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Willows Care Home

Inspection report

Nevin Road
Blacon
Chester
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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

We previously inspected Willows Care Home in October 2016 and the service was rated Requires Improvement overall. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulations 10 and 18. This meant the registered provider had failed to ensure people were treated with dignity and respect and also staff had insufficient induction and training. After the comprehensive inspection, the registered provider wrote to us to say what they would do to improve and meet legal requirements.

At this inspection we identified new and repeated breaches of the regulations. These were in relation to assessing and mitigating risks to people's health and wellbeing, safe care and treatment, meeting nutritional needs, dignity and good governance.

We will update the section at the end of this report to reflect any enforcement action taken once it has concluded.

Willows Care Home 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 care home accommodates 73 people. There are three separate units, each of which has some separate facilities such as bathrooms and sitting areas. At the time of the inspection 54 people were living at the home.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality assurance systems were in place but these had again failed to identify risks presented to the people who lived at the home. The registered provider did not address the concerns raised during this or the previous inspection. The registered provider had failed to notify the CQC of some notifiable incidents. There was insufficient analysis of accidents and incidents (such as falls) in order to learn from them and mitigate

risk.

People could not be assured that risks to their safety were always fully assessed or kept under review. Risks were not always reduced as much as possible and therefore, the registered provider was not taking reasonable steps to keep people safe.

People lived in an environment which required repair and refurbishment in order to fully meet their needs. Premises were not visibly clean or free from odour. This meant that there was an increased risk of acquired infection.

People had medication as required and these were recorded and administered correctly. However, some medications such as creams and thickening agents were not stored in accordance with good practice guidance which placed people at risk of harm.

People had a mixed opinion of the meals that they received although families felt it to be sufficient. The food prepared was not always kept hot or served quickly which impaired a person's enjoyment of their meal. Others were served puree meals when they had been assessed as able to eat a variety of soft foods. Staff did not provide adequate assistance where people required support to eat or drink sufficient amounts.

People were supported by staff that they described as were caring; however from observation we saw that people could not always be assured that they were treated with dignity and respect. We found that staff did not respond quickly to meet people's needs and lack of adequate monitoring placed people at risk of harm.

Care plans were detailed and person centred. However, these were not always updated following any changes. The care and support of people who lived at the home did not always follow their care plan requirements. This meant that there was a risk that their needs were not fully met.

Improvements had been made to the staff induction and supervision programme since our last visit. Staff received training and supervision to provide them with the knowledge required for their roles. We made a recommendation around equipping staff with the skills to manage behaviours that challenge.

People and their representatives knew how to raise concerns and had some confidence that changes would occur. When concerns had been recorded, there was a record of what action had been taken.

Staff had an understanding of the Mental Capacity Act and its principles. There was a record of a person's capacity to make a specific decision and where staff or others had made a decision in a person's best interest.

Recruitment and selection processes were in place to ensure that vulnerable people were protected from receiving care from unsuitable people. Evidence was not available to show that this had been followed in every instance.

The overall rating for this service is 'Inadequate and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe

so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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?

Inadequate

The service was not safe.

People were not protected from the risks associated with their living environment as it was in need of remedial repair, refurbishment and an improved standards of cleanliness.

Not all medicines were stored safety. People did receive their medicines on time and as directed,

People did not always get the support they needed in order to keep them safe. Staff were not aware of what they needed to do to minimise the risks of harm,

Is the service effective?

Requires Improvement

The service was not fully effective.

People had a poor dining experience and their dietary requirements and support did not always meet their needs. Professional advice was not always followed.

Improvements had been made to the induction, training and support staff received in order for them to carry out their roles.

Peoples mental capacity to make decisions was taken into account. Where, they lacked the ability to make decisions an assessment was carried out and staff acted in their best interest.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff did not always support people in a timely way and their right to be treated with dignity and respect was compromised.

People and relative felt that staff were caring and they were happy with the service they received.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

Records indicated that staff did always meet people's needs in line with their wishes and needs.

Care plans and risk assessments were in place but needed review to ensure that they provided the right information for staff in order to provide personalised care.

Complaints were responded to and people felt able to raise concerns with the management team.

Is the service well-led?

Inadequate

The service was not well led.

We found that the service was once again in breach of regulations which meant that they had not resolved concerns highlighted over our previous inspections.

Quality assurance systems were not robust enough to identify concerns and ensure sustained improvements to the service.

There was a registered manager who people and relatives liked and could easily approach with concerns.

Willows Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 April 2018 and was unannounced.

The inspection team consisted of an adult social care inspector, an assistant inspector and a specialist advisor who was a Nurse.

Before the inspection we gathered and reviewed information we held in regards to the service. This included notifications, complaints, safeguarding information and whistleblowing report.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Throughout the visit we talked to seven people using the service and five relatives and friends. We also observed the support people received. 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 spoke to six staff and the management team about the service and their knowledge about people they supported.

We looked at nine care plans, risk assessments and other records detailing the support received for people. We also reviewed information relevant to the management of staff and the service: this included 4 staff files, supervision and training records, maintenance and safety information and audits.

Inadequate

Our findings

At previous inspections we noted that the environment in which people lived required updating and refurbishing in order to make it comfortable and safe. The registered provider had informed us that total refurbishment would be completed by December 2016.

On this inspection we found that the main dining room had been refurbished along with the conservatory and two lounge areas. Walls along the hallways had been painted white and some flooring and furniture had been replaced. Some structural changes had taken place to improve the space available to people and their families. However, not all of the required improvements had been implemented and we continued to have concerns in regards to the environment.

Remedial repair was required to the fabric of the building for example; there were holes, flaking plaster and torn wallpaper on the walls in the corridors, bathrooms and some bedrooms. Skirting boards, tiles and grouting were also in need of repair. Some fixtures/fittings and furnishings could not be cleaned due to their poor condition such as ripped armchairs, chipped bed rails and broken bedside drawers. A number of bedrooms, lounge and hallway carpets were worn and could not be properly cleaned. There was a malodour in some rooms and areas of the building. Supplies of continence products, bedding and wipes were not stored appropriately. We saw that personal protective equipment such as gloves were not safely disposed of and staff moved around the building wearing gloves after delivering personal care. Although there were staff whose dedicated role was to keep the home clean, we found that standards of cleanliness remained poor. These findings continued to reflect those of the infection prevention and control team who had visited in October 2017. The lack of a clean and well maintained living environment meant that people were not protected from the risk of acquired infection.

Following an action plan from the Fire Service in June 2017, improvements had been made to ensure people were better protected from the risks associated with a fire. Personal Emergency Evacuation Plans (PEEPS) were in place for each person and were up to date. There had been a number of simulated evacuations and fire drills over 12 months. There had also been an actual incident and the home managed the situation appropriately. However, as on previous inspections we found that, throughout the day, staff had propped or wedged open a number of internal doors including bedrooms and the activities room. This meant that there was a continued increased risk to people of harm in the event of a fire.

On previous inspection, we had been concerned about the number of unwitnessed falls that occurred at the home. Staffing levels were subsequently increased and changes made to the deployment of staff to ensure

better supervision of communal areas. However, during this inspection we found another increase in the number of unwitnessed falls and incidents. This meant the measures put in place were not sufficiently robust.

We noted long periods of time when staff were not available in communal lounges and hallways. People in bed were not checked as required and people did not have adequate support at meal times.

During unsupervised periods, people tried to stand or walk unaided when they were assessed to need supervision and assistance. We found a person walking about the hallway quite distressed as they could not find their way to the dining room and no staff were in eyeshot. We observed a person, who was at risk of falling, trying to get up when no staff were present. They also managed to get hold of another person's drink. We had to intervene as this drink was not thickened and we were already aware the person required thickened fluids. This meant that adequate measures were not in place to ensure the safety and supervision of people.

We noted that the risk management plan for one person said that they should be monitored continuously throughout the day yet accident records indicated a number of unwitnessed falls. This meant that there was a risk that people were exposed to the on-going risk of harm due to the lack of staff presence and intervention.

People and relatives expressed a view that at times they felt that the service was 'short staffed' and that they had to wait for care. Staff told us that, providing all staff were on shift, they are able to meet the needs of the people at the service.

On the first day of the inspection, a staff member went to an emergency hospital appointment with a person living at the home and another had to be freed up for a visiting professional. Rotas indicated other periods of time where the home had been down by one and a half staff members. The home also relied heavily on agency staff: during the previous four weeks they had used 40 agency staff only half of which attended regularly. This meant that there was a risk that not all staff knew a person well.

We looked at how the registered manager determined staffing levels and the deployment of staff. We looked at staff rotas for the previous four weeks including the week of inspection. At the time of inspection, we noted the registered manager did not use a dependency tool to determine staffing levels across the service and told us that it was based upon the number of people living at the service. Therefore they could not evidence how they had reached the judgment that the correct amount of staff were deployed to each unit.

The registered provider had ensured that, where assessed as required, people had an air mattress to minimise the risk of developing a pressure ulcer. We checked these at the start, middle and end of the day and found that the majority of these were incorrectly set. For example: a person whose weight deemed their setting to be the firmest possible, was set at that of medium whilst a person whose weight required a soft setting was set to firm. This had been a concern at the previous inspection and as a result, systems were in place to ensure that mattresses were checked to ensure they were set at the correct pressure. However, this was not robust and staff did not have the correct information to refer to. This meant that people were at risk of developing pressure ulcers.

Not all medications were stored securely. Creams were kept in bedrooms so that they were available at the point of care delivery. There was no risk assessment in place for their safe storage and they were not kept in the locked cabinets available in each room. We also found that prescribed thickeners (used to alter the consistency of fluids) were left in rooms or on unsupervised trolleys. Two tubs of thickener were seen to have

no label and another was in a room for a person that it was not prescribed for. These concerns had been highlighted from an independent medicines audit and signed off in March 2018 as being completed. Due to the cognitive impairment of people living at the home this meant that there was a risk that they could access medicines that were not meant for them.

The registered provider had used recognised risk assessment tools for the monitoring of malnutrition and skin integrity. These were used appropriately and actions taken where any concerns had been identified. However, we found that following the assessment of risk, a management plan was not always in place to direct staff in how to best minimise further risk of harm. For example, there was a detailed assessment and understanding of a person where they behaviours challenged themselves and others. However, there was no plan to assist staff in interacting with that person with a view to minimising these episodes and there continued to be on-going concerns .

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people at the home required a degree of support to manage their medication. There was an assessment tool in place to demonstrate what support was required and why. Medicines were ordered, administered, and disposed of as per the registered provider's policies and procedures.

Medicines available were checked against the medication administration records (MARs) and we found them to be correct. This meant that people were getting their medications as intended. Some people were assessed as requiring their medications covertly (hidden). We saw that guidance had been sought from the pharmacist as to the most appropriate way of doing this e.g. crushing, hiding in food. This meant that the service had ensured that the effectiveness of the medicine was not compromised. Some people had medicines 'as required' (PRN). These are usually prescribed to treat short term or intermittent medical conditions. There was a care plan in place that contained a clear indication of what the medicine was for and the intended outcome. This meant people were likely to be given their medicines safely, consistently and with regard to their individual needs and preferences.

There was a policy and procedure in place for the recording and investigation of accidents and incidents. We found that staff had completed incident and accident forms and provided details of what had happened although the level of detail was variable. One of the management team then signed off these reports and provided a brief analysis and actions to take. This enabled them to understand if adjustments to the way in which people were supported were required, such as increased monitoring or the provision of specific equipment.

Care files showed a range of risk assessments and tools used to help staff understand the risks posed and to deliver the support required. These included individual risk assessments for areas such as moving and handling, skin care and use of bed rails. For example, an assessment of each person's physical and mental capacity to use a call bell had been undertaken and where it was not deemed appropriate, alternative steps such as increased monitoring, or the use of pressure alarms was in place.

The registered provider had systems in place to ensure that staff recruited were suitable to work within the social care setting. Staff completed an application form which included their previous work experience. We found that some people had gaps in employment but there was no evidence that this had been accounted for. The registered manager told us that this was always discussed but not recorded. We saw that the interview process was thorough with a record kept of pertinent questions asked. A check was made with the Disclosure and Barring service (DBS) prior to a person starting at the home. These checks ensure that

someone is of suitable character to work with vulnerable adults. The service also took up two references for each person. At the last inspection we found that there was not always evidence that these had been verified. We found this to still be the case, for example if, an employment reference had been received from a personal email address. We also found that copies of ID were not always available.

Staff had an understanding of safeguarding and keeping people safe. Staff had received training and the registered manager regularly tested their knowledge. Staff knew what it meant to protect people from abuse and what actions they would take if they had any cause for concern.

The home had introduced the Herbert Protocol: this is action to be taken in conjunction with the local police should a person go missing.

The home's maintenance person carried out monthly safety checks. These included checks of bed rails, water temperatures, emergency lighting and the nurse call system. Required checks had also been undertaken on utilities and mechanical equipment.

Requires Improvement

Our findings

At the inspection in September 2016 we noted that there was a breach of Regulation 18 of the Health and Social Care Act 2016 because staff did not have an induction programme that prepared them for their role. We found that improvements had been made and the regulations were now met.

The registered manager explained that following the last inspection their induction programme had changed. The registered manager showed us the new checklist, which now focussed on the 'first day', 'within first two days' and finally competency assessments. They explained that staff "must be observed a minimum of three times and signed when competent at each task". Competencies to be signed off included for example personal care, manual handling, documentation, pressure care checks, communication, promoting dignity and choice, acting in best interest, end stage of life care, following care plans and seeking guidance. This formed the basis of the Care Certificate which is a nationally recognised set of standards for care staff to adhere to. The senior staff team also had regular informal 'catch-ups' with new starters, but these were not always recorded on induction checklists. New starters had allocated time with a senior staff member for their first week and this person had time 'off rota' to spend with the new starter on their first day.

We found that within staff's job description there was a clear explanation of responsibilities regarding staff's promotion of people's equality and diversity. While it was good to see this as a focus, it was not followed up in induction checklists. This meant that staff understanding of this was not reviewed in line with the competencies required within the job description.

The home utilised an electronic training, supervision and appraisal matrix. This showed when staff were due to have training or refresher updates, as well as supervisions and appraisals. The system showed when people were approaching the due date for training sessions as 'amber' and in 'red' if the due date had passed. We found that training was up to date for most staff. Where staff needed to update in the 'mandatory training' (as identified by the registered provider) this was mostly due to staff sickness or absence.

Yearly 'mandatory' training included Safeguarding, Moving and Handling, Food Hygiene, Health and Safety, Fire Safety, Mental Capacity Act, Deprivation of Liberty Safeguards, Dementia Care and Infection Prevention and Control. For supervisors and managers there was a mandatory course for Safe Administration of Medication in addition. Three-yearly 'mandatory' courses included topics such as Equality and Diversity, Person-Centred Care, Fluid and Nutrition and First Aid themed training. The home also had two supervisors

who had attended a "Train the Trainer" course in manual handling, so they were competent in delivering this in-house.

"Discretionary courses" were also on offer, which did not need to be completed by all staff and addressed specific care needs. These included training on thickeners, special diets and behaviours that challenge. A number of people who may show behaviours that challenge lived at the service and only six staff had received training on this. We saw from daily records and also the registered manager's night time audit that some staff did not have the skills required to manage such situations appropriately.

We made a recommendation that all staff are provided with training that gives them the competence and confidence to support people with behaviours that challenge.

We found that staff received regular supervision and the home's overview identified these were mostly in date. The deputy manager explained to us that supervisions ideally took place every three months, but at least every six months. New starters had a supervision meeting within three months of beginning to work at the home. This meant the supervision took place half way through their probation period and assessed progress. The probation period for new staff was six months during which competency would be assessed.

In the dining room, people sat together at tables and some family members had come in for lunch: some had brought in food. Not all tables were set with condiments such as salt, pepper and vinegar to enable people to flavour their meals.

A picture board was on the wall of the dining room and in other areas of the home, this showed the menu choices for that day. People with dementia or communication difficulties were not shown actual food or pictures of food to help them make a choice. We saw that some people did not eat what they had been given and an alternative was not offered until staff came to take the food away up to 30 minutes later. We observed one person did not want either option and no effort was made by staff to establish what they would like as an alternative.

Foods were not always appetising in appearance or maintained at the right temperature. Puree meals were not always pureed separately so there were individual portions of each food on the plate. This meant that the individual taste and colour of each item was not kept and the meals were not appealing. We saw that meals sat on a trolley in lounges waiting to be served during which time food reduced in temperature. Some people were offered the 'hot' desert which had been sat there for up to 45 minutes. Other people did not have prompt assistance and so their meals went cold as they tried to eat them.

Staff were not consistently available to support people to ensure that they had the level of support required at meal times. As a result some people did not have the prompts, encouragement or help to eat as required. This meant that staff did not ensure that mealtimes were respected as they were not interrupted by other routine activities and there were insufficient staff allocated. We also noted that, due to the timing of meals, some people had very short periods of time in between each meal in order to build up an appetite. For example, some people did not finish lunch until 13.30 but then had another hot meal at 16.00 which they did not eat. This meant that people could be at risk of eating insufficient amounts throughout the day due to the timing of meals.

Some people required foods of a certain consistency or a special diet and this was documented in a person's care plans. A list was also provided for the kitchen staff to ensure they were aware of people's needs. However, this information was not accurate. We sampled three records and found them to be incorrect. All three people were being given a puree meal whilst their care plans or SALT assessments

indicated soft diet was suitable. One person was refused a sandwich and told by staff they were on a puree meal (yet they had been given a soft not puree desert). We looked at their care plan which indicated they could have a soft diet and bread. Another person had been assessed by the Speech and Language Team as requiring a soft, moist diet. However, their care plan indicated a mashed diet and the cook provided a puree diet. This meant that staff did not follow the most up to date nutrition and hydration assessment for each person.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A chart was in place to enable staff to document and monitor people's individual diet and fluid intake over a 24 hour period. This enabled an assessment to be completed by the nurses to establish if people required additional support or specialist input from external health professionals. These were mostly completed and signed by a Nurse who had reviewed the content. However, these were not always completed in a timely manner as we reviewed a number before tea time to find that lunch time records had still not been completed.

The registered provider identifies Willows care home as a dementia specialist service provision. At the last inspection the registered provider had recognised that improvements were required to ensure that the environment supported the needs of people living with dementia. They had sought the help of specialist interior designers in order to make appropriate changes to the environment for those living with dementia. We were informed that these should be completed by the end of December 2016 but found that they were not. We were informed that a meeting was taking place the day following the inspection to confirm what changes were required but no update was provided to CQC following this.

We found that some changes had been made. There was limited signage in some areas of the building using both pictures and words to help and aid orientation of people living with dementia. However, we observed people living at the home still found it hard to navigate around and the inspection team also became 'lost' on a number of occasions. Items with which people could interact had been introduced such as fiddle aprons. Other items to prompt discussion and to support reminiscence such as a mini-shop, a wedding corner and a 'clocking in station' were in place. It was unfortunate that we did not see these being used on the day of the inspection and staff did not encourage interaction with them. Fiddle aprons are aprons with pockets, items and fabrics attached that provide visual and tactile stimulation. Not all of the staff we spoke with knew what the fiddle aprons were intended for.

People were supported to ensure that their health needs were met. GP's visited the home on a regular basis. People's care planning documents contained a record of the clinical reviews. The service of other healthcare professionals was requested for people as required. These included, for example, chiropodist, tissue viability nurse, speech and language therapists and dieticians. On the day of the inspection, a local optician was visiting to review the vision of a number of people at the home. However, we found that the advice and guidance given was not always adopted and followed.

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the home was compliant.

We found that the registered provider had followed the requirements in the DoLS. Several applications had been granted whilst others had been submitted to the local authority and were waiting for assessment. The administrator had taken steps to ensure that they held an accurate list of DoLS applications pending, authorised, their expiry dates and when CQC had been notified.

Where people were unable to give their consent to being accommodated in the home, appropriate applications had been lodged with the supervisory body for the use of such safeguards. Where restrictions were in place such as bed rails or coded doors these were recognised as a restriction. Both a mental capacity and risk assessment were carried out and consideration given to the least restrictive options: For example, we saw that staff looked at the use of motion sensors, high/low beds and crash mats before making a recommendation for bed rails. Following discussion with relevant others, decisions were documented, and it was made clear that actions taken were in a person's best interest.

The registered provider had ensured that covert medication was given in the least restrictive way possible and those safeguards were in place, for example, regular reviews of the decision to covertly medicate. We saw that staff always tried to encourage a person to take their medication before taking covert actions.

Requires Improvement

Our findings

At the last inspection we deemed that people were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities (Regulations 2014. On this inspection, we found similar concerns and the regulations were still not met.

Following the last inspection, we were informed that a member of the management team would individually complete random daily checks of those people in bed to ensure that their personal care needs had been fully met and that all documentation was completed to reflect the care received. On this inspection, the registered manager told us that this took place but they did not record this.

We found throughout the day, that people were in bed but repositioning charts had not always been completed to demonstrate if they had been moved. For example: at 5 pm, a chart indicated a person had been repositioned at 8 am and 10 am. The person was in a bed that was not properly made and sheets were dirty. In the morning, we found that one person had dried up sandwiches in their room and at tea time, one person still had dirty lunch dishes alongside their wash hand basin. We also observed that at 5 pm a number of beds were still unmade meaning that people could not go back to bed immediately should they wish to.

At meal times, staff were not focussed and so did not create a settled and quality meal time experience. We observed that ten people sat in a lounge but none were offered the opportunity to move to the dining area at lunch or tea time. For these people, it meant that they had not moved all day from the same place. As on the previous inspection, people were therefore served their meals on table trays some of which were not all set to the correct height for people to use. People were given blue plastic aprons without staff informing them why they were being used. These were not always fitted correctly and provided little protection for peoples clothing. We found that people remained in dirty clothes following meal times and there was a delay in clearing food spillages from tables and the floor.

Staff did not provide people with the support their required in a way that afforded dignity and respect. Some people were observed to be assisted by staff that were called away and didn't return leaving the person unable to finish their meal. Others were supported intermittently by staff that stood over them due to being unable to sit alongside. This meant that people were not supported in a consistent way and did not have the dedicated time from staff.

At the previous inspection, we noted that a consultation had taken place with people and their families as to whether they wished their bedroom door to be locked when they were not in them. These preferences were

recorded in their care plans but this was not respected. Not one single bedroom was locked but two people's preferences had been ignored as their doors were open having requested they be closed.

At the last inspection we noted that the majority of people did not wear slippers or shoes and were walking around in socks or bare feet. Staff explanation remained the same ranging from families not purchasing suitably fitting footwear to people taking them off. One person had bare legs and nothing on their feet and when asked staff said that they had slippers but didn't know why were not wearing them. The person needed assistance with mobility and so staff would have noticed that they did not have them on at the point of assistance. People were at increased risk of slipping as socks did not have non-slip soles. There is also a greater risk of injury through stepping on objects or falls from wearing inadequate footwear. We also saw that a number of ladies had dresses or skirts but no hosiery. This was not documented as a personal choice and staff were then offering blankets as people had cold legs.

We observed one person continually calling to staff and eventually staff ignored them. A person asked to go to the bathroom and staff went away saying they would be back 'in a minute'. It was 14 minutes until they returned by which time the person had become more and more upset. We heard one person was shouting out from a closed room for 10 minutes. They were unable to use a call bell and were distressed wanting the toilet. This lady's bed looked dishevelled, with bedclothes removed. We had to find a member of staff to attend to them, as no one was around the corridor to hear her calls.

Records kept did not always reflect staff's ability to understand a person's behaviours and words like 'rude' and 'impatient' were used to describe a person.

This was a repeated breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities (Regulations 2014.

As a contrast, we did also observe some positive interactions between people and staff. Comments from people at the home and staff were also overwhelmingly positive. These included "Whilst the environment isn't great, the care is great" and "The staff never lose their patience with anyone, I have never seen a Carer get annoyed. They are the "salt of the earth."

Staff knocked on people's bedroom doors prior to entering. They also informed people what care was being offered, and ensured people were taken to their rooms to carry out personal care. Staff provided reassurance when they supported people that were anxious or upset. Staff spoke to people in a caring and patient manner. When people became confused and upset, staff dealt with the situation calmly and were attentive to people's needs. We observed staff talking to a person in a reassuring way and they provided 'step by step' guidance as they assisted them with a mobility transfer.

Records were stored appropriately to ensure that people's personal information was protected. Lockable facilities were available throughout the building to keep people's information safe. We found that at the start of their employment staff signed the 'Caldicott' principles. These are principles about how information is shared about people with a clearly defined purpose to keep them safe, while maintaining their confidentiality. We saw a doctor arrive to speak to one of the residents during lunch time. Staff assisted the resident to leave the dining room and meet with the GP in a private space.

The home had accessed the 'advocacy' service recognising that people without family and friends required someone to 'look out' for them and act on their behalf where required.

A service user guide was currently available to people who used the service, their family members and

relevant others. This provided information in relation to the services aims and objectives, equality and diversity, the services available, fees and methods of payment for the home, people accessing their information, comments and complaints and safeguarding people.

Requires Improvement

Our findings

A pre–assessment was normally undertaken prior to a person coming to live at the home. The Registered Manager told us that it was important that they were sure they could meet a person's needs but also that they would be compatible with other people living there already.

Staff completed a "This is me" document as they got to know the person in conjunction with the families. This allowed staff to understand about a person's social and familial history and helped them to deliver a more personalised care. Information was available in the event that people needed to leave the home and go to hospital. The home participated in the "Red bag" system: a red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their hospital episode and is returned home with them.

Relatives commented that the care was responsive to a person's needs and that they had seen improvements in a person's health and wellbeing. Comments included "4-5 weeks ago [relatives] pain was really bad, but they have sorted it out and it's lovely to see [relative] so settled", "I can't fault the staff, they are knowledgeable and friendly" and "It doesn't matter which member of staff you ask about mum, they will know what's going on."

We brought to the attention of the registered manager that some of the records reviewed were not legible due to the style of handwriting of staff completing them. This meant that there was a risk that staff may not be able to understand the support someone required.

We were informed that agency nurses would be made familiar with care plans at the commencement of the shift. However, for agency care assistants there was a folder that summarised key information about all people living at the home. We found that this did not include for example information about people's behaviours that challenge. The registered manager told us they would address this to ensure all covering staff would have the necessary information to meet people's needs.

People had risk assessments and care plans that were often detailed, but required more regular review. We found that the monthly evaluation of care plans did not always take place to make sure they were up to date.

Daily records were maintained of the care and support people had been offered and received throughout the day and night. However, these were not all completed fully or in a timely way. We found that records

used to assess or evidence support required were not always accurate or complete. This meant that we could not be assured that care had been delivered in line with a person's needs. For example: a repositioning chart on the 7 April 2018 indicated that a person, who was cared for in bed, was not moved from 08.00 to 18.00 and on the 9 April 2018 no records had been completed from 12.00 to 20.00. This record had not been reviewed by a senior staff member. Waterlow charts used to assess risk of a pressure ulcer were not accurate. For example: one person scored 18 (High risk) but if completed accurately the score would have been higher indicating very high risk. This meant that additional actions may have been triggered.

We looked at the behaviour care plan for a person who had experienced a number of incidents when first moving into the home. We saw staff had assessed this when the person had moved in, then again a few days later. However, there had not been a review of the care plan since. The deputy manager explained that the person had really settled shortly after. We discussed that this was not what the care plan showed and may not show a picture of what the person is like today.

Current care plans reflected the needs of an individual and addressed areas such as personal care, mobility, diet and nutrition, skin integrity and mental health. We looked at the care plans for people that had pressure ulcers and wounds. We found that where pictures had been taken to monitor healing or deterioration, these were stored on a camera, not easily accessible and were not dated.

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

The home aimed to be able to provide support for people until the very end of their life. End of Life wishes and care plans were in place for people where they or their families had wished to discuss this. If appropriate, do not attempt resuscitation forms were completed and staff were aware of the implications of this being in place.

The registered provider had a complaints policy in place. This reflected the appropriate contacts for both England and Wales as the home accepted a number of people from "over the border". Any formal complaints or concerns were recorded along with the actions taken. There had been a number of formal complaints and concerns from whistle-blowers since the last inspection which had been investigated fully. People and families said that they would go the management team if they needed to. It was felt that most issues could be dealt with informally and people felt able to speak about concerns openly.

The registered provider employed staff to provide activity and social stimulation to people who lived at the home each day of the week. Activities 'advertised' ranges from art and crafts, board games, puzzles, bingo, gardening, beauty and grooming sessions. There were planned visits from external people such as pet therapy, singers, vicars /clergy, People were encouraged where able, to attend events with staff outside of the home such as; coffee mornings at the local church, visiting the local library or going to the local shops. Person centred events were organised for special occasions such as birthdays. Events that included Dementia Awareness week, Children in Need or Macmillan coffee mornings were also recognised. Residents meetings indicated that this was still an area of further development highlighted for the home.

Inadequate

Our findings

Throughout our inspection we identified a number of shortfalls in the home, this included concerns related to the upkeep and safety of the premises and the welfare of people living there. This led to repeated and new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection, we found concerns which the registered provider and registered manager had not identified and dealt through their governance and risk management systems. It is of concern that risks to the health and safety of people living at the home had not been identified and/ or addressed prior to the inspection. This is of particular concern given the history of non-compliance with the regulations.

There was a registered manager in place and they had been at the home since October 2016.

We were aware that the registered manager had spent a considerable amount of time addressing staffing issues in the last 12 months. They had dealt with matters in an appropriate way, instigating disciplinary or capability processes where appropriate. However, they needed to be mindful not to lose track of other aspects of concern aside from staffing. This included, the cleanliness of the home, the delivery of care and support and the organisation /quality of meal times.

There was a system of audits in place in areas such as infection control, medicines and care plans. We found these were not always comprehensive which meant that risks to people's health and safety were not identified. For example, weekly medicines audits had been carried out but they did not identify issues with storage. In fact, the concern around creams storage had been signed as complete in March 2018. We found that the Employee Personnel File Audit had picked up that "evidence of induction process being followed" was missing in one file. This was identified on 22 January 2018, but the information was still missing. Care plan and risk assessments checks focused upon a document being in place rather than the accuracy and appropriateness of the content. This meant that the systems in place to monitor the home and drive improvement were not effective.

Monitoring of several areas of support delivery were not robust.

Following the last inspection, we were told that daily spot checks of care would be undertaken by a senior member of staff but there was no evidence of these having taken place. We found that records did not always reflect that people had been repositioned in line with their care plan or provided with adequate assistance to ensure sufficient amounts of food and fluid had been consumed to maintain good health. In

addition, the local authority and the CCG had highlighted concerns e.g. with appropriate foods being offered and the dining experience yet during our inspection it was evident that swift remedial action had not been taken. This meant that the systems in place to monitor the home and drive improvement were not proactive.

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

The registered manager along with the deputy manager had carried out a night visit in response to some concerns raised. This visit highlighted a number of concerns such as the building not being secure, staff not having the skills to manage a person with behaviours that challenged, a person sleeping in a chair as staff believed this was the best way to provide one to one support and a person without an alarmed mat in place. These matters were addressed on the visit and with the staff concerned. However, it raised concerns with us that the senior staff on duty had not recognised or addressed these concerns for themselves. Action needed to be taken to support and improve leadership skills and clinical direction with all of the staff

The registered manager and deputy managers were very engaged with the process of the inspection. They were open to discussion and took away suggestions and changes in a positive way.

The registered manager was aware of their responsibilities, such as making safeguarding referrals to the local authority safeguarding team when required or notifying us of certain events which had taken place at the home. However, we found that the system for ensuring this was always done was not fully effective. For example, the local authority had been informed of physical altercations that had occurred between home users where harm had occurred but CQC had not been notified.

Meetings took place with staff to keep them informed of developments within social care, the home and with people they supported.

The home encouraged people and visitors to provide feedback about the service and to make any suggestions they felt would improve the service. There was also a suggestions box for people using the service and their families. Meetings were held with people who lived at the home to ask their opinions about the support they received. The registered manager had looked at a variety of ways to engage with relatives and friends but she had struggled to make progress. Open door events, social events, film nights, fund raising: all of which were very poorly attended.

We saw that the home had displayed their previous inspection rating clearly in the reception area. There was a link to the last CQC report on the registered provider's website. This however, needed to be reviewed to ensure that it met the requirements of the CQC.