

Sentimental Care Limited

Horton Cross Nursing Home

Inspection report

Horton Cross
Ilminster
Somerset
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Tel: 0146052144

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Horton Cross Nursing Home is a care home registered to provide care and accommodation for up to 47 people. The home specialises in the care of older people. At the time of the inspection there were 42 people living at the service.

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

Quality assurance processes to oversee the safety and quality of the service had failed to identify the concerns we found at this inspection.

We identified shortfalls in managing risks related to the environment and the safe delivery of care and treatment. People's care records were not always accurate, and some required updating to ensure information about risks to people were known. Not all staff had been recruited in a safe way. Important information was missing from recruitment files.

Infection control procedures were not robust. Some areas of the premises were not clean. For example, the communal dining area and lounge. This had improved by the second day of the inspection.

There were sufficient staff on duty to meet people's needs. However, we have recommended the provider review the staffing arrangements at night.

Medicines were generally safely managed. However, we have made a recommendation the provider monitor the storage temperatures for all medicines.

Improvements were required to the environment, including access to bathing and showering facilities. The provider had a programme of refurbishment in place. We have recommended the provider seek advice and guidance on environmental adaptations for people living with dementia.

On the whole people enjoyed the food served. However, some people would benefit from an improved dining experience, especially those who remained in bed.

Some routines were not person centred. We have recommended daily routines are reviewed to ensure person-centred care and support is consistently delivered to people living at the service.

People said they felt safe at Horton Cross Nursing Home mainly because they were confident in the care and support provided by staff. One person explained, "We find it safe here. Staff are one reason; they are good". Relatives confirmed they had no concerns in relation to safeguarding. We observed people appeared relaxed and comfortable with the staff who supported them.

Staff had been supported to develop the skills they needed to meet people's day to day needs. Comments from staff included, "We are well supported by the registered manager and team".

People had access to external health and social care professionals to ensure their health care needs were addressed. Feedback from health professionals was positive. They described a service that ensured referrals were timely; any recommendations were acted on and staff had a good knowledge of people's needs. One professional said, "Communication is excellent with the service".

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.

Throughout the inspection, the registered manager and provider displayed a candid and transparent approach. They spoke openly about challenges and shared the plans they had in place to address them. They responded to our feedback and were making improvements to the service following the inspection.

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 31 August 2018).

Why we inspected

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.

We received concerns in relation to risk management following a safeguarding investigation. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified three breaches of regulation in relation to safe care and treatment, staff recruitment and good governance.

We have made recommendations in relation to staffing levels at night; the storage of some medicines; daily routines and aspects of the environment.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Horton Cross Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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

The inspection was completed by two inspectors.

Service and service type

Horton Cross Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Horton Cross Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included notifications made by the service and concerns raised with the Care Quality Commission. We sought feedback from the local authority quality assurance team and safeguarding team. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We met most of the people who lived at the service and spoke with 15 of them about their experience of the care provided. We also spoke with three family members to get their view of the service. We observed people and staff in the communal areas throughout the day.

We spoke with 11 members of staff including the registered manager, the general manager, care and nursing staff, maintenance person, cook and head cleaner. On the second day we met with the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and a number of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, maintenance records, cleaning schedules, staff rota's, monitoring charts, fire documents and external servicing records were reviewed.

We asked the service manager to email a Care Quality Commission inspection poster to all relatives and staff, inviting them to share their experiences either through our website or by phone. We received comments from two staff members and two relatives in response to this.

Following the site visits, we requested feedback from 18 professionals who work with this service. We received feedback from four.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- A review of people's records showed detailed risk management plans were not in place to guide staff about all aspects of the care and support people needed. For example, care plans and risk assessments did not fully consider the needs of people living with diabetes. Although nursing staff were knowledgeable about individuals' needs, important information was missing from care records to direct staff. For example, the range of expected blood glucose levels and what to do should levels fall outside of expected ranges. There were also gaps in the daily recording of the person's blood glucose levels. The registered manager subsequently confirmed two sets of records were in place for monitoring blood glucose results.
- Some records contained contradictory information. For example, a speech and language therapist (SALT) had provided recommendations about the diet and fluids required by one person to reduce their risk related to swallowing difficulties. The care plan described a different level of food texture to that recommended by the SALT. The registered manager said they would review this without delay. During the inspection we observed the person was given diet and fluid as recommended by the SALT.
- Some people required equipment to reduce their risk of pressure injuries, for example pressure relieving mattresses. We found three mattresses were not set according to the manufacture's guidance. The registered manager took immediate action to review these.
- The registered manager and nominated individual told us about their plans to introduce a new electronic care planning system, which they felt would improve the quality and detail of care records.
- Environmental risks were not consistently managed. We found several hazards around the building. For example, the protective covering for the lift mechanism had been removed. This exposed people to potential danger as the mechanism was situated in a communal toilet accessible to people using the service and relatives.
- A radiator had been removed from the wall in the communal lounge and was propped up against the piano. This was a potential hazard to people in this area. A large ladder had been left in the conservatory area, posing a risk to people. Before the end of the inspection, the registered manager took action to ensure the lift casing was replaced and the radiator and ladder were removed.
- There were regular checks of the water temperatures completed by an external contractor. In 2022 their records showed that water temperatures exceeded the recommended temperature in 12 bedrooms used by vulnerable adults. This meant people were at risk of being scalded. We found water was above 50 centigrade in three outlets within people's en-suite facilities. This posed a risk to people. We discussed this with the registered manager. We shared the guidance with the registered manager. They said all sinks had thermostatic mixing valves so would be adjusted to meet the guidance.
- A sluice door, which should have been locked, was open. This area contained several chemicals harmful to health and posed a possible risk to people living at the service.

Effective systems were not in place to minimise potential risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire checks, drills and evacuations were carried out and along with regular testing of fire and electrical equipment. A detailed fire risk assessment was carried out by an external contractor in July 2022. The registered manager confirmed they were working to address some recommendations, including a review of fire doors. People had individual personal emergency evacuation plans (PEEPs) with information about their mobility and support needs should they need assistance to evacuate the building in an emergency. However, a person had been admitted to the service five days before our visit, and they did not have a PEEPs in the fire safety folder. The registered manager said the PEEPs had been completed and was in their individual file but as they had not been on duty it had not been placed in the fire evacuation folder. We discussed putting in place a system to ensure the folder always accurately reflected people in the home.
- People were protected from the risk of falls from windows as window were restricted. The risk of burns was reduced as radiators were covered.
- In March 2022 the environmental officer had undertaken an inspection of the kitchen and rated the service as a five (the highest rating). They had requested a few areas where they wanted improvement. These had been acted upon and new flooring was scheduled to be installed in October 2022.
- Legionella precautions were in place, staff cleaned shower heads and flushed unused taps.
- External contractors undertook regular servicing and testing of moving and handling equipment.

Staffing and recruitment

- People were not fully protected by safe recruitment practices. Robust checks had not been completed on staff's conduct in previous roles, to ensure they had the skills and experience they needed. A full employment history, with any gaps in employment and the reasons for leaving explained, had not been obtained for all staff.
- One member of staff was working prior to their Disclosure and Barring Service (DBS) checks being completed. The registered manager had completed a risk assessment and told us the member of staff was always supervised when on duty. However, we observed the person working without supervision, including administering medicines.

The registered provider and registered manager had failed to operate effective processes to safely recruit staff. This placed people at risk of harm. This was a breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff on duty to meet people's needs. People told us staff were usually quick to respond to their call bell. Comments included, "Staff always around when I need them" and "The new call system means staff are quicker to come now".
- We discussed the deployment of staff with the registered manager because we saw two people waited for staff assistance for 13 minutes and 15 minutes respectively. It was unclear where staff were at the time. We discussed the arrangements for staff breaks with the registered manager to ensure enough staff were available at all times.
- A new call bell system had been installed two weeks before our inspection. Staff said the old system was also still in use as it had not been decommissioned. The registered manager explained they were still working with the installer regarding how the new system worked. They said they were looking at the positioning of the call bell panels which highlighted to staff which rooms had requested assistance. They said the new system once set up correctly would enable the call bell response times to be monitored.
- At night staffing reduced to one registered nurse and three care staff. Due to the level of complex needs many people had at the service, we discussed safe staffing at night with the registered manager and

nominated individual.

- The service had an activities co-ordinator, but they had left and meaningful activities and occupation for people had declined in recent months. The registered manager explained an existing member of care staff was keen to undertake this role. On the second day of the inspection we saw more group activities being offered. However, a large number of people remained in their room and they had little social stimulation or engagement. The activity records for one person showed they had three activities since May 2022. The registered manager assured us once the person was established in their new role, more one to one activities would be provided.

We recommend the provider regularly monitors and reviews staffing levels and deployment, including at night so sufficient numbers are available to meet the current and changing needs of people.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the premises were not clean. For example, the communal dining area and lounge. There were no daily cleaning schedules in place to assure the registered manager that the expected tasks were being completed and the premises remained clean throughout. On the second day of the inspection, cleanliness had improved in communal areas significantly. Bedrail covers were used to reduce the risk of entrapment. However, some covers were damaged with holes and small tears, meaning they could present an infection control risk as they were difficult to keep clean. The laundry sink was dirty and there were soiled items soaking in a bowl in the sink. The toilets and sinks in people's en-suite facilities were heavily stained with lime scale and looked unsightly.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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, although some staff were reminded about the correct wearing of masks on occasion.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- Medicines that were in use were stored safely. There were three medicine trolleys in use, one on the ground floor stored in an air-conditioned treatment room and two on the first floor. Medicines in the ground floor treatment room were being stored at recommended temperatures for medicines. We discussed with the registered manager that the temperature of storage for medicines being stored on the first floor were not being monitored. This meant the medicines could be exposed to temperatures which affected their efficacy.

We recommend the provider and registered manager ensure regular temperature monitoring in relation to the storage of medicines takes place and the information recorded. This is to ensure medicines do not deteriorate or become ineffective or unsafe to use.

- People's medicines were generally managed safely. There was a system in place for ordering, receipt and

disposal of medicines.

- There were suitable arrangements for the storage and recording of medicines requiring extra security. Regular checks had been made for these medicines and they had not identified any issues.
- Fridge temperatures were monitored to check medicines were stored at recommended temperatures. We discussed with the registered manager and clinical lead that staff were not resetting the fridge temperature after each reading. This meant that the minimum and maximum fridge temperatures being recorded remained the same. The registered manager said they would remind staff to press the reset button after each reading.
- Medicines were given to people as prescribed. However, we found three signature gaps on people's medicines administration records (MAR). This meant we could not be assured these people had received all of their prescribed medicines. We discussed this with the registered manager and clinical lead, and they said usually the nurse would review the MARs when they were administering and flag up if there were any signature gaps. On this occasion they had not followed up to check if the person had received their medicines.
- The opening dates of eye-drops were recorded to ensure that these were discarded within the required time range, to reduce the risks of infection and ensure that they were effective.
- Where people were prescribed 'as required' medicines, individual protocols were in place to guide staff in their use
- When people required medicines at a specific time there was a system in place to ensure they were given at the times required.
- Medicine audits were carried out monthly and actions taken if concerns identified. For example, the June 2022 audit had identified people's prescribed food supplements were stored in boxes on the floor. A new shelf had been installed for the supplements.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed on a monthly basis by the registered manager. However, there was no documented oversight to ensure any trends or patterns could be identified and mitigated. The registered manager said they would review this to ensure an accurate overview was available to improve the safety of care.
- The registered manager was implementing recommendations following a recent safeguarding concern to ensure lessons were embedded within staff practice.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at Horton Cross Nursing Home mainly because they were confident in the care and support provided by staff. One person explained, "We find it safe here. Staff are one reason; they are good". Another person said, "Life here is ok. The staff are very good; keep me safe". Relatives confirmed they had no concerns in relation to safeguarding. One told us, "I haven't seen or heard anything that I would be concerned about when visiting". Another said, "Absolutely wonderful, best place Mum could be".
- We observed people appeared relaxed and comfortable with the staff who supported them.
- Staff and training records confirmed they had completed training to help them recognise and report any poor practice or concerns relating to abuse.
- Staff said they were confident to raise any concerns with the registered manager as they listened to staff and would act to protect people.
- The registered manager worked with other professionals to make sure people were kept safe. Where necessary, full investigations were carried out when concerns were raised, and action was taken to protect people. The registered manager was implementing recommendations from the local authority following recent safeguarding concerns.

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 our last inspection we rated this key question good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager or clinical lead nurse gathered information about the person's needs by meeting and or speaking with them, their relatives and any professionals supporting them prior to anyone moving to the service. This information helped to confirm the service could meet the persons' needs and expectations.
- We noted not all areas of some assessments had been completed. For example, information about emotional and psychological needs and details of people's hobbies, interests and spiritual needs. The registered manager explained the new care planning system would help to ensure all aspects of people's care and support needs were recorded and planned for.
- Some people were having treatment for various wounds. Wound care plans were in place and directed nurses about the dressing products they should use and how often the dressing would need changing. However, there was no meaningful evaluation of wound treatment to ensure current treatment was effective.
- A high number of people were being cared for in their rooms, some remained in bed and it was not always clear how this was determined. Some people were able to confirm this was their choice however, a relative and a care professional also remarked on the high number of people who remained in their room or in bed. Their main concern was the possible social isolation of people. The registered manager hoped once the activity programme was in place people would be encouraged to spend more sociable time in the communal areas.

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

- We looked at all parts of the premises; including private bedrooms (with the person's permission), communal areas, and bathrooms. We found areas of improvement were needed to enhance the environment. The provider had a programme of refurbishment in place.
- Only one assisted bathroom was in use for the 42 people currently living at the service. People and relatives expressed concerns that regular bathing was not offered. Although six bedrooms had en-suite facilities, they were not suitable to meet people's needs and the registered manager explained they had been de-commissioned. The provider had received quotes for the fitting of a new wet room to ensure people's needs and preference were met. This work was due to be completed by the end September 2022.
- The environment was not dementia friendly. There were few visual aids on walls and doors to guide people and help them find their way, and the décor could be improved for those living with dementia. This was an area not mentioned in the environmental improvement plan.

We recommend the provider seek advice and guidance on environmental adaptations for people living with

dementia.

- The environmental improvement plan addressed several improvement issues, including the replacement of floor coverings and general redecoration and refurbishment. The nominated individual told us, "Strategic planning and investment into the estate, facilities, staff, and systems at Horton Cross are already in progress... this includes short term investment in repairs, decorating, flooring, fixtures, and fittings". For longer term improvements, the provider had commissioned surveyors to complete a concise scope of works to develop a framework document for a rolling program of refurbishment at Horton Cross.

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

- On the whole people enjoyed the food served. They told us, "The food is really marvellous"; "I find it ok. We have a choice and there is plenty of food on offer" and "Food is always alright here, occasional off day. You can expect that with mass catering. If you want something else, you can have it".
- Some people would benefit from an improved dining experience, especially those who remained in bed. One person told us they were uncomfortable in bed at lunchtime as they were not positioned in an upright position to manage their lunch time meal comfortably. We feed this back to the registered manager.
- Aids such as plate guards or adapted cutlery were provided to enable people to eat independently. One person was using a plate warmer as recommended by the speech and language therapist (SALT), to ensure their meal was at the right consistency to keep them safe.
- When people required assistance with their meal, they received one to one support from staff. We observed staff ensured any recommendations from the SALT were followed. This included ensuring the correct meal was served and the person was in the right position to reduce risks.
- The cook was knowledgeable about people's individual needs and preferences. They were aware of the people who required a modified diet specified by a speech and language therapist. All allergens were recorded for meals prepared. The cook was developing a new menu cycle with the input from people living at the service.
- Where people had been identified as being at risk of weight loss, additional supplements were used along with meals fortified with additional calories.

Staff support: induction, training, skills and experience

- Staff had been supported to develop the skills they needed to meet people's day to day needs. All staff were required to complete the provider's core training and checks were completed to ensure training was up to date. A programme of training was provided using an on-line provider and face to face training.
- Registered nurses were supported with additional clinical training to ensure they met the requirements of their regulator.
- Senior care staff were being supported to complete the care home assistant practitioner training programme (CHAPS). This aims to equip senior staff within care home settings with clinical and management skills. This would enable senior care staff to support nursing staff with some aspects of clinical care.
- New staff completed an induction to ensure they worked safely, and learnt about people, their needs and preferences. Staff said they had the necessary training to do their jobs safely and were not expected to undertake tasks they did not feel confident to do. Comments from staff included, "We are well supported by the registered manager and team" and "My manager gave me lots of support and made sure that I had all the training I required for my role".
- Staff confirmed they could speak with the registered manager at any time. Staff received formal one to one supervision twice a year.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People had access to external health and social care professional to ensure their health care needs were addressed. Staff had developed a good working relationship with the local GP surgery and weekly multidisciplinary meetings were held weekly to discuss and monitor people's health needs. A professional told us, "Communication is excellent with the service. Staff follow instructions and recommendations. They have a very good understanding of people and their changing needs".
- Feedback from professionals was generally positive. Professionals said referrals to them were timely and appropriate and staff were knowledgeable about people's needs. Comments included, "The team at Horton Cross always respond to any enquiries in a very timely manner... they are always incredibly helpful". However, one professional explained, due to problems contacting the service, one person experienced a delay in accessing advice from the community dietician.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Individual mental capacity assessments had been completed to determine a person's ability to make specific decisions about their care and treatment. Where people lacked the capacity to make certain decisions, decisions had been made in the person's best interests.
- Support was provided to people in the least restrictive way possible. A health professional said, "Staff are kind and compassionate and always have the resident's best interest at heart of any decision they make". Staff were able to discuss how they supported people taking into consideration their right to make choices.
- Arrangements were in place to ensure DoLS applications were made and managed effectively.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care;

- The management team had not always identified and managed risks within the service. For example, during our inspection we identified several shortfalls in managing risks related to the environment. Immediate action was taken to reduce some risks during the inspection.
- The provider had several audits in place, however some areas for improvements were not identified prior to the inspection. Not all staff had been recruited in a safe way. Important information was missing from recruitment files. People's care records were not always accurate, and some required updating to ensure information about risks to people were known. There were gaps in some monitoring records, for example, the monitoring of blood glucose levels and repositioning of people who required this support.
- Infection control procedures were not robust. Some areas of the premises were not clean. For example, the communal dining area and lounge. There were no daily cleaning schedules in place to assure the registered manager that the expected tasks were being completed and the premises remained clean throughout.
- Whilst actions to drive improvements were taken following our feedback, these concerns had not been identified by the provider's own quality assurance processes.

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

- The registered manager had worked at the service for many years and was experienced. There was a clear staffing structure in place and staff at all levels were clear about their roles and responsibilities. They said there was good teamwork at the service and that they were supported effectively.
- The management structure included a general manager, a clinical lead and there was always a trained nurse on duty. The nominated individual had almost daily contact with the service and visited regularly to undertake their own checks.
- The registered manager had spent several months supporting another of the provider's locations. The registered manager was also required to cover nursing shifts due to a shortfall in nursing staff within the sector. They explained this had impacted on their ability to keep on top of management tasks at Horton Cross, such as auditing. They accepted the shortfalls we found. The registered manager and provider responded to our feedback and were making improvements to the service following the inspection

- The registered manager understood their responsibilities to be open, honest and apologise if things went wrong. Where concerns or complaints had been raised, these had been investigated and resolved to the person's satisfaction.
- The registered manager made sure we received notifications about important events at the service so we could check appropriate action had been taken.
- Throughout the inspection, the management team displayed a candid and transparent approach. They spoke openly about challenges and shared the plans they had in place to address them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some routines were not person centred. For example, several people remained in their bedroom or were cared in bed, although it was unclear from records and speaking with people and staff, how this had been decided. A professional also commented on the high number of people remaining in their room or in bed. Relatives were generally happy with the care and support delivered, but two raised concerns about the lack of bathing facilities and the fact their loved had not had a bath for several weeks. We were also told there was little stimulation and lack of opportunity for people to join in activities in and away from the service.

We recommend daily routines are reviewed to ensure person-centred care and support is consistently delivered to people living at the service.

- The provider had involved people and their family in the running of the service. People and relatives were invited to complete satisfaction surveys. The last survey was completed in June 2022 and showed a good level of satisfaction with the service in terms of feeling safe; staff approach and delivery of care and support and keeping in touch with loved ones. Comments included, "in general I am very happy here and enjoy my meals and the company of most of the staff" and "No concerns". Activities were identified as an area for improvement.
- The provider engaged with staff during regular staff meetings; one to one meetings and during handovers. Staff told us communication between the team was good.
- The registered manager was well known at the service. They walked around the premises daily to speak with people and staff and to be visible and approachable. Everyone we spoke with found the registered manager friendly and willing to listen and get things right. One person said, "The manager is just lovely. Nothing is too much bother for her".

Working in partnership with others;

- We received positive feedback from stakeholders about the way the registered manager and the team had worked in partnership with them. The service accepted interim placements to help ease pressures on other parts of the health system, which supported the flow through the district general hospitals. A professional told us, "I often contact the team at Horton Cross when I am sourcing end of life placements and they are always incredibly helpful and work fast and effectively to ensure we give the client the absolute best service we can to ease the last part of their life journey".
- The registered manager worked closely with the Local Authority and accepted support to ensure improvements were quickly made where necessary. Following a recent safeguarding investigation, the registered manager had implemented recommendations made to ensure people's safety and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Effective systems were not in place to minimise potential personal and environmental risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Regulation 17 HSCA RA Regulations 2014 Good governance
	Systems and processes to monitor and improve the service provided had not been effective.
	Clear and accurate records had not been maintained in respect of each people in relation to the care and treatment provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
	The provider did not have robust recruitment procedures in place to ensure staff employed were 'fit and proper'.

