

The Frances Taylor Foundation St Raphael's

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service:

- St Raphael's offers accommodation with personal care for up to 21 people with a learning disability. The accommodation is provided in two adjacent buildings, Fatima House and St Raphael's itself. At the time of the inspection 11 people were living in Fatima House and eight in St Raphael's.
- St Raphael's is part of the Frances Taylor Foundation, a charitable organisation providing a range of services mostly for people with a learning disability.

People's experience of using the service:

- Although the service was developed and designed according to the values that underpin the Registering the Right Support (Registering the Right Support CQC policy) and other best practice guidance, the provider did not always ensure that care and support to people was being provided in line with these values which include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should expect to live as ordinary a life as any citizen and their safety maintained.
- The provider had systems in place to help ensure people who used the service were safe from avoidable harm. However, these were not always effective.
- During the inspection we found there were risk assessments in place but these did not always identify all risks that people faced and did not always include guidelines for staff to follow to help ensure people were safe from harm and could lead as ordinary a life as possible.
- People's healthcare needs were not always met because staff did not always take appropriate action when concerns were identified.
- The provider told us they had systems in place to monitor the quality of the service and put action plans in place where concerns were identified. However, these were not always recorded and had failed to identify the issues we found at this inspection so the necessary improvements could be made.
- People received their medicines safely and as prescribed. However, we found some issues relating to the storage and stock management.
- Care and support plans contained a lot of information, some out of date. This made it difficult for staff to find relevant information about the people they supported and for people who used the service to have easy access to this document and be involved in reviews.
- Staff received training. However, we saw that some training was out of date. Staff received supervision, but this was not always consistently undertaken. The registered manager was in the process of making improvements in this area.

- Most people's records were reviewed and updated monthly. However, almost all reviews stated 'No change' by staff even when information stated otherwise.
- Staff had not received training in end of life care. Some people had an end of life care plan in place and the registered manager was in the process of introducing this for everyone.
- There was evidence that people were engaged in activities in house and in the community. There was an activity plan displayed and most people reported they were happy with the activities on offer.
- Recruitment checks were carried out before staff started working for the service and included checks to ensure staff had the relevant previous experience and qualifications.
- People were protected by the provider's arrangements in relation to the prevention and control of infection. Communal areas were clean. However, some areas were cluttered and used as storage. This could present a health and safety risk
- The environment was tailored to the individual needs of people and areas of the home had been updated and decorated since our last inspection.
- The provider acted in accordance with the Mental Capacity Act 2005 (MCA). People had their capacity assessed before they moved into the home. Where necessary, people were being deprived of their liberty lawfully.
- The provider had processes for the recording and investigation of incidents and accidents. We saw that these included actions taken and lessons learned.

Rating at last inspection: Good (4 March 2017)

Why we inspected: This inspection was brought forward due to information of concern we had received about the quality of care and support people were receiving.

Enforcement: We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, person centred care and good governance. You can see what action we have asked the provider to take at the end of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

St Raphael's

Detailed findings

Background to this inspection

The inspection:

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

The inspection was prompted because we received some information of concerns relating to the care and safety of people who used the service. The inspection looked at those concerns in relation to the five key questions we asked of providers.

Inspection team:

Two inspectors, a member of the CQC's medicines team and a specialist advisor, who was a nurse visited the service on the first day of the inspection. One inspector visited on the second day.

Service and service type:

St Raphael's 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information, including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must notify us about by law, such as abuse. We also sought feedback from the local authority and professionals who work with the service. Because the inspection was brought forward, the registered manager had not completed a Provider Information Return

(PIR). This is a form that asks providers to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection:

We spoke with three people who used the service and one relative, and asked them about their experience of the care provided.

We spoke with the director of operations, the registered manager, deputy manager, two senior care workers and six care workers. We also spoke with two healthcare professionals who were visiting on the day of our inspection.

We reviewed a range of records. These included five people's care records, audits and quality assurance reports. We also looked at four staff files in relation to recruitment, supervision and training and reviewed records relating to the management of the home and a sample of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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

- Most of the risks to people's safety and wellbeing had been assessed. Person specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs. However, these did not always include clear guidelines for staff to follow to mitigate these risks. For example, where a person was living with diabetes, there was no information about the risk posed by the condition, and staff had not received training in this. Staff were required to monitor and record the person's blood sugar daily. On 10 December 2018, we saw that this was significantly higher than it should have been. We asked the registered manager what action they had taken regarding this. They told us the GP had been contacted and they had not yet had an appointment. When we checked we noted that the GP was contacted about three weeks after the incident. This meant that no action had been taken at the time to seek medical advice for the high blood sugar reading. Furthermore, there was no protocol in place for staff to follow should the person's blood sugar fluctuate to high or low levels. The registered manager was unable to offer an explanation and admitted that this was a serious shortfall.
- There was a risk assessment in place for a person with epilepsy. The information on this was unclear. For example, how long should a period of seizure last before calling the emergency services. In one record, it stated three minutes and elsewhere, five minutes. Furthermore, staff on duty in Fatima House demonstrated very little knowledge about this condition, how to recognise symptoms and when to take action.
- Another person was being cared for in bed, and were being repositioned every two hours because of the risk of developing pressure ulcers. We saw that repositioning charts were in place, and mostly completed appropriately by staff. However, we noticed a number of gaps in the recording of these, so we could not be sure if the person had not been repositioned or if these were just recording errors. For example, on 13 January 2019, nothing was recorded between 1pm and 6.30pm, then nothing was recorded through the night. On 20 January 2019, nothing was recorded between 10.30am and 7pm.
- We discussed this with the registered manager who acknowledged this shortfall but told us there had been no issues with skin integrity and this indicated that it was a recording issue. They added that the senior care worker on each floor was responsible for auditing but had not specifically picked up on this. The registered manager showed us minutes of a staff meeting undertaken on 17 January, highlighting the importance of completing monitoring charts regularly, but specifically mentioning behaviour charts. However, we saw that the poor recording of repositioning charts continued after this date.
- We saw evidence that a person using the service had been left in bed for eight days because the hoist was out of action. We discussed this with the registered manager who explained that the hoist had been repaired

in a timely manner, however, they had noticed that it had not been serviced and therefore could not be used safely. They explained that the engineer was unable to attend for several days. We asked the registered manager what measures had been put in place to promote the person's independence, inclusion in their local group and in relation to the risk the person had faced by being unable to get out of bed. They admitted they had not undertaken a risk assessment. However, they added that the person's skin had not deteriorated during that time, which indicated they had received appropriate care, and they had received plenty of visitors to ensure they remained happy and positive.

- Risk assessments were reviewed monthly. However, almost all risk assessment reviews stated 'No change' or 'No new control measures required'. One person who used the service had a fall and was required to wear head gear so they could be as independent as possible while risks were being managed as far as possible. However, the reviewed risk assessment and support plan did not specify if or when this had to be removed, for example before bed and staff we spoke with did not appear to know. The registered manager told us the person did not like wearing the head gear, however, this was not mentioned in the person's review and we could not be sure if this had an impact on the person's independence or safety.

- We noticed a door on the first floor with a sign warning of stairs, and a notice saying 'Push bar to open'. The bar was a lever on the right hand side of the door, which we pushed to open. This action caused a member of the inspection team to get their finger caught between the lever and the door frame. The door opened easily and provided access to the convent. However, there were three steps directly behind the door which was a risk should a person using the service opened the door, particularly if their mobility was impaired. We discussed this with the registered manager who told us nobody ever went there. However, they acknowledged that this was a possibility. They added that the convent was not connected to the home and people did not use this door to go in and out of the home, however, the fire officer had indicated this would be a useful area to go to in the event of a fire. Nevertheless there was a risk of people or of others using that door. The registered manager agreed to seek advice about how to deal with this issue and to undertake a risk assessment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was an up to date fire risk assessment in place and this was regularly reviewed. The provider undertook fire drills for staff and people who used the service. However, these had not always been regular. The registered manager told us they were aware of this and said, "These are back on track now." We saw evidence that a recent drill had taken place and saw this included comments and action plans. There were fire instructions and evacuation plans displayed around the service, including in the kitchen and staff were aware of the fire procedure. People had individual fire risk assessments and Personal Emergency Evacuation Plans (PEEPS) in place. However, one of these had not been reviewed and updated since 2017. Following the inspection, the provider told us the PEEP for this person was in date but had been wrongly filed and sent us evidence of this.

Using medicines safely

- There was a policy and procedures for the safe management of medicines. However, some aspects of the policy were not being implemented in the home. For example, the policy referenced levels one, two and three training in medicines but none of the staff were aware of any training beyond the basic level. However, we saw evidence, sent after the inspection, that staff responsible for the medicines administration were having their competencies assessed.

- Controlled drugs (CD) were managed in line with legislation, and we saw the stock of these was accurate. However, there were still some CDs kept in stock although no longer prescribed for a person using the service. According to the policy, arrangements should have been made for these to be destroyed. This is particularly relevant as there had been a previous incident in the home where unrequired medicines were kept and inadvertently administered to a person.
- There were no functional medicines fridge in the home at the time of our visit. Both medicines fridges on site were out of order. Although at the time of our inspection, there were no medicines requiring refrigeration. The registered manager told us they would address this without delay.
- We reviewed the medicines administration records (MAR) for all the people who used the service and saw these were completed correctly and staff signatures corresponded to the stock, indicating people were receiving their medicines appropriately and as prescribed. Staff we spoke with showed a good knowledge about medicines and people's needs regarding these.
- Medicines audits were carried out but these mainly consisted of counting tablets. At the time of our inspection, we did not see evidence of audits on storage or stock of medicines. Following the inspection, the provider sent us documentation to show these were in place.

We recommend that the provider seek and implement national guidance in relation to the management of medicines in a residential setting.

- The provider had a health and safety policy and procedures, and staff told us they were aware of these. There were processes in place to ensure a safe environment was provided, including legionella, gas and electrical tests, electrical appliances and fire safety checks. Legionella is a type of organism that live in water systems, if these are not treated appropriately and can cause severe infections. A general risk assessment identified the hazards, who might be harmed and how, what was already in place in terms of control measures, and what further action was necessary.

Learning lessons when things go wrong

- Some staff we spoke with told us managers did not always respond to problems promptly or work actively with them to improve care. The registered manager told us that when things went wrong, they addressed this in supervision and staff meetings.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with indicated they felt safe living at the service. One person told us, "I feel safe. I like it here. I like my keyworker. She helps me." Staff received training in safeguarding adults and the training records confirmed this. The provider had a safeguarding policy and procedure in place. Staff were able to tell us what they would do if they suspected someone was being abused. Most staff were aware of the whistleblowing policy and who to contact if they had concerns about people's care or safety.

Staffing and recruitment

- Staff told us they felt they had enough time available to provide care and support for each person, and felt people usually received unhurried support. Some, however, felt that more staff on each shift would allow them to provide better care, for example to have more individual time with people, taking them out and have one to one conversations with them. One care worker told us, "We'd like to be more creative and be freed up to spend more time with people on an individual basis." Some staff told us they felt staffing was inconsistent and relied too much on agency care workers. They added that some good, long term

permanent staff had left in the last few months and this had affected the morale of the team as a whole. The provider confirmed after the inspection that two members of staff had left the service. The registered manager also explained that they had relied on agency staff but were in the process of recruiting more staff. We saw that interviews were taking place on the day of our inspection.

- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed. The registered manager told us they had tightened up their processes, and were ensuring that all checks were undertaken in a timely manner, including an explanation for any gaps in employment. The files we checked confirmed this.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. We saw that the kitchen, toilets, bathrooms and people's bedrooms were kept clean and hazard free. Staff were provided with protective equipment such as gloves and aprons which they wore when supporting people with personal care.

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

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

Supporting people to live healthier lives, access healthcare services and support

- We saw evidence that people's healthcare needs were recorded and that they were usually supported to attend healthcare appointments. However, where the blood sugar monitoring for a person who used the service showed an abnormal reading, staff had failed to contact the relevant healthcare professionals so the person received the appropriate support with their healthcare needs. We discussed this with the registered manager during our inspection who admitted this was a serious shortfall and told us they would make the necessary improvements to prevent this from happening again

- Notwithstanding the above, records and healthcare professionals indicated that the service was responsive to people's health needs. One healthcare professional told us, "Overall I am happy how they care for the residents, in particular the longer service staff. They are very happy to take guidance from me, and they do follow instructions." The registered manager told us that staff supported people to attend appointments and staff confirmed this. We saw letters from healthcare professionals and saw that the outcome of these, including instructions were communicated during handover meetings.

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

- People's care and support needs were assessed prior to admission into the home. Pre-admission assessments were comprehensive and included people's likes and dislikes and how they wanted their care provided. This information was used in people's care and support plans.

- Some people told us they were consulted when their care and support were reviewed. One relative said they were involved in decision making and were kept informed of any changes in their family member's condition.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate skills and experience. Staff told us they had received a good induction when they started to work for the service. This included training and working alongside other staff members. New staff received an induction which included the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

- Staff received regular training in subjects the provider considered mandatory. This included training in safeguarding adults, medicines administration, food hygiene and infection control. Staff were also provided with training specific to the needs of the people who used the service such as Mental Capacity Act 2005

(MCA), equality and diversity and dementia care. Staff had received training in dysphagia. Dysphagia is the medical term for swallowing difficulties. However only 13 out of 29 staff had been trained. We discussed this with the registered manager who showed us evidence that this training was booked to take place in the near future. We looked at the training records and identified that a number of staff had not received refresher training in a range of subjects. We discussed this with the registered manager who showed us evidence that training was booked and due to be delivered in the near future.

- During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Some staff told us they received regular supervision from their line manager. However, others said they did not get regular supervision and wished they did. The registered manager told us they were aware that supervision had not always been regular and would make sure this improves going forward. They also said they were going to ensure that all staff received a yearly appraisal.

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

- Staff said they had weekly meetings with people who used the service to plan their meals. They added that where people were unable to communicate verbally, staff used picture cards to enable them to choose the meals they liked. Staff told us they also used observation such as facial expression and eye contact where some people were unable to respond to the picture cards. A pictorial food planner was displayed in each of the unit's dining areas as well as a daily menu offering two choices.

- People's dietary likes and dislikes were recorded in their care plans. People told us that the food was good. One person said, "The food is lovely. I eat what is offered by staff." They added that staff would give them a substitute if they did not like what was offered.

- Where people were at risk of poor nutrition and dehydration, staff were aware and implemented plans to address their needs. We saw these plans, on the whole, were clear and detailed. However, we saw that some of the support plans displayed in the kitchen had not been reviewed and updated since the beginning of 2017, so we could not be sure that the information on these was current.

- We saw that people with dysphagia were seen by the speech and language therapy (SALT) team and staff followed their instructions. People who had specific nutritional needs were referred to the relevant healthcare professionals. For example, one person at risk of malnutrition was advised to eat fortified food and was prescribed oral nutritional supplements in the form of jellies. We saw that a food diary was being kept and the jellies appropriately recorded on MAR charts. A healthcare professional thought people's nutritional needs were met and said, "One of the residents was chronically underweight, staff contacted me through social services last month. I gave them some pointers and told them how to re-design their food and fluid charts. They completed them. They take things on board."

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

- Further modernisation of the premises had been carried out since our last inspection, for example, more bathrooms had been updated and these were modern and accessible to people who used the service. They were large which meant that wheelchairs could easily be accommodated. New furniture had been purchased and the home was in a good decorative order. There were photographs of staff on duty in the reception area, and a colourful board displaying photographs of people and their keyworkers. A keyworker is a designated member of staff who has responsibility for one or a small group of people who use the service, and to be the first point of contact when liaising with them, their relatives and healthcare professionals. Bedroom doors were personalised with name plates and there was appropriate signage to facilitate the orientation of people living with a learning disability and those living with the experience of

dementia.

- The provider had an ongoing programme of refurbishment and we saw that some improvements had been made, such as new bathrooms and furniture.

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

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

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- We saw that staff involved people in decisions about their care. For example, we observed staff asking people if they required assistance prior to providing support, and giving them time to make choices. Staff gave us examples where they ensured people were involved in decisions about their care. Care records indicated that decisions were made in people's best interests where there were issues about their mental capacity.

- Where people lacked the mental capacity to make decisions about their care and were deprived of their liberty, we saw their capacity had been assessed and appropriate authorisations were sought from the local authority. This included an authorisation for a person for whom bedrails were being used. Most staff demonstrated a good knowledge of the MCA and had received training in this.

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

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- People and relatives were mostly complimentary about the care and support they received. One person told us they were happy living at the home and said, "I like it here." A relative echoed this and said, "The caring is good at St Raphael's." However, they added, "Some staff are not careful with personal care." They stated that they had to draw staff's attention to the lack of dental hygiene for their family member, and other areas of personal hygiene, which were not met. A healthcare professional stated, "They care very well here, I don't have any concern. I am confident they do care. People are safe here. Definitely."

- Overall, we observed staff treating people with dignity and respect and providing compassionate support in a person-centred way. However, we did observe some areas needing improvement. For example, during lunch in Fatima House, we saw a member of staff wiping a person's mouth with the person's clothes protector rather than using serviettes, which were not used. We also saw a member of staff standing up whilst supporting a person in their wheelchair with their lunch instead of sitting at the same level to support the person.

- We observed lunch in St Raphael's and saw that people were supported in a kind and caring way. They were given choice regarding what food they wanted to eat. For example, where one person was worried about another who was not eating their dessert, the staff reassured them, saying, "Don't worry, that's ok, they don't have to eat it." People were encouraged to drink. There was an unrushed atmosphere where people were supported to enjoy their meal. The staff member interacted with people throughout lunch and answered questions when asked.

- Staff told us that they promoted people's independence and encouraged them to make daily decisions about the way they wished to live their lives. We did not see many examples of this during the inspection. However, we did see a person who used the service being supported to do their own laundry. We saw that their care plan included, "Carers to promote my independence by encouraging me to do as much as possible for myself." They confirmed that staff encouraged and supported them to maintain their independence.

Ensuring people are well treated and supported; equality and diversity

- Staff spoke about people who used the service with kindness and compassion. They knew people's preferences and used this knowledge to care for them in the way they wanted wherever possible.

- People's spiritual and cultural needs were met. Some people were supported to go to church and a priest

visited regularly. Some people had particular dietary requirements and this was recorded in their care plan and respected. We saw that one person's culture required their hair to be cared for in a particular way. Their support plan contained specific instructions for staff about how to do that. Staff told us they ensured these needs were respected.

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

- People who used the service were supported and encouraged to make decisions about their care. Staff we spoke with knew people and their individual needs well. They also involved people's relatives and healthcare professionals when needed.

Is the service responsive?

Our findings

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

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

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

- Care plans we viewed contained information about people's likes and dislikes. We saw some care plans included good descriptions of people's cognitive and emotional needs, which were detailed and written in a kind and thoughtful manner. However, there were examples where support plans were not followed. For example, we saw that a person's support plan contained details of how to use visual prompts to communicate with them because they were unable to communicate verbally. We did not see any visual prompts available and when we asked staff about this, they told us that the person no longer recognised these so they had stopped using them. However, this had not been reviewed and other methods of communication had not been explored. This meant that there was a risk the person's needs were not met because communication was ineffective. This was particularly concerning as we had received concerns about people not having readily access to drinks in Fatima House and some staff were unable to tell us how they would communicate with people who were non-verbal.

- Care plans we looked at were large and contained a lot of information, some no longer relevant. This meant that new staff or agency staff might find it difficult to find up to date and relevant information about a person they supported, and there was a risk that a person's needs would not be met. There were a range of support plans in place, for example for people who had communication difficulties, behaviours that challenged the service and a range of other specific needs, such as foot care, eating and drinking, dental care and emotions. Some support plans did not state the person's name, which meant that if this was taken out of the file, it would be difficult to relate it to the person to whom it referred.

- Some people were encouraged to undertake activities of their choice wherever possible. One person told us they participated in a significant number of activities such as cake making, drawing, singalong and keep fit. A number of people who used the service attended a day centre and were enthusiastic about this. One person told us, "I really enjoy going to the centre. I have a lot of friends there."

- For people who did not attend a day centre, on both days of our inspection, we saw very little evidence that staff supported them to participate in meaningful activities, apart from watching TV. One relative told us they were happy with the home but thought there was not enough activities for some people including their family member. They said, "No one takes [Family member] out. The carer who used to take [them] out has left and since then [Family member] has not been taken out. [They] would like staff to take [them] round the block and in the community." The provider showed us evidence that the person did however attend a day centre regularly. There was a large activities board displayed in the home highlighting organised activities for people who used the service. The registered manager told us they ensured that planned activities took place on a daily basis.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's records contained a 'hospital passport'. This was a document which provided important information in the event of a hospital admission. This included the person's preferred name, GP and next-of-kin details, medical history, level of comprehension and ability to consent and any behavioural issues that may challenge or cause risks. These were regularly reviewed and updated and signed by the person who used the service.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures and this was available in an easy-read format. However, we saw that this had not been updated and still included the contact details of the previous management team. Complaints were logged and we saw these were responded to appropriately and in a timely manner.

End of life care and support

- The service supported people at the end of their lives including their choice of dying in the home whenever possible. On arrival, the registered manager told us two people were receiving end of life care in Fatima House. However, staff on duty in that unit stated these people were no longer receiving end of life care. They were able to tell us when this decision was made and the reason. Where appropriate, people's last wishes were recorded in their care plans. Some people's care plans included a 'When I die' booklet to support people to plan ahead. The registered manager told us they would encourage and support everyone to complete these. The Frances Taylor Foundation offered a pastoral care service which people were able to access, including when they experienced bereavement and other traumatic events in their personal lives.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

- People who used the service told us they were happy living at the home. One relative stated, "The manager is good. [They] listen and sort out problems."
- We noticed that the provider's internal audits undertaken by senior management had stopped in July 2018. We discussed this with the director of operations and they explained that the person who was responsible for these had been absent for some time and they were reviewing how they should go forward with these visits. They added, "A meeting with the trustees will happen on Tuesday. I will make a recommendation regarding future audits, and I will be recommending external inspectors to come in." Staff gave us examples of previous internal and external managers doing 'walk-rounds', which had been helpful and supportive, but these no longer happened.
- The registered manager told us senior staff carried out regular audits in the home including health and safety, medicines, care plans and staff records. However, our findings indicated that audits were not always effective because they had failed to identify the issues we found during our inspection in relation to risks management, care planning, and meeting the needs of people. Consequently, they were unaware of the shortfalls and did not have plans in place to make the required improvements.
- Most staff told us there had been a change in atmosphere and team cohesion over the last year or so and this made work less enjoyable and fulfilling. One care worker, however, told us, "I love it here" and another said, "I feel really motivated. I love my job."
- The registered manager told us they had carried out satisfaction surveys with people who used the service and we saw evidence of these. We saw that these showed an overall satisfaction. However, the forms were not dated so there was no evidence that these were carried out recently. We discussed this with the registered manager who told us they would ensure going forward, they would include a date on the forms.
- The staff's opinion about the management team varied. Some staff told us they felt listened to and supported by the registered manager, although others felt the staff group was 'miserable' and the registered manager and director did not seem to care about staff or the service. They told us the atmosphere of the home had deteriorated over the last year.
- Other staff told us the senior care staff were, on the whole, visible and approachable, positively encouraging feedback and acting on it to help try to improve the service. Some felt the managers should be

more visible to staff and to people who used the service.

- The mixed feedback from staff was supported by the staff satisfaction survey results for 2018. For example, 10 out of 13 staff did not feel valued, and 8 out of 13 staff did not feel supported. We asked the registered manager what actions they had taken about these concerns. They told us they had asked the senior staff to ensure they carried out regular supervisions with staff. They also said they spoke to their line manager. We asked how they addressed the issues raised to ensure improvements were made. They said that most of the comments were negative and directed at them, so they did not think it was appropriate to address the issues directly with staff. They said their line manager met with staff and attended a staff meeting. However, the registered manager admitted that the issues raised by staff were not discussed in the meeting. No action plan had been done about the concerns, so we could not be sure these were taken seriously and addressed appropriately.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All staff we spoke with demonstrated they were passionate about and committed to the provider's ethos and vision and said this helped them cope with the stresses of the job. One staff member told us they were "Proud of our family-orientated culture."
- Some staff told us managers involved them in the service in a meaningful way, communicating clearly and frequently, though others felt this was not always the case.
- Staff told us they had regular team meetings records and we saw records of these. The items discussed included safeguarding, any issues about the people who used the service and housekeeping. The registered manager told us staff had a daily handover meeting and there were daily shift plans which included which staff members were responsible for medicines administration, meal preparation any appointments or events planned. The records we viewed confirmed this.
- There were daily shift plans which recorded a range of information for staff. For example, who was the shift leader, who was responsible for medicines administration, meals, any appointments and tasks to undertake and by whom.
- The director of operations told us they provided supervision to the registered manager. However, they said that formal supervision had been carried out only once so far. They added that they met and spoke regularly however. They stated that they also planned to carry out a yearly appraisal. They felt they provided good support such as attending staff meetings and speaking with staff about their concerns. They told us, "I genuinely feel like I go out of my way to take part in what I am able to do, and I am approachable." They added that two staff members had requested one to one meetings with them, and these had taken place. Concerns raised and action to be taken had been discussed with the registered manager.

Continuous learning and improving care/Working in partnership with others

- The home's management team consisted of the registered manager, the deputy manager and a team leader. The registered manager had previously worked as a manager for a company and had undertaken short term contracts as support manager in a variety of social care settings. They held a management certificate in health and social care. They told us they kept up to date with developments in the social care sector by reading a range of social care magazines and updates from the Care Quality Commission's website.

- The registered manager told us they had not attended any registered managers forums but met regularly with the local authority's commissioning team. They added that they ensured they kept their skills up to date by undertaking regular training and had recently undertaken training in medicines and around the management of investigations. They were due to attend training in health and safety.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not do everything reasonably practicable to make sure that people who used the service received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences.</p> <p>Regulation 9 (1) (a) (b) (c) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always assess the risks to the health and safety of service users of receiving care or treatment.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.</p> <p>Regulation 17(1) (2) (a) (b) (c)</p>

