

Bondcare (London) Limited

The Fountains Care Centre

Inspection report

12 Theydon Gardens
Rainham
Essex
RM13 7TU

Tel: 01708554456
Website: bondcare.co.uk/the-fountains/

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Ratings

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|---------------------------------|--|
| Overall rating for this service | Inadequate  |
| Is the service safe? | Inadequate  |
| Is the service effective? | Inadequate  |
| Is the service caring? | Good  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Inadequate  |

Summary of findings

Overall summary

About the service

The Fountains Care Centre is a residential care home providing personal and nursing care to 46 people at the time of the inspection. The service can support up to 62 people.

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

People were not always supported in a way that was safe. Risk assessments contained inaccurate, out of date and contradictory information, especially in relation to skin care. In some cases, risk assessment were missing altogether, for example, in relation to epilepsy and diabetes, and care was not always provided in line with risk assessments. Medicines were not managed in a safe way. There were gaps in medicines administration recording sheets and guidance was not always available to staff about when to administer PRN (as required) medicines.

There were significant gaps in staff training, in particular, in relation to people's health care conditions and care planning. We found maintenance issues at the service were not addressed in a timely fashion. People were not always offered a choice of food and records relating to food and fluid intake were not properly maintained. Suitable arrangements were not in place for ensuring people received care that was person-centred. People were not always supported to express their views, for example, in relation to the food they ate.

Quality assurance systems were ineffective and failed to identify shortfalls within the service. Some of the providers stated quality assurance systems had not been used at all, for example in relation to monitoring staff competence and performance. People and relevant others were not regularly consulted about the service, despite senior staff telling us this should have been done. Some staff expressed concerns about the management culture at the service.

Systems were in place for dealing with safeguarding allegations and staff were aware of their responsibility to report any safeguarding concerns. Checks had been carried out on the premises to help ensure safety in relation to fire and other issues. Robust staff recruitment practices were in place. Appropriate arrangements were in place in relation to controlling the spread of Covid-19.

Assessments were carried out of people's needs before they were admitted to the service. Staff received some training relevant to their roles, along with regular one to one supervision. The provider worked with other agencies to meet people's health care 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 and relatives told us staff were caring and they were treated with respect. People's needs were met in relation to equality and diversity issues.

Care plans were in place, which for the most part, were of a satisfactory standard. Information was available in a format which was accessible to people. People were supported to take part in various activities. The provider had a complaints procedure, and complaints were dealt with in line with the procedure. Appropriate end of life care arrangements were in place for people.

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 14 December 2018).

Why we inspected

The inspection was prompted in part due to concerns received about wound management, hydration, lack of referrals to other health care agencies and ineffective quality assurance systems. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to Covid-19 and other infection outbreaks effectively.

The provider has begun to take steps to mitigate the risks we identified. Following the inspection, we received some assurances from the provider that they had started to make improvements to the care and support provided to people. However, the report is written based on our findings and judgements at the time of the inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care, risk assessments, staff training and knowledge, the premises, food and drink and management of the service at this inspection.

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

Follow up

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

information we may inspect sooner.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Inadequate ●

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 well-led.

Details are in our well-led findings below.

Inadequate ●

The Fountains Care Centre

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by three inspectors and an Expert by Experience on-site, and one inspector provided additional support remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

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

During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with 27 members of staff including two regional managers, the quality and governance lead, deputy manager, clinical lead, a domestic cleaning staff, three nurses, two nursing assistants, a senior health care assistant, ten health care assistants, an activities coordinator, the handyperson, the head chef, a care consultant and the administrator.

We reviewed a range of records. This included 16 people's care records and multiple medication records. We looked at 10 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

We continued to seek clarification from the provider to validate evidence found. We looked at care records, minutes of meetings, staff training records and quality assurance records. We spoke with a professional who regularly visits the service.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Some essential risk assessments were not in place. For example, risk assessments were not always in place where people had health conditions. Some people had diabetes or epilepsy and there were no risk assessments in place about how to manage these conditions in a safe way.
- Other risk assessments were in place, but contained out of date, inaccurate and contradictory information, particularly in relation to skin integrity. For example, the risk assessment for one person said they should be on a pressure relieving mattress and the setting of the mattress should be checked twice daily. However, the assessment did not say what the setting should be. Another assessment stated the person was to be assisted to change their position when in bed. The clinical lead told us this was inaccurate, and the person was able to mobilise independently and did not need support with repositioning. The risk assessment for another person said they were at risk of developing pressure ulcers and should use a pressure relieving mattress. However, they did not have a pressure relieving mattress. The deputy manager told us the person's needs had changed and they no longer required a pressure relieving mattress. This meant the care plan contained out of date and inaccurate information.
- The risk assessment for one person showed they were being treated for a wound and that the dressing had to be changed. However, there was no indication of the frequency of when the dressing should be changed. We spoke with two staff who gave different answers as to when the dressing should be changed.
- One risk assessment stated that Trimovate cream was to be used. The medicine administration record stated this was to be used as 'advised by TVN.' However, there was no guidance in place about when or how to use the cream.
- Risk assessments were not always followed. For example, the risk assessment for one person said they should have their blood glucose levels checked every month, but records showed this had not been done since December 2020. The risk assessment for another person said to set their pressure relieving mattress according to person's weight. It then went on to say the person weighed 50.5kg and then later in the very same paragraph 56.2kg. We checked in the room and the mattress was actually set at 70kg. The person's weight chart showed they actually weighed 61kg on the last three occasions they were weighed.
- In total, we looked 16 risk assessments for people and found areas of concern with 15 of them.

We found no evidence that people had been harmed. However, risk assessments were either not in place or robust enough to demonstrate safety and risk was effectively managed. 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.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

- There were some maintenance issues around the building that needed to be addressed. Some bedroom windows did not properly open, while others did not properly close. There were loose and uneven paving stones in the garden patio which constituted a trip hazard to people. Staff told us people sometimes spent time on the patio in good weather.
- Checks were carried on the premises. These included checks related to fire safety, gas and electrical installations. However, we found evidence which indicated concerns with maintenance were either not flagged or being addressed. Please refer to the Effective section of this report for more details.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

Using medicines safely

- Medicines were not always managed in a safe way. Some people had been prescribed medicines on a PRN (as required) basis, including controlled drugs. Strict legal controls are needed for certain medicines. This is because they may cause serious problems like dependence ('addiction') and harm if they are not used properly. These are known as controlled drugs. There was not always guidance in place for staff on when to administer these medicines. Where there was guidance, sometimes this was insufficient or inaccurate. For example, the PRN guidelines for one medicine said it was to be used as a 'general anaesthetic'. This was not the case, staff at the service were not qualified to administer general anaesthetics to people.
- Where people were given their medicines covertly, there was not always evidence that appropriate procedures had been followed. For example, for one person who had their tablets crushed and hidden in their food, there was no record that any discussions had been held with the person's GP or pharmacist about the suitability of this.
- Medicine administration records (MARs) were maintained which detailed the medicines people were prescribed. Staff signed these to indicate when they had given a medicine. However, we found three unexplained gaps on MARs and also entries of the letter X. MARs had a key code, and X was not one of the codes to be used, so it was not clear what this related to.
- Stock balances were recorded, but these were not always accurate. We found three medicines where the amounts held in stock differed from the amounts recorded as being in stock.
- Medicines audits were carried out to check medicines practices within the service. However, these were not always effective, as they failed to identify issues of concern that we found during our inspection.

We found no evidence that people had been harmed. However, medicines were not always managed in a safe way. 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.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

- Medicines were stored securely in locked medicines cabinet, inside locked medicines rooms. Staff had undertaken training about the safe administration of medicines, which included an assessment of their competence to do so.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the home, such as falls and injuries. We saw that all incidents were being recorded and action was taken following incidents to ensure people remained safe. However, we noted that incident forms were inconsistent and were not always completed. For example, on the front sheet, sections were left blank in some cases. These included clarifying if an injury

was sustained, the type of incident and if a statutory notification was required.

- It was also not clear how incidents and accidents were being analysed to identify trends and learn lessons which would help prevent re-occurrence. The regional manager told us they had identified that this was a failing and that they planned to introduce a system for reviewing trends and patterns with accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. Policies were in place which made clear the provider had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission (CQC). Records showed that this was done.
- Staff had undertaken training about safeguarding and understood their responsibilities about it. One staff member said, "I would report it (suspected abuse) to the manager or nurse on duty. If nothing happens, I will contact the head office, or call the police or CQC."

Staffing and recruitment

- There were sufficient staff working at the service. Staff rotas were checked and seen to reflect the staffing levels on the day of inspection. Staff told us they had enough time to carry out all their required duties. We did not observe staff to be rushed or hurried during our inspection.
- Relatives told us there were enough staff. One said, "We come at all times, including evenings and weekends and have never been worried about staffing levels."
- The provider carried out checks on prospective staff to test their suitability to work in a care setting. These included criminal record checks, employment references, proof of identification and a record of previous employment history.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- People told us measures were in place to help reduce the risk of Covid-19 infection. A relative said, "I've just come to visit, I had to have my test before I could come in, they also do the temperature check and make you sign in each time."

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 now deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- Staff undertook regular training in a variety of subjects, including moving and positioning people, equality and diversity and fire safety. However, many staff had not undertaken training in key subjects relevant to their roles and the people they supported.
- For example, six people using the service had diabetes and five people had epilepsy. However, most of the care staff with responsibility for supporting those people with needs related to diabetes and epilepsy had not undertaken training in these areas. Most of the non-nursing care staff had not undertaken any training about skin care and prevention of pressure ulcers, although several people were assessed as being at high risk with regard to their skin integrity. We also found many of the staff had not been trained in the use of the electronic care planning system, which was introduced in November 2020. One staff member told us, "We had to learn to use it ourselves."

We found no evidence that people had been harmed. However, staff were not always adequately trained. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

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

- Risk assessments were in place about supporting people with nutritional and hydration needs. However, these were not always followed or did not contain sufficient information.
- Where people were at risk of malnutrition, risk assessments said that amounts of food eaten was to be recorded. This was done, but we found gaps in the records of the people we looked at.
- Where people had risks related to hydration, risk assessments stated staff were to monitor and record how much fluid a person took each day. However, there was no indication of how much fluid they should be taking. This meant it was not possible to monitor whether they were taking enough fluids to keep them safely hydrated.
- Systems were in place to offer people a choice of foods, but these were not followed. Kitchen staff produced a daily sheet with the options on offer for breakfast, lunch and evening meal the next day. These were given to care staff who were supposed to consult with people about their choice and fill the form in. We saw most of these forms remained uncompleted, and those that were filled in were done so in a way where it did not actually record what the person's preferred option was.

We found no evidence that people had been harmed. However, records showed that people might not have been provided with suitable food and drink. This placed people at risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

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

- We found issues of concern with the physical environment of the service. A member of staff told us they had to clean out a pipe in the boiler room every few days, otherwise there would be an overflow of raw sewage leaking out on to the ground floor corridor, where people had their bedrooms. They said to their knowledge this had happened three times since June 2020.
- The system for dealing with maintenance issues was ineffective. A member of the maintenance staff told us they reported issues verbally to the registered manager, who then reported the issue verbally to the regional manager. There did not appear to be a written record of maintenance issues that had been reported, and issues were not resolved in a timely manner.

We found no evidence that people had been harmed. However, we found some instances of poor maintenance of the premises. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

- The décor of the premises was generally satisfactory, although it looked a bit tired in places, for example worn skirting boards and floors. The provider had a planned programme to address these issues and we saw work being carried out on this during our inspection.

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

- The service worked with other agencies to help support people and meet their needs. During the course of our inspection we noted visiting social workers attended to carry out reviews of people and the deputy manager held a teleconference with a GP to discuss people's medical needs. Records showed the service engaged with other agencies, including the tissue viability service, speech and language therapists and occupational therapists.
- Records showed that for the most part, referrals were made to health care professionals as appropriate. However, we found two instances where a referral had not been made in a timely manner. One was to access a podiatrist on the recommendation of the tissue viability nursing service and the other was for a routine eye screening appointment in line with the person's care plan. We discussed these with a senior member of staff and saw that both referrals were made that same day.

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

- People's needs were assessed before they moved to the home. The pre-admission needs assessment process involved people and healthcare professionals in line with current guidance and standards. People and relatives were also involved. One relative told us, "We were both involved in (person's) care plan so know and understand it."
- This process enabled the provider to determine whether the service could meet people's needs and

wishes. People's assessment forms contained information about their needs and abilities including their mobility, skin integrity and personal care so that an individual care plan could be developed.

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.

- Decision specific mental capacity assessments had been carried out for the people in relation to their capacity to make decisions about their care and whether they were able to give consent. The provider held 'best interests' meetings for people, which involved the person, their relatives and appropriate healthcare professionals. This helped ensure the care and support provided by staff was in people's best interest.
- DoLS authorisation applications had been made to the relevant local authority where it had been identified that people might be deprived of their liberty. A DoLS tracker was used to monitor and to ensure authorisations were current and valid and to take action when they were due to expire.

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

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

- People were sometimes supported to express their views and be involved in decisions about their care. A relative told us, "It was lovely, (person) could bring their own furniture and bits and pieces to make their room more homely, yes straight away it was like their home now. We were allowed to redecorate their room too and choose the colours and so on." Another relative said, "The carers are quick to pick up on what (person) likes and doesn't like. I really think they do care."
- However, there were times where people were not always able to express their views. For example, as noted in the effective section, people were not always supported to make choices about what they ate.
- The regional manager told us that residents' meetings would usually have taken place, but had been cancelled over the past year due to concerns about social distancing and Covid-19. In their place, staff had carried out one to one interviews with people discussing the topics normally discussed in residents' meetings. However, records indicated there had only been one round of these interviews, which took place in March 2021.

We recommend that the provider follows best practice in supporting people to be involved in making decisions about their care.

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

- People's needs in relation to their protected characteristics were recorded in their care plans. For example, people's needs around expressing their sexuality were recorded. People's preferences for care staff, such as male or female staff and any cultural requirements and wishes were also identified and met.
- Staff were trained in equality and diversity. They told us they treated people fairly and did not discriminate against them based on their characteristics. A staff member said, "Yes we must treat all people as equals and not be racist or sexist. We must respect their choices all the time."
- People and relatives told us staff were caring. One relative said, "The carers are kind, it's quite a big facility but they are always friendly and they speak to (person) very courteously."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people.
- Staff told us they sought to maintain people's independence as much as possible and to develop their abilities in some areas of their care. One staff told us, "I will support them to brush their own hair and teeth. I will encourage them and praise them if they are doing well."

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 now deteriorated to 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

- Care plans were in place for people. These covered a number of areas about people's preferences, wishes, needs in key areas such as communication, mental capacity, mobility, nutrition and hydration. We saw that care plans were reviewed monthly.
- However, we found that people's care needs were not always personalised. Care records did not always capture all the needs people had or all the actions staff had to take to meet people's needs. This meant that staff reading the care records would not have the guidance or instructions to provide people with person-centred care. Furthermore, not all care staff were knowledgeable about the information contained in people's care plans. For example, some staff were unaware of which people they supported had diabetes or epilepsy.

We found no evidence that people had been harmed. However, we found arrangements were not in place to ensure that people received care that was person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

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.

- People received information in a format they could understand, such as posters and leaflets. People's care plans contained information about their communication needs and abilities. Communication plans were incorporated into people's care plans. They provided guidance to staff on how to communicate with people effectively so that people could express themselves as much as possible. For example, some people required staff to speak with them in simple sentences or slowly and clearly.
- Staff knew about people's communication needs and one staff member said, "For some people who cannot communicate verbally we use gestures, touch, eye contact and smile. Communication needs are in their care plan and I follow it. I also ask for their consent when I am speaking with them."

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

- The provider was following current government guidance about allowing visitors into the home at the time of inspection. We saw several relatives visiting family throughout the inspection. Previously, when government visiting guidelines had been more restrictive, people had been supported to maintain contact by electronic means, and a 'pod' had been set up in the service whereby visitors could interact with people on the other side of a screen.
- The regional manager told us that people carrying out activities in the community, along with visiting activities such as entertainers, had been put on hold due to restrictions related to the Covid-19 pandemic. However, two activities coordinators were employed, and we saw them facilitating various activities during the inspection. These included bingo, board games and a culturally themed day relating to a particular country.
- A relative told us, "The new activities coordinator's very good, they bring music in which (person) always loved and they chat to (person)."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place, people and relatives were provided with a copy of this.
- Complaints that had been received were kept on file. Records showed these had been dealt with in line with the complaint's procedure, and where possible, to the satisfaction of the complainant.

End of life care and support

- There were systems in place to discuss, record and support people's palliative care and end of life care needs. People could choose if they wished to discuss their end of life care wishes with support from their relatives. Their individual preferences were recorded in their care plans. These included advance care plans, which contained information about their preferences for their funeral arrangements and their cultural and religious needs.
- Where appropriate, people also had Do Not Attempt Cardiopulmonary Resuscitation forms that they signed and agreed in consultation with their relatives and health professionals.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

- Various systems were in place for continuous learning and improving care. The 'Home Internal Quality Audits Manual' stated. "It is company policy to audit the operation of every aspect of the home to ensure compliance with all statutory requirements and company procedures."
- However, systems for monitoring and improving care were either not being used or were ineffective. During our inspection, we identified significant shortfalls that the provider had failed to identify through their internal quality assurances processes. For example, in relation to skin care, risk assessments, staff training and the maintenance of the premises.
- A regional manager told us all staff were expected to undertake an 'Holistic Competency Assessment' with a senior member of staff once a year. The purpose was to review and monitor staff's performance with a view to identifying any shortfalls in performance and driving improvement. However, there was no records available to demonstrate if any staff had undertaken this assessment within the past 12 months.
- The provider accepted that their quality assurance systems had not operated as well as they should. A regional manager told us, "There should have been more overarching support of (registered manager) and the service. We should have picked up sooner in more detail what the local authority and tissue viability nurses found." The local authority and tissue viability nursing service had visited the service shortly before our inspection, and found areas of concern.
- The deputy manager told us they had not had the time to carry out all the checks and audits which should have been done. They told us, "I missed not having a clinical lead. We were struggling, it was quite challenging. Instead of doing what I had to do in checking care plans, I had to do other things."

We found no evidence that people had been harmed. However, we found that quality assurance and monitoring systems used at the service were ineffective. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

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

- Systems were in place to engage people and relevant others in the running of the service, but these were either not always used or not sufficiently robust. The regional manager told us that residents and relatives'

meetings had been suspended due to safety concerns related to Covid-19. However, alternative systems for involving and engaging people had not been used.

- The regional manager told us it was their expectation that surveys should be carried out at least twice a year with people who used the service and staff, and at least once a year with relatives. They added, "This has not happened."

We found no evidence that people had been harmed. However, we found that the provider had ineffective systems in place for seeking feedback from people using the service and others. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

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

- Most staff we spoke with spoke positively about the registered manager and other senior staff at the service. One member of staff said of their manager, "They are amazing. They are the kind of person you can speak to about anything."
- However, three staff expressed concern about the working culture. Two staff told us they were concerned that by expressing concerns to the Care Quality Commission, this may lead to their employment being ended. A third staff member told us they thought some care staff were worried about reporting any marks on people's skin because they thought they might get blamed for it.

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; Working in partnership with others

- The provider was open and honest about when things went wrong. There were systems in place for dealing with complaints, and accidents and incidents were recorded and reviewed on an individual basis.
- During our inspection we provided feedback to senior staff about issues of concern we found. The provider accepted that some things had gone wrong. Over the course of the inspection the provider took positive action to make improvement. For example, developing care plans that were missing around diabetes and epilepsy.
- The provider worked with other agencies. For example, the registered manager attended a forum run by the local authority to share knowledge and develop best practice.

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

- There was a registered manager in place who was supported in the day to day running of the service. A clinical lead had also recently been appointed as a direct response to concerns about care that the host local authority had raised. Staff were clear about who their line manager was and who they were accountable to.
- The provider was clear about their regulatory requirements. For example, notifications of significant incidents had been submitted to the Care Quality Commission as appropriate, and where people were detained of their liberty, this was done in line with regulatory requirements.

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 |
| Treatment of disease, disorder or injury | The registered person did not have effective systems in place to ensure the care and treatment of service users met their needs in a person-centred way. Regulation 9 (1) (b) (c) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs |
| Treatment of disease, disorder or injury | The registered person did not have effective systems in place to ensure that service users were in receipt of suitable and nutritious food and hydration which is adequate to sustain life and good health. Regulation 14 (1) (2) (4) (a) |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The registered person did not have effective systems in place for assessing the risks to the health and safety of service users receiving the care or treatment, or doing all that is reasonably practical to mitigate any such risks. Further, the registered person did not have effective systems in place for the proper and safe management of medicines. |

The enforcement action we took:

We issued a Warning Notice

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment |
| Treatment of disease, disorder or injury | The registered person did not have effective systems in place to ensure the premises and equipment were properly maintained. Regulation 15 (1) (e) |

The enforcement action we took:

We issued a warning notice.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity, or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be a risk which arise from the carrying on of the regulated activity. The registered person did not have effective systems in place to seek and act on feedback from service |

users and other relevant persons for the purposes of continually evaluating and improving services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b) (e)

The enforcement action we took:

We issued a Warning Notice

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not have effective systems in place to ensure that persons employed by the service in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out their duties they were employed to perform. Regulation 18 (1) (2) (a)

The enforcement action we took:

We issued a warning notice.