

Abbeyfield Society (The) Pratt House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pratt House is a residential care home providing personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 29 people. Pratt House accommodates people in one adapted building. People are accommodated on the ground and first floors, with communal areas such as the lounge and dining room on the ground floor. The second floor is for staff use only and consists of a training room and a storage area.

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

People were happy with their care and had positive relationships with staff. They described staff as "Wonderful, kind, caring, pleasant and helpful". They confirmed their nutritional and health needs were met. They were supported by a consistent staff team but felt the current staff vacancies meant staff were more stretched than usual. They had access to activities and felt able to raise concerns.

People and staff were happy with the way the service was managed. However, records were not suitably maintained, and the provider had failed to monitor and audit the service to satisfy themselves that people got safe care. People's medicines were not appropriately managed, the home was not suitably clean and risks to people were not mitigated which had the potential to put people at risk. The required documentation was not available to evidence staff were suitably recruited. Person centred care was not consistently provided and the Accessible Information Standard (AIS) was not met.

People felt safe and systems were in place to safeguard people. The service had a consistent staff team but had three staff vacancies that they were covering, without the use of agency staff. This resulted in people feeling that staff were not available to them when their assistance was required. The registered manager was addressing this, and new staff had been appointed.

The service was not suitably maintained and fit for purpose. The provider had a total refurbishment plan in place and they confirmed after the inspection the work had commenced. We have made a recommendation about improving the environment to ensure it is safe and suitable for people. 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 were assessed prior to admission to the service. Their health and nutritional needs were identified and met. Staff were trained and supported in their roles.

People confirmed staff were kind and caring. Their privacy and independence were promoted. People had access to activities. Their end of life preferences were identified. Systems were in place to deal with concerns and complaints which enabled people to raise concerns about their care if they needed to.

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

Rating at last inspection

The last rating for this service was good (published 5 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. The provider confirmed they had taken action after the inspection to address our findings and mitigate risks.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pratt House on our website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to the management of risks, medicine administration, recruitment of staff, person centred care, records and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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 effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Pratt House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was 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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, head of care, a team leader and three care

workers. We 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 five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and six staff supervision records. A variety of records relating to the management of the service, including 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, duty rotas and quality assurance records. We spoke with three relatives by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

- Staff were aware of risks to people and actions to take to deal with potential risks. However, risks to people were not always mitigated. This was because risk assessments lacked detail around the actions and control measures in place to mitigate the risks.
- Risk assessments for people with epilepsy did not provide guidance on seizure types and actions to take in the event of the seizure. They did not alert staff to when they would need to call the emergency service. A person's risk assessment indicated they can become angry, shout and hit out. The actions were for staff to complete a behaviour chart. There was no indication as to how staff were to respond to the behaviours that challenged to prevent them escalating.
- People who required it had falls risk assessments in place. In one person's file the review of the risk assessment made no reference to three recent falls they had or showed that this had been considered and addressed. Risks such as the use of anti-coagulant medicines (medicines that help prevent blood clots) and bed rails were not assessed. Monthly bed rail checks took place but there was no risk assessment to show that all risks around the use of bed rails had been considered.
- Each person had generic risk assessments in relation to personal safety which included risks around fire, use of alcohol and finances. The service had no environmental risk assessments in place which identified risks to people, staff and visitors to the service. During our tour of the environment the cupboard containing cleaning materials was unlocked and the cleaning trolley with cleaning solutions accessible on it was left unattended in the corridor. Also, the window restrictor check record showed the window restrictors were last checked in December 2018, whilst the maintenance tasks schedule suggested this was a monthly check.
- Fire safety was compromised. This was because the kitchen and office doors were wedged open and potential fire risks were not assessed. For example, the risks associated with the use of free-standing electric heaters, the storage area on the second floor and other areas of the home which were cluttered e.g. reception and small seating area on the first floor. We also found no night time fire drills had taken place. We shared our concerns with Buckinghamshire fire safety team for them to follow up on.

We found reasonable steps had not been taken to mitigate risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed risk assessments were in the process of being

updated and were more specific to enable them to identify how risks would be mitigated.

- Health and safety checks took place weekly and/ or monthly. This enabled the provider to monitor the safety of the service. These included a pendant check, flush of the water system, legionella and water temperature checks. Alongside this equipment such as the gas, electric, fire equipment, lift and moving and handling equipment were serviced.

Preventing and controlling infection

- The service had cleaners employed. They had a cleaning schedule in place which showed the areas they were required to clean. However, it was not detailed and specific. The cleaning rota was signed off by cleaning staff when completed. Despite this the standard of cleaning varied. Some carpets were stained, there was a build-up of dirt, cobwebs and flies in the laundry room and an armchair that was in use in the sitting area smelt of urine.

We found reasonable steps had not been taken to ensure the home was clean and hygienic. This meant people were living in a service which was not suitably hygienic. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed action was being taken to improve the level of cleanliness.

- Staff were trained in infection control. They had access to and used disposable protective items, such as gloves and aprons.

Using medicines safely

- Systems were in place to promote safe medicine practices. These systems were in line with national guidance and best practice. However, safe medicine practices were not consistently maintained.
- Staff were trained and assessed as competent to administer medicines. During the inspection we observed medicines being administered. The staff member left the medicine trolley unattended with the key in when they went to administer people's medicines.
- Medicine administration showed gaps in administration. One person's time specific Parkinson medicine was not signed for on two occasions on the 22 and 23 June 2019. This had not been followed up and addressed to establish if the person's medicine was not administered or if it was missed signatures.

We found reasonable steps had not been taken to ensure medicines were safely managed. This placed people at risk of not getting their medicine as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed further checks on medicine administration was being introduced.

- Guidance was in place on the use of "As required" medicines. Homely medicines were agreed and signed off by the GP. A body map was in use to show where transdermal pain control patches were applied. This was to ensure they were rotated on each application.

Staffing and recruitment

- The provider had policies and procedures in place to promote safe recruitment practices, However, we found the providers policy was not followed and safe recruitment practices were not promoted. Staff

completed an application form, attended for interview and completed a written assessment as part of the interview process. Prior to a new member of staff commencing work, checks were carried out such as obtaining references from previous employers and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

- A recruitment file for a new staff member was not available at the inspection. Two staff recruitment files viewed did not contain an up to date photo, record of a health check or evidence that gaps in employment had been explored. The registered manager told us the health questionnaires were completed on line and were reviewed by the organisation. They were only informed if there were any issues with a potential candidate's health. The registered manager confirmed they explored gaps in employment but had not recorded that discussion.

We found reasonable steps had not been taken to ensure staff were suitably recruited. This placed people at risk of not being supported by people who had the required pre employment checks in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed staff files were being organised and gaps in records addressed.

- People were supported by a consistent staff team. The service had three staff vacancies. They had recruited into two of those vacancies but were awaiting the completion of recruitment checks before the new staff commenced work at the service.
- The existing team covered the vacancies by working extra hours. Staff told us the staffing levels were "Ok but not as good as previously due to the promotions and vacancies within the team". They informed us they were happy to work the extra hours as it meant consistent care for people.
- People told us that recently the staffing levels were not as good as they used to be. People commented "Staff have so many jobs to do they don't have time to sit with you for a few minutes", "There has been occasions recently where the staff seem stretched and rushed". "Sometimes I call, and they don't come, I hear other people asking for staff too, but they don't always go to them". The registered manager was made aware of this feedback during the inspection. They reviewed the call bell logs to show all call bells were responded to.
- The registered manager agreed to review people's dependency levels (A tool used to calculate staffing) and keep the rota under review to ensure the staffing levels were sufficient to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. Staff had access to the local authority safeguarding policy, procedures and the organisations guidance on safeguarding people.
- Staff were trained in safeguarding procedures and were aware of their responsibilities to report poor practice. Staff members told us they would always report poor practice. Staff commented "I would have no hesitation in reporting concerns, it is my responsibility to do that and ensure people are safe". "If I witnessed abuse I would stop it and report. If not dealt with I would escalate it".
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission. Records were maintained of all alerts made, the outcome and action taken.
- People told us they felt safe. Comments provided included "Staff always look out for me and make sure I am safe". " Yes, I feel safe here, why wouldn't I be, it is my home". One person raised a number of concerns with us about their safety and well-being. This was feedback to the registered manager to explore further and act on.

Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibilities to record all accident, incidents and inform the registered manager.
- Each month the service analysed the number of accidents and incidents. This enabled them to identify trends and take action to prevent reoccurrence.
- The registered manager regularly reviewed the accidents, incidents and safeguarding alerts. A record was maintained which showed a review of each incident, the outcome and lessons learnt. Any actions from the review was communicated to staff to promote learning.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service needed updating and refurbishment. Carpets were worn and frayed. There was a hole in the corridor wall which we were told was due to a build-up of condensation. There were damp patches on some ceilings and the flooring in the small upstairs kitchen area was coming away from the wall. The reception area looked cluttered and there was a lack of storage spaces throughout the home. Walls and doors were badly scuffed and marked.
- The registered manager told us plans were in place to update the property as well as extend the service. The plans were on display in the office. However, the registered manager had no timescales for when the work would commence.
- After the inspection the registered manager sent us a schedule of the works to be carried out. This indicated work was due to commence on redecorating, refurbishing and updating the communal areas of the home with immediate effect. They anticipated this would take three months to complete.

It is recommended the provider keeps the refurbishment of the service under review to ensure people are provided with a service that is safe and suitably maintained.

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

- People were assessed prior to coming to live at the service. The assessment document provided key information on people's needs, risks, communication and key people involved in their life's. It took into account people's skills, abilities, sexual orientation, cultural and religious needs.
- The registered manager confirmed people were given the opportunity to visit the home and come for lunch prior to agreeing to live at the service. People also had the option to come for respite care initially to enable them to make an informed decision on moving to the service.

Staff support: induction, training, skills and experience

- Staff told us they had being inducted and had received training suitable to their role. New staff told us they shadowed experienced staff.
- Staff new to care are required to complete the Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme. There was no record maintained to

show staff had been given the Care Certificate booklet or that their progress with it was reviewed and discussed at regular intervals to enable staff to be signed off and deemed competent in a timely manner. The registered manager agreed to put a system in place to enable them to monitor the care certificate from the staff members induction until completion. After the inspection the registered manager confirmed certificates were available to show when the care certificate was completed by staff.

- Staff had access to training considered mandatory by the provider such as moving and handling, fire safety, safeguarding and first aid. Staff had specialist training in nutrition and well-being and some staff had dementia awareness training. The organisation had recently introduced a new e-learning training package and staff were given timescales to complete those to ensure all staff had the required up to date training.
- Staff told us they felt supported and received one to one supervision. The registered manager told us they had identified one to one supervisions and appraisals of staff were not taking place at the frequency required. They had put a matrix in place to enable them to monitor those.

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

- People's care plans outlined the support required with their meals and risks associated with meal times.
- Staff were aware of the risks to people around mealtimes and the required support and intervention required by people.
- A menu plan was in place and records were maintained of the meals eaten. People were provided with a varied diet and were happy with the meals provided. People commented "The meals are very good, we have a well-balanced meal every day". "I cannot fault the food, good choice and variety", "We have plain, ordinary and good wholesome food".
- Relatives told us the food appeared appetising. A relative commented "[Family member's name] likes and dislikes were established when they first arrived at the service.

Staff working with other agencies to provide consistent, effective, timely care

- Each person had a hospital passport in place. This was sent with the person on admission to hospital to ensure hospital staff had key information on a person.

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

- People were supported with their healthcare needs. They had access to a range of health care professionals which included the GP, district nurses, dentist, opticians and podiatrist. People's records included a summary of the visit from the health professional, the outcome and follow up actions.
- People told us staff supported them to see a GP if required. A person commented "Staff are very good, they would get a Doctor if I requested it or if they thought I needed to see one".
- Relatives told us their family members health needs were met. A relative commented "[Family member's name] health has improved so much since being at Pratt House".

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.

- People were consulted with on their care. Where people were unable to consent a Mental Capacity Assessment was completed, and a best interest decision made.
- The MCA's viewed were decision specific and included assessments in relation to living at the home, health and well-being, personal care and medicines.
- Staff were trained in MCA and DoLS. They had a good understanding to how it related to the people they supported.
- The service had a number of people for whom DoLS applications had been made and people were supported in the least restrictive way.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same – good.

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

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

- People had positive relationships with staff. We observed people were relaxed and were seen to be laughing and joking with staff. Staff were kind and caring towards people and used appropriate eye contact and touch when encouraging people with a task such as eating their meal.
- People told us staff were kind and caring. They commented "Staff are genuinely caring, they are lovely too and have wonderful personalities". "I cannot fault the staff, they are so respectful, thoughtful and really very good". "The staff are pleasant, helpful and kind". "The staff will do anything you ask them to do, they are brilliant".
- Relatives described staff as "Pleasant, welcoming and approachable". A relative commented "I cannot fault the carers in their care and persistence".
- Throughout the inspection we heard staff use terms of endearment such as "Darling, sweetie, love" when addressing people. This was discussed with the registered manager for them to establish if this was how people preferred to be addressed.

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

- People were given choices in everyday decisions such as time to get up, go to bed, meals and activities. Throughout the meal time we saw people were offered alternatives to what was on the menu and a choice of drinks was available. A person commented "There is always a choice of food available".
- Monthly resident meetings took place, which was an opportunity for people to be involved in making decisions on activities and changes within the home such as the recruitment of new staff. A person told us they felt involved in the home. They commented "We are kept up to date with everything that is happening and that is reassuring".
- People had an annual review of their care which family members and the persons' named keyworker contributed to. A keyworker is a named staff member who works closely with the person in promoting their care, needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People's independence and privacy was promoted. People commented "Staff are very good, they allow me to do what I can for myself and support me when I need help". "I am able to wash myself and staff promote my independence".
- People had their own bedrooms which were personalised. Throughout the inspection we observed staff

knocking on doors and asking if it was alright to come in. A person commented "Staff always knock on my door and wait for me to say come in".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

Requires improvement: 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

- Person centred care was not promoted. Each care plan consisted of 10 sections and care plans were in place for each of those areas, whether they were required or not. The registered manager confirmed after the inspection that as an organisation they use the '10' sections as headings to ensure no area of care is left out from the care plan.
- Care plans lacked specific detail as to how staff support people. They made reference to assisting, supporting, encouraging and prompting people with no detail provided as to how individuals wanted their care delivered.
- Care plans on toileting and promoting continence indicated staff were to change pads regularly and a person's care plan indicated they required turning at night. Those care plans did not outline the frequency of the pad changes or turns for individuals.
- Electronic care plans were due to be implemented. The registered manager and senior staff were in the process of inputting information. They agreed to take our feedback on board to develop person centred care plans.

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.

- The provider did not have a policy or guidance for staff on meeting the AIS. The registered manager was unaware of the requirements of the standard.
- We were told information was available to people in formats to suit their needs, however, the expectation was that people would be able to request that. The provider had not considered how people, who were unable to communicate their needs, would be able to make that request.
- The activity programme and menu were made available to people in small print with no easy read format of documents provided. The complaints policy was available as a poster but not easy read or pictorial.
- The service had a person who was registered blind. Whilst the person accessed talking newspapers and listened to the radio, the provider had not made information relating to their care available to them in a way they could access and understand.

We found care plans were not person centred and the Accessible Information Standard was not met. This

did not support high-quality person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed person centred care plans were being developed and the organisation was developing policies and guidance to meet the AIS.

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

- People had access to communion services, in house and community-based activities. The service had a full time and part time activity co-ordinators. They took responsibility for the planning and implementation of the activity programme. Activities provided included bingo, exercises, manicures, arts and crafts, singers, entertainers, trips to local farms and a boat trip.
- Some people were happy with the activities provided. People commented "There is nearly always something going on and we get the opportunity to go out". "The activity staff are marvellous, so enthusiastic, fun and engaging". "There is quite a lot of activities going on, but I choose not to get involved in them". Some people gave us examples where activities could be improved. People commented "The range of activities provided could be better, you find we do a lot of the same things all the time". "I would prefer more activities out of the home, especially now the weather is better".
- The registered manager had identified activities as an area for improvement. They were looking to recruit another part time staff member to support the activity team and develop more person-centred activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which reflected best practice on how to respond to concerns and complaints.
- A record was maintained of complaints made. It included evidence of the registered managers investigation into the complaint, outcome and actions. There was one complaint logged for 2019.
- People and relatives told us they knew how to raise concerns and they felt able to approach staff or management if they had any concerns. People commented "I would talk to [name of registered manager], I find they listen and always do something about any issues I raise". "I have previously told [name of registered manager] my concerns and it was immediately sorted".
- A compliments log was in use and kept by the front door. This included thank you cards and emails from relatives who were positive about the care provided to their family members.

End of life care and support

- The service had explored people's preferences and choices in relation to end of life care. Their care plans outlined their wishes in the event of them becoming unwell and requiring end of life care. These included people's cultural and spiritual needs. Some people had funeral plans in place to support their wishes.
- Staff were trained in end of life care to enable them to support people appropriately.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager told us they were still learning and developing in their role. They had been in post since July 2018 and had no record of an induction into their role and the expectations of the role. They confirmed "They tried to learn along the way". After the inspection the registered manager clarified this comment and stated "It related to learning in the job as they come across new tasks and experience different things".
- Records were maintained securely, up to date and accurate. The filing cabinet containing people's care plans was left unlocked in an unlocked office.
- The monthly review of people's care plans and risk assessments consistently indicated no change when changes had occurred. They lacked detail as to the level of support and intervention required to meet people's needs and mitigate risks.
- The rotas were not reflective of staff on duty. Other records such as hospital passports and the survey report were not dated, bath and shower charts were not completed, and some assessments were not signed. A person's care plan on toileting and continence made no reference to the catheter they had in place.
- Staff files were not in order with information pertaining to their recruitment, training and supervision was not in their files or left insecure on top of the filing cabinet in the registered manager's office. Alongside this induction records were not maintained to reflect that staff had been inducted and that they had completed shadowing shifts.

Continuous learning and improving care

- The service was not suitably audited, and good governance was not established to ensure the service was suitably monitored and managed.
- The provider's policy on infection control outlined that infection control audits should be carried out regularly, but the frequency was not defined. An infection control audit was last completed in July 2018. It indicated an action was required which was not signed off as completed. A health and safety audit was completed in October 2018 and Jan 2019. The audit made reference to fraying carpets. No action was taken. At this inspection we found carpets were frayed and worn throughout the home.
- Two people's medicines were audited monthly and a fuller six-monthly medicine audit was completed. The actions from the six-monthly audit were not signed off as completed. Daily checks of medicine records

took place, but these failed to address the gaps in the person's medicine records that we viewed.

- The registered manager told us they monitored staff practice and carried out night time checks of the service. However, they informed us records of those aspects of monitoring were not completed.
- The provider had a quality assurance in place. It indicated business managers conducted regular quality monitoring visits to the service and produced written reports. It suggested that a service improvement plan was maintained which details the actions being taken to improve safety and quality of the service. The policy did not define what was perceived as regular monitoring visits.
- The monitoring visit report on file and available to us was dated the 22 November 2017. The registered manager confirmed a comprehensive audit had taken place between January to April 2019. The report of that visit was not written up and available to the registered manager or us.

We found reasonable steps had not been taken to effectively assess and monitor the service and to ensure records were fit for purpose. This did not support high-quality person-centred care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed audits, monitoring and records were being improved to ensure the delivery of high-quality care.

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

- People told us the service was well managed. A person commented "I feel [registered manager's name] is doing a great job". They described the registered manager as "Approachable, always accessible, available, willing to talk and listens to everyone".
- Relatives felt the service was well managed. They described the registered manager as "supportive and approachable". One relative told us they would like to see the registered manager on the floors more to enable them to observe the care.
- Staff told us they felt the service was well-led. They described the registered manager as "Caring, open and supportive". They commented "[registered manager's name] is a good manager, their door is always open, we can depend on them for anything, they are always willing to help on the floor and are very supportive with personal issues too". "[Registered manager's name] is lovely, open, easy to talk to, always listens and do something about any issues I raise".
- The registered manager was committed to promoting a positive culture within the service. They commented "I love this home with all my heart, I have a good bunch of staff. We always do our best and adore those residents. Something special is that it is so homely".

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 provider had a duty of candour policy in place and the registered manager was aware of their responsibilities to be open and transparent when things went wrong,
- The registered manager was open, honest, receptive to our feedback and was proactive in starting to address the issues we found.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, professionals and staff. Staff, resident and relative meetings took place. The registered manager told us weekly well-being meetings were due to commence with the head of care to

enable them to keep up to date with changes in people's needs and well-being.

- Staff told us they worked well as a team and individually. They told us communication was good and systems were in place to promote good communication such as handover records, shift planners and the use of a communication book. A staff member commented "There is a sense of community here, we all pull together to promote good care".

Working in partnership with others

- The registered manager was keen to develop community links. The service was visited by children from a local nursery school once a fortnight. The registered manager confirmed they were in the process of arranging a talk with secondary schools with a view to students coming in on work experience. The aim was to encourage more young people into Adult Social Care careers.
- The registered manager told us the service had developed good relationship with a local church and people got invited to events there. They confirmed they offered local people who lived on their own the opportunity to come for Christmas lunch and be part of the celebrations. They were keen to set up fund raising events locally to benefit the service and charities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Person centred care planning was not established and the provider did not have systems in place to meet the Accessible Information Standard.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not mitigated which had the potential to put people at risk of receiving unsafe care and treatment.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not fit for purpose and systems and processes were not established and operated effectively to ensure the delivery of high-quality care.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff were not suitably recruited in line with schedule 3.

