

European Healthcare Group PLC

# Old Wall Cottage Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Old Wall Cottage is a nursing home which accommodates up to 33 people in one adapted building. The building is divided into two units. There were 26 people living at Old Wall Cottage at the time of our inspection.

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

People and relatives were positive about the care and support given by staff, and the changes being made by the new manager. While we noted that a number of improvements had been made to address the concerns we raised at our last inspection, we have identified several ongoing issues around management of risk and how the service was led.

Risks to people's health and safety were still not well managed. The home environment and equipment were not kept consistently clean, which put people at risk of infections. Staff were also observed to carry out unsafe moving and handling practices which put people at risk of injury.

The home had not had consistent day to day leadership since our last inspection, and the provider had not ensured that improvements were made in response to the concerns raised at our last inspection.

Some aspects had improved, for example deployment of staff had improved to ensure that there were enough to meet people's needs. The management of people's medicines had also improved, so that they had them when they needed them, and the systems that were being used minimised the risk of errors. We have recommended that the provider updates their policies with regards to the use of covert medicines.

Where accidents and incidents had taken place, these had been reviewed to see if anything could be learnt, and to prevent reoccurrence. The new manager had not yet completed a review of this information for August or September 2019, so we have recommended that this is completed.

New staff were recruited in a safe way to ensure they were suitable to support the people that live here. Staff understood their roles and responsibilities in keeping people safe from abuse.

Staff now received training and supervision to ensure they had the skills needed to meet people's needs. 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 supported to access health care professionals such as the GP, dentist and chiropodist when needed. We have recommended that the staff review the level of detail in oral healthcare plans, so they are clearer on how staff should support people.

The home was all on one level, so people did not have to negotiate stairs. They also had access to the gardens, which had several points of interest for them. We have made a recommendation around the internal environment and how it should be reviewed as part of the planned refurbishment to better meet the needs of those people living with dementia.

The choice and variety of food had improved since our last inspection, and people were supported to have enough to eat and drink.

People were supported by kind and caring staff; however, we have made a recommendation because they could have been more attentive to people and their needs.

People had more access to activities than at our previous inspection; and their care records were in the process of being updated to ensure they better reflected the care and support people needed. As both these processes were just being introduced at the time of the inspection, we have recommended that the provider continues to make improvements in these areas.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 September 2018) and there were six breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection although some improvement had been made, not enough had been done, and the provider was still in breach of two regulations. This is the second consecutive inspection where the service has been rated requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Wall Cottage on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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** ●

# Old Wall Cottage Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

Our inspection was completed by two inspectors and a nurse specialist

#### Service and service type

Old Wall Cottage 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. A manager was in post and had begun the registration process. Once registered this would mean that they and the provider were 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 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 also checked for

feedback we received from members of the public, local authorities and commissioning groups. We checked records held by Companies House. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with six staff and the manager. 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 four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

The manager supplied additional information to demonstrate action taken as a result of our findings on the day. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement as we had identified a breach of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the failure to ensure risks to people were appropriately managed and safe care and treatment was provided; failure to ensure a sufficient number of suitable staff were employed to meet people's needs; and failure to follow safe medicines practice. At this inspection we saw that several improvements had been made across the service to address the concerns we had previously raised, however there were still some aspects that required improvement, such as management of risks to people, and infection control.

As a result, this key question rating has remained the same of 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; Preventing and controlling infection

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

Although we found that some improvements had been made, not enough improvement had been made in staff practice at this inspection and the provider was still in breach of regulation 12.

- During the inspection two staff were seen to use unsafe lifting techniques on two occasions to adjust a person's sitting position. They lifted the person by their arms, which put the person at risk of injury or bruising. When we raised this with the manager they stated the staff should have been using lifting equipment, such as a lifting belt, when supporting this individual. Staff were seen to use this equipment later in the day, demonstrating that the manager had acted, and the risk of harm to the person was minimised.
- The hazards to people's health and safety from environmental risks such as cleanliness and infection control were still not well managed. Edges of chairs were found to be dirty, door handles, and tables had a sticky feel to them, indicating lack of effective cleaning. One bathroom, awaiting refurbishment, was used as a store for moving and handling equipment, such as slings and hoists. The room had not been effectively cleaned and we saw a brown substance on the toilet seat which could lead to cross contamination to the equipment stored there. We brought this to the manager's attention and the room was cleaned prior to us leaving the home.
- The manager explained that a refurbishment plan was in place and set to be started when the service changed providers. However, not enough was being done to keep the environment and equipment clean, and people safe from the spread of infection.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although the cleanliness of the communal environments needed to improve, other areas, such as the laundry were well managed to minimise the risk of spreading infection. The laundry room was clean, and the staff understood the importance of keeping soiled and clean laundry separated.
- The risk of people acquiring a skin injury, such as pressure wounds had been assessed, and people's skin integrity was well managed to minimise injuries such as pressure wounds developing. Pressure relieving equipment was in place, and routinely checked to ensure they were being used correctly.
- People were protected from the risk of falls. Moving and handling care plans and risk assessment were in place. Apart from the example given above, people were seen to be supported to mobilise in a way to minimise the risk of injury. For example, by using mobility equipment such as walking frames, or being moved from one chair to another using a mobile hoist with two staff supporting.
- Guidance on how to support people in an emergency was available to staff. This was by the way of personal emergency escape plans that were in place. In addition, business continuity plans that detailed how the service would continue in the event of serious incidents such as fire, floods or adverse weather were also in place.

### Using medicines safely

At our last inspection we identified a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of safe medicines practices. At this inspection, we found action had been taken to address our concerns and medicines processes had been improved.

- People's medicines were given in a safe way and they had them as prescribed. Where people were given medicines covertly, without their knowledge (such as hiding it in food) this had been done in accordance with written authorisation from the person's GP. However, the provider did not have a clear documented policy on the management of covert medicines to guide staff.

We recommend the provider follows Nursing and Midwifery Council (NMC) guidance with regards to documented policies on use of covert medicine.

- Only staff who had the training and experience were able to give medicines to people. Our observations of a medicine round showed that NMC standards for safe administration were followed and staff acted towards people with patience, respect and compassion.
- People's medicines were stored in a safe way. When not in use people's medicines were stored in locked cabinets in locked rooms. The temperature at which medicines were stored was regularly checked to ensure it was within the manufacturer's guidelines. Receiving and disposal of people's medicines followed safe working practices to ensure medicines were available when needed and used within the use-by date.
- Records relating to medicines were accurate, complete and up to date and included the use of body maps for topical creams and patches that needed to be placed on the skin. This ensured they were applied to the correct part of the person's body and the medicine would be effectively absorbed into the skin.

### Staffing and recruitment



At our last inspection the provider had failed to ensure there were enough staff deployed at the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet the needs of the people who lived at the home. One person said, "They [staff] are there when I need them." One staff member said, "From the time I've been here I think staffing is okay. It's quite nice with the teatimes that we all come together, I really like that."
- Staffing rotas demonstrated that safe levels of staff were in place. Our observations on the day of the inspection showed that staff had time to talk and carry out activities with people, as well as meet their health care needs. One staff member said, "We don't need to rush. They (management) like us to interact with people and take our time."
- Communal areas had a member of staff present to ensure they were available should anyone need help, and staff checked with each other to ensure these areas were covered during staff breaks.
- The process for recruiting new staff was safe and ensured only suitable staff were employed. The provider obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

#### Learning lessons when things go wrong

- A record of accidents and incidents was kept and reviewed to try to minimise repeat occurrences. However, the manager was new in post and had not yet reviewed the batch of information for the months of July and August. They explained they had been focussing on other areas of the business to drive improvement.

We recommend the new manager commences a review of accidents and incidents to ensure patterns are looked for, and to ensure action taken had been effective at preventing a repeat occurrence.

- Analysis of the accident records carried out as part of the inspection showed that they were one off incidents. We did not see any repeat incidents that may have indicated appropriate action had not been taken to address the initial concern.
- The manager had ensured that external agencies such as the CQC or local authority had been notified of accidents and incidents where necessary and required by the regulations.

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

- People were protected from the risk of abuse because staff understood their roles and responsibilities in keeping people safe from harm. One staff member said, "I need to report anything like that."
- Systems were in place to protect people from others who live at the home who may not understand what they were doing. A staff member said, "If people are aggressive with each other we have to put a safeguarding in to see what you can put in place to stop it happening. I would let the nurse know my concerns or go to the manager. I could go to safeguarding if I thought I needed to."
- The manager and staff followed the local authority safeguarding protocols when needed. This was to ensure that people were protected, and that all involved were given the appropriate support and care to keep them safe.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. This was because we had identified a breach of regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the failure to ensure the principles of the Mental Capacity Act (MCA) were followed and that there had been a failure to ensure staff had received effective training and supervision.

At this inspection we identified that improvements had been made with regards to staff training and supervision and the requirements of the MCA. Time was now needed for the provider to demonstrate the improvements were embedded into every day practice and could be maintained.

As a result, this key question has remained the same of requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received effective training and supervision to support them in their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff felt confident and supported in their roles and received training to enable them to meet people's care and support needs. One staff member said, "We have a very good trainer, she is so nice. She does it really well by giving us lots of examples." New staff were supported in their roles and received induction training to give them relevant skills. One staff member said, "I finished my induction last week. We talked through all the residents and all of their needs such as their diets, and I shadowed another member of staff."
- Nursing staff were given support to retain their registration with the Nursing and Midwifery Council through clinical supervision and training to ensure they kept up to date with best practice. They were able to undertake training to enable them to address the specific nursing needs of the people that lived here. This training included wound care, catheter care, and phlebotomy (how to take blood from a vein).
- The process of supervision and appraisal of staff was under review by the new manager, to ensure that staff provided effective care and support. A clear plan was in place to identify when each staff member would have the opportunity to talk with their line manager and identify where things were going well, or if further training was required.

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

At our last inspection the provider had failed to ensure the principles of the MCA were followed in order to ensure people's rights were protected. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Where people may lack the capacity to make decisions for themselves assessments had been completed. For example, one person had a capacity assessment completed by the hospital about the decision to move to Old Wall Cottage. The result of this assessment was that the person did not have the capacity to consent to move to Old Wall Cottage. An associated DoLS was in place as the person had not consented to move, and their freedom to choose where they lived was restricted.
- Staff had received training in the MCA and understood they had to seek consent prior to giving care and support and offer people time and choice to try to reach a decision for themselves. One staff member said, "Everyone should be offered choices even if they haven't got capacity." Staff were heard to ask people's permission before supporting them, for example when using mobile hoists.
- Use of equipment such as bed rails had also been assessed and reviewed in relation to the MCA because they restricted people's freedom. Appropriate DoLS applications had been submitted in relation to their use.

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

At our last inspection we recommended the provider implemented systems to monitor the choices of food and drinks provided to people, and that this was regularly reviewed. The provider had made improvements.

- People were supported to have enough to eat and drink. One person said, "I like the food, and there is plenty of it." Another person said, "I do get my favourite food sometimes."
- To encourage people to eat the chef had introduced 'show plates.' Just prior to lunch staff went around to people to show them the options for the day. This enabled people to choose an option that they liked the look of, at the time they were about to be served it. People who had a pureed or soft diet, also had a choice of meals, which was an improvement made since our last inspection.
- People's dietary needs and preferences were clearly known and understood by the staff that prepared and served the food. People could be assured that they were only given food in a format that was suitable for them. For example, for those that had difficulty swallowing, staff ensured that people were sat upright when eating to aid swallowing of food and drinks.

- A wide variety of snacks and drinks were available to people throughout the day of the inspection, including fresh fruit, homemade biscuits and cakes, and fruit juices. Staff regularly asked people if they would like something to drink and were seen to encourage and prompt people to keep hydrated.

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

- Some adaptations had been made to make the environment more dementia friendly. These included signs, and colour contrasting fittings, such as hand rails and toilet seats, however improvements could be made. For example, signage did not always stand out, as it was lost amongst other details/decorations on the wall. There were very few areas of sensory stimulation for those people living with dementia, for example, large calendars and clocks, aids to prompt memory recall, or points of interest for people to interact with as they walked around the home.
- The home people lived in was showing its age with areas in need of decoration. Corridors were narrow which could make it awkward for people who used wheelchairs to manoeuvre to get to and from their bedrooms.

We recommend that the provider reviews the home environment and decoration when they carry out the planned refurbishment so that the needs of people living with dementia are considered.

- The living accommodation and communal areas were all on the ground floor which made the building accessible to people with mobility support needs. For example, by having large open spaces for people to have the freedom to move around. Adapted baths and showers were available to make them accessible to people, as well as the use of specialist furniture such as 'high/low' beds, and reclining chairs.

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

- People's care records gave information to staff on what care was required and how often. We noted that some care records were more detailed than others, which could lead to inconsistencies in care given. For example, information about wound care was detailed with turning charts and records to demonstrate the wound was healing, but oral healthcare guidance was brief, with little detail about how staff should actually brush someone's teeth or dentures if this was required.

As poor oral health can affect people's ability to eat, speak and socialise normally we recommend the provider reviews and implements the National Institute for Health and Care Excellence (NICE) guidance about improving oral health for adults in care homes.

- Staff worked well together as a team to provide effective support to people. There was good communication between staff during the inspection to ensure that communal areas were always staffed, and that people who stayed in their rooms had regular contact to see if they needed anything.
- People had access to healthcare professionals when they needed them, or for routine check-ups to help maintain their health and welfare. Care records contained information about people seeing GP's, district nurses, dieticians, speech and language therapists as well as the community mental health team. Input and information from these professionals were carried through to people's care records, so that staff understood any changes in care that were needed.

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

- People's needs had been assessed before they moved into the home to ensure the staff could meet their needs. A relative said, "We talked about favourite foods, and suggested things he might like." The assessment included information on people's care and support requirements, as well as their life stories and

lifestyle choices. Pre-admission assessments were in place for all the care files we looked at during the inspection.

- The needs assessment also checked if any special action was required by the staff or provider to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people, or meeting the requirements of the Equalities Act.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. This was because we had identified a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the failure to ensure that people's privacy and dignity were always respected. At this inspection we identified that some improvements had been made, however there was still a need to make further improvements.

As a result, this key question has remained the same at requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and relatives said the staff were kind and caring. One person said, "Staff are nice to me." A relative said, "The staff are very chatty and friendly, and willing to help."
- Overall, we saw that people were supported in a kind and caring manner by the staff at Old Wall Cottage. However, we did see a few isolated instances where improvements could be made due to a perceived lack of observation by staff.
- Staff were seen to interact well with people who could verbally communicate. However, during our observations one person was seen to receive very little interaction, or acknowledgement from care and nursing staff. This person would look up when staff walked by them, but staff failed to recognise this, even when they had to walk right by the person to answer the telephone that was behind the person's chair. We pointed out the lack of interaction to the manager, and later in the day we saw that this had improved, the person had a staff member sat with them, holding their hand and talking to them.
- Although the care and nursing staff missed the signs that this person wanted some attention, a domestic staff member did notice the person looking around and went up to them to say hello and held their hand as they walked past them.
- Other examples that showed staff observation skills could improve to ensure people were well treated was where a person was seen to have dirty glasses; and when music from a compact disc skipped for 10 minutes in the lounge, without the staff member in the room addressing the issue.

We recommend the provider reviews staff practice ensuring observational skills on people and the environment are improved; and the quality and quantity of interaction people receive is not dependent on how well the person is able to communicate back.

- We did see positive interaction between people and the staff. Staff sat or knelt next to people when speaking with them. They used a respectful tone and let them know what they were doing. There were many instances where physical contact was made, such as gentle hand holding, or placing an arm around people's shoulders. People responded positively to this interaction by smiling and laughing with staff.

## Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure that people's dignity and privacy were always respected. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff treated people in a respectful way ensuring their privacy and dignity were maintained. One staff member said, "I always cover them with a towel [when supporting them to bath], especially when they are in bed. Always give them a choice of everything, clothes, shoes. Some of them like to stay in bed a little bit longer so you have to respect that." Staff were seen to show respect to people, such as when speaking to them they made sure they were at the persons eye level.
- Peoples dignity was maintained in communal areas by staff. When staff supported people to move using a mobile hoist, a screen was used to protect people's dignity. Any mishaps, such as people spilling food or drink onto clothing were quickly and discreetly addressed.
- Staff respected people's privacy and were seen to knock on people's doors before entering their rooms. They protected people's dignity by ensuring they were appropriately dressed for the activities they were taking part in, and straightening clothing if it became loose or dishevelled.
- Peoples independence was supported wherever possible. People could dress themselves if they wished, and if mistakes were made, such as putting an item of clothing on inside out, this was quickly identified and addressed by the staff.

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

- People were given the opportunity to be involved with decisions on how their care and support was given, and preferences were respected. A relative said, "They redecorated his room before he moved in. They put wallpaper in which he didn't like, so they changed it for him to something he preferred."
- People told us that they were involved in their day to day care. One person said, "They always ask me what I want to do." A relative said, "Staff seem to be good at keeping residents involved in their lives, and what they do around the home."
- Staff took time to explain to people and check that they were happy before proceeding with care. For example, when moving one person from a wheelchair to an armchair staff said, "These lovely ladies will lift you into your armchair is that okay?" The two staff involved in the lift spoke to the person throughout the process, telling them when they were going up and down, and checked that they were comfortable throughout the manoeuvre.
- Throughout the inspection staff involved people in decisions around their care. People were given choice around what they ate and drank, what they wore, and what activities they would like to take part 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 requires improvement. This was because we had identified a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the failure to ensure people were consistently provided with person centred care and had access to a range of meaningful activities. At this inspection we identified that improvements had been made, but there was still a need to make improvements in both of these areas. As a result, this key question has remained the same at 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

At our last inspection the provider had failed to ensure people were consistently provided with 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the time of our inspection a new care planning system was being introduced. The existing paper care plans were not as detailed as the records transferred over to the new system. A relative said, "They have just done the care plan for him (using the old paper system), they sent me a copy and I thought it was a bit clunky." They went on to explain how the staff had responded well to their family member needs, despite the issues with the care plan. "[Person's name] has dementia so has had difficulty settling in. They have been patient with him and know how to deal with him much better than the last home he was at. He has lost his temper a few times, but they handled it well."
- Paper care records were inconsistent with regards to the level of detail they had. While some had information about people's past lives and preferences, others were less detailed, with gaps or conflicting information. One care plan for mental health referred to a person's history of anxiety, and that the person may be preoccupied with leaving the home. The only guidance for staff was to reassure the person, and to use distraction as a means of lowering the person's anxieties. There were no instructions for staff on how this should be done or what the person responded well to.
- Care plans that had been reviewed and put onto the new system were more person centred and detailed. The electronic notes and assessments were thorough, and gave detail of identified needs, risks, and interventions required to meet those needs. The beginning of each electronic file gave detail of the person as an individual, their likes, dislikes and a summary of their care needs. Care staff observations were recorded on electronic charts and risks were highlighted and incorporated into individual care plans to guide staff on the support people needed.

At the time of our inspection only four care records had been updated and placed onto the computer



system. We recommend that the provider focusses on completing the transfer of care records onto the new system and archive old and obsolete information.

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

At our last inspection the provider had failed to ensure people were consistently provided with access to a range of meaningful activities. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provision of activities to give people the opportunity to do things they enjoyed as well as improving mental and physical health had increased since our last inspection. One person said, "We have things to do each day." A new activities worker was in post and a range of activities were on offer, which included board games, exercise sessions, flower arranging, baking and quizzes. A staff member said, "There are a lot more activities now with [activities coordinator] here. Even at weekends we do activities now, like reading books and dominoes. We have entertainers come in for people. There's also a plan for people to go out more. It will be good for them to get out and have some fresh air."
- Activities were carried out by the activities lead, however work was in progress to get care and nursing staff more involved. 'Butterfly Time' took place at 11 am each day. This was where all staff took the opportunity to sit with people for 10 minutes and have a drink and conversation with them.
- People were seen to respond positively when the activity lead brought around a guinea pig for people to hold and stroke. The activities lead had a nice way with people and interacted with everyone in a positive manner. She made sure everyone had the opportunity to take part.
- However, it was not clear how person centred the activities, for example activities being based on things that people had an interest in, such as previous hobbies or areas of interest. There was also little opportunity for people to go out to events and activities in the local community.

We recommend the provider continue to develop the activities provision to make it more person centred and use relevant guidance such as that provided by the National Institute of Health and Care Excellence (NICE).

#### 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.

- Information such as how to complain and emergency instructions was presented in easy to read format, to make it accessible to as many people as possible. During the inspection staff were seen to talk to people in a manner they could understand, and people were given time to respond.
- However, one person's first language was not English. Staff explained how as the person's dementia progressed, they were speaking less English. The staff said they felt the person may not be taking part in as many activities as they may not understand what was being said. They explained that there used to be a staff member that spoke the person's first language, but they were no longer here. Attempts had been made to contact local community services to see if anyone that spoke the language could help, but they had not yet had any success.

We recommend the provider ensures that people whose first language is not English have information provided to them in a format they can understand.

### Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider maintained a comprehensive record of complaints, and that these were reviewed. The provider had made improvements.

- People told us they would be happy to raise a complaint if the need arose. One person said, "I would tell the manager."
- There was a complaints procedure in place that included clear guidance on how to make a complaint as well as timescales to expect for the issues to be resolved. It also contained the contact details of relevant external organisations such as the Care Quality Commission, so people could contact them if they were unhappy with the providers response.
- Five complaints had been recorded since our last inspection. In each case we saw that the complainant had been contacted to discuss their concerns, and appropriate action had been taken in response to address the issues raised.

### End of life care and support

At our last inspection the provider had failed to ensure people's wishes regarding the care they wanted when reaching the end of their life was recorded. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Under the new care planning system, people had detailed information about their end of life wishes. The completed care plans were comprehensive and covered the biological, psychological, spiritual and social needs of the person in a very personalised and detailed manner. End of life strategies for care included involvement in local hospice services to ensure people received the best care and support possible.
- Where people lacked capacity to understand the questions around preferences for the end of their life, the staff had contacted families for this information. This was a work in progress at the time of the inspection and was linked into the ongoing project of updating people's care records onto the new system. No one was being supported at the end of their life at the time of the inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that the 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 requires improvement. This was because we had identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the failure to implement effective quality assurance systems, maintain accurate records and embed a positive culture throughout the service. At this inspection we identified that some improvements had been made, but there was still a need to make improvements in these areas. This service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to implement effective quality assurance systems, maintain accurate records and embed a positive culture throughout the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvement had been made not enough had been done by the provider in the time since our last inspection and the provider was still in breach of regulation 17.

- At our last inspection we had raised concerns over the lack of managerial oversight. This had led to the systems that monitored the quality of the service not being effective in identifying shortfalls in the care people received. At this inspection improvements had been identified in medicines management, and how risks to people's health were managed such as correct settings on pressure relieving mattresses, but we continued to find issues with cleanliness around the home, which had still not been identified and addressed by the management.
- At our last inspection we had identified concerns over the accuracy and completeness of care records. Although a new system had been introduced, this had only just been implemented, over a year since we had initially raised the concerns. The provider had not done all that was reasonably practicable to address the previous concerns in good time.
- Since our last inspection, a new manager had been employed, and then they left. The manager who was present at the time of this inspection had only been in post a matter of weeks, and the majority of improvements in the service we have identified in this report had been introduced by this new manager, in this short space of time. The provider had not taken ownership or driven improvements prior to this.
- The provider had not ensured that concerns made at our last inspection had been addressed by them in a timely manner. A staff member said, "Many of the long-term staff had left the home (since our last inspection). The home was being run by agency staff. The new manager was employed in August and has begun to recruit permanent staff. Some of the staff that left previously have returned, because they have

heard how good she is. She doesn't sit in her office, she is visible around the home, which staff feel encouraged by."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the home was effectively managed. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and the relatives we spoke with were positive about the new manager. One relative said, "It's a lot better now. The staff are much happier. You can see people are happier too." Another said, "I think it's a really nice home. I like the atmosphere and all the staff have been really helpful."
- Staff were also positive about the positive changes that were taking place. When asked what they felt had changed since the last inspection, one staff member said, "We work as a team and make sure residents are happy, making their mind active and working with their families."

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 new manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. Relatives confirmed with us that they were contacted where incidents had arisen.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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

- Staff were positive about the changes they had seen under the new manager and had a clear idea of what was required. One said, "It was difficult a few months back, and staff left before anything was done about it. The management listen to us more now, and this manager is very approachable. She is respectful when she speaks to you and encourages you."
- Staff understood that improvements needed to be made, and that the new manager was driving the improvement in quality. One said, "If she sees you doing something wrong, she will give you advice and help, but she will also check to make sure you're doing it right next time. She is very reasonable."
- During the inspection it was clear that each staff member understood their duties for the day, and how to carry them out. Where we had identified improvements in staff practice, the manager was quick to discuss this with the staff, and ensure changes were immediately made. The manager was seen walking around the home, picking up on small issues and ensuring positive changes were made in the care and support people received.

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

- People and relatives were encouraged to be involved in what happened at the home. One relative said, "The manageress is very approachable. I think they are making improvements, and it's the staff that make the real change to people." Regular resident and relative meetings had taken place, and these gave the opportunity to feedback comments about the home and the care provided. Recent meetings had discussed the introduction of 'show plates' to give people a visual choice of meal and activities. Both were seen to have been implemented at the time of the inspection.

- Daily handovers meetings were used as a platform to involve staff in discussions about the home. Staff meetings also took place over the course of each year to discuss people's health and welfare and reflect on changes that may be required.
- The manager and staff had developed good working relationships with other professionals involved in people's care, such as GPs, dieticians and occupational therapists.
- The manager attended regular forums with other registered care home managers to discuss developments in the sector and share good practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Systems were either not in place or robust enough to demonstrate safety was effectively managed, for example cleanliness and safe moving and handling practices.
Treatment of disease, disorder or injury	This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems were either not in place or robust enough to demonstrate the home was effectively managed.
Treatment of disease, disorder or injury	This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.