely."
- Some relatives we spoke with felt there was a lack of regular engagement or stimulation for those who could not participate in communal activities.
- People and their relatives reported they were always made welcome by staff. Visitors were encouraged to partake in events and meals. Support was provided to celebrate individual events such as birthdays and anniversaries.
- There was a regular activities schedule coordinated by a team of activities staff. This included regular group activities such as knitting, craft and gardening. Regular cookery sessions were held, often around a themed event such as pancake day. A cinema room offered films and sports viewing. Events included visiting performers, religious services, pet days and trips out such as recently to a local owl sanctuary. There was a link to a local school with children visiting which people reported enjoying.
- Regular barber, hairdresser and manicure/pamper sessions were also available, for which we heard compliments.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which the current manager was utilising to record and respond to concerns appropriately. They acknowledged that some issues raised prior to their arrival had not been adequately recorded, but we were assured this was no longer the case with even minor verbal complaints being documented and responded to. The system enabled analysis of individual incidents and themes arising to promote practice improvements.
- People and their relatives told us they knew how to make a complaint. Most reported they felt responses had improved recently, they would be listened to and action taken.

End of life care and support

- Where appropriate, people had advanced and palliative care plans in place which gave sufficient detail to support personalised end of life care.
- Additional training in end of life had been sourced and arranged to commence shortly.
- Staff described the importance of recognising diversity. One staff member explained they had sat with a person during their final hours of life and read the bible to them as the person was known to be religiously devout.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure that there were effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. This was because the provider had failed to establish consistent management or follow the governance systems in place. This meant the areas for improvement have not always been identified and action needed to make improvements had not been taken in a timely or consistent manner.

- The provider had failed to provide a consistent management team within the service. The provider advised the service should have a registered manager, two deputy managers and two clinical leads. The service had been without a registered manager since May 2019 and had multiple temporary managers since then. At the time of the inspection there was a temporary manager, a deputy manager who was also acting as the clinical lead, and another peripatetic manager was providing temporary support with care plan reviews. The service historically had a high turnover of managers since opening in 2015.
- We found the current manager and deputy to be skilled and knowledgeable. They had begun to make significant progress to improve the service provided. However, they were both newly in post and it was clear that they did not yet know the service or people living in it thoroughly. Inconsistencies in practice and failures to effectively progress service improvement plans were likely to be attributable to the inconsistent management of the service.
- The service was working to improve their care plan records as these had been found to be insufficiently person-centred, out-of-date and excessive at the last inspection. Whilst some improvement was noted, we found the service's internal targets for completion of this work had been missed repeatedly. An internal audit suggested approximately half of the care plans still needed changes implemented. We were also concerned these reviews were overly task and risk focused and did not promote a holistic, person-centred approach. There were discrepancies both in approach and detail of care plans rewritten by different staff and we were not assured the reviews addressed the excessive size of documentation. Concerns with people's care plans not being thorough and person-centred have been repeatedly identified since an inspection in 2017.
- Poor practice was not always recognised, reported or acted on. For example, an incident where someone

had been incontinent because two members of staff had not returned to answer a call bell in time was not recorded or raised with the management. We were told by both people and staff there was often difficulty finding a second person to respond to care needs in a timely way. Turning off the call bell whilst seeking a second person was reported not to be an unusual practice. Neither the call bell audit or management team had identified this poor practice.

- Quality assurance audits had begun to be implemented in a more systematic and effective way. For example, detailed falls analysis had been completed with initial data suggesting a positive reduction in falls. However, these systems needed further embedding and outcomes effectively analysed across all areas of the service, to minimise risk and promote best practice. For example, reviews of positive behaviour plans had not picked up concerns regarding one person whose behaviour was potentially contributing to significant self-neglect.
- Staff reported receiving supervision regularly. Records showed all care staff had recently had a supervision and we were verbally assured that appraisals had been undertaken last year. However incomplete audit records did not facilitate adequate oversight by management. The current manager was creating a new supervision audit matrix unaware a previous internal action plan in August 2019 stated a matrix and supervisions had been completed. This illustrated the disconnection caused by multiple changes to management.
- We found the dependency tool used to analyse staffing needs completed by management was not accurate. For example, two people identified on the tool as low dependency and one, medium dependency, were noted by the manager to in fact all be highly dependent. This meant management could not assure themselves that they had appropriately deployed staff to meet people's needs, particularly for people requiring a double team. Management and care staff had differing understanding of how they were being deployed within the home which was contributing to difficulties in meeting people's needs in a timely way.
- Feedback from staff, people and their relatives was generally positive about the recent changes in manager, whom was described as, "Approachable" and "Good." One staff member explained, "Morale is much better than it was. A few months ago the culture was negative... [the current manager] has made people realise how good the home could be." Staff reported they felt suitably supported and listened to. However, everyone we spoke with expressed apprehension about the lack of permanent management. One relative told us, "So many managers...what's needed is a permanent manager."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from both staff and people using the service was improvements had been made to the culture and overall effectiveness of the care provided. Staff told us morale was considerably improved. One staff member told us, "I can see bright faces, good at the start of day, can feel it in the handover, there is a big difference."
- Regular staff and residents' meetings were now taking place and enabled improved communication with management. Management held daily meetings with heads of departments and senior care staff and detailed handovers took place which ensured effective communication of updates and issues.
- The current manager was reported to be accessible and visible within the service. However, both staff and people using the service all expressed the importance of recruiting a permanent manager to build on improvements and create stability for the future.

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

At our last inspection the provider had failed to notify the Commission of certain events which was a breach

of regulation 18 The Care Quality Commission (Registration) Regulations 2009.

At this inspection improvements had been made and the provider was no longer in breach of regulation 18.

- By law CQC must be notified of certain events in the care home. Improvements in reporting were clearly evidenced and the required notifications had been made so that we could monitor events within the home and take follow up action if needed. We discussed the threshold for making certain notifications and the management agreed to seek the latest guidance from the local safeguarding board regarding isolated, non-injury incidents to avoid excessive reporting.

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

- The manager was open and honest about where the service needed to improve. They welcomed feedback from the inspection team.
- The provider had begun to give regular feedback to staff and people receiving the service on the progress of service improvements since the last inspection.

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

- People were supported to engage with a wide range of health and social care services to optimise their well-being.
- Management were encouraging staff and people using the service to become involved in recent recruitment.
- The provider was regularly meeting and cooperating with local stakeholders and quality assurance teams to develop and drive improvements forward. However, this was potentially hampered by different temporary managers attending each of the three last monthly meetings.

Continuous learning and improving care

- The provider had started to take some positive actions to make improvements to the quality of the service, although it was too early to assess how effective these would be. These practices needed embedding and an effective hand-over will be required to ensure this progress is not lost when a permanent manager takes over.
- The provider was ensuring that appropriate additional knowledge and expertise were available and was supporting the service to improve. This included regular support from regional managers, chefs, operational directors, and health and safety experts.