

Barrington House Limited

# Barrington House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Barrington House is a residential care home providing accommodation for people with learning disabilities who require personal care. The home cared for adults and older people. Accommodation was provided on the ground and first floor.

People's needs were varied and included support with general age-related conditions. Some people had more specialist needs associated with diabetes, autism and epilepsy.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had not always consistently applied them.

Barrington House was a large home, bigger than most domestic style properties. It is registered for the support of up to 21 people. 18 people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people. This was because the building design fitted into the local residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

Following the last inspection, the provider was served two warning notices for breaches of regulation 12 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulation 12 warning notice was served due to poor moving and handling, poor management of diabetes and physiotherapy exercises not being completed. The regulation 17 warning notice was served as some people's weight was not being effectively monitored, ineffective recording systems, lack of activities, recording of people's food and 1:1 support. These shortfalls were not being picked up through the home's quality assurance systems.

The provider has been in breach of regulations 12 and 17 for the previous two inspections. At this inspection we found that these breaches had still not been met.

Systems for the care and support of people with diabetes continued to remain unsafe. Oversight of people's blood sugar levels were not in place and staff knowledge of when they should seek additional health support was poor.

People were not always provided with person centred support and did not always have meaningful engagement or undertake activities that were important to them. Staff did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff did not always have the necessary training and skills to effectively meet people's individual needs.

Quality assurance systems did not always effectively monitor the quality and safety of the service provided. The provider did not have effective systems in place to ensure that support with people's epilepsy was delivered safely or effectively.

The issues found above have been highlighted in the previous inspection.

Systems and processes were in place to safeguard people from the risk of abuse. Medicines were managed and administered safely. People told us that there were sufficient staff to keep people safe.

Staff were kind and caring and passionate about the care they provided. People's dignity and privacy was maintained. People and their families consistently told us how well looked after they were, and staff were respectful. One person said, "The staff treat me kindly. They make me feel happy." Another person said, "It is homely here. The staff make you feel good."

The registered manager had ensured that people's communication needs were being met and that they were given information in a way they understood.

People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 25 July 2018) and there were three breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider remained in breach of three regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified three continued breaches in relation to Regulation 9 (person centred care), Regulation 12 (safe care and treatment) and Regulation 17 (lack of effective quality assurance systems) at this inspection.

The service met the characteristics of Requires Improvement in all key questions of safe, effective, caring, responsive and well-led. Warning notices were served following the last inspection. At this inspection we found that these warning notices had not been fully met. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Barrington House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection. We spoke to one care professional to obtain their feedback about the service.

#### During the inspection

We spoke with eleven people to obtain their views of the care they received. Some people were unable to provide us with feedback; therefore, we used the Short Observational Framework (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 eight members of staff including the registered manager, care manager, deputy manager, senior care workers, assistant care workers, maintenance employee and cook. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at a range of documents including policies and procedures, incident and accident records and quality assurance information. We reviewed staff information including recruitment, supervision and training records as well as team meeting minutes and staff rotas. We looked at the provider's information and auditing systems and processes.

After the inspection

We spoke to two relatives to obtain their views of the care provided to their family members. We also spoke to two professionals to gain their feedback on their experience of the care provided to people.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection the provider had failed to ensure the safety of people by assessing the risks to their health and safety and doing all that was reasonably practicable to mitigate any such risks. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service was failing to meet the fundamental standards that people should be able to expect. As a result, CQC has issued a warning notice to the provider telling them that they must improve. At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Systems for the care and support of people with diabetes continued to remain unsafe. At the previous two inspections, concerns had been highlighted around the unsafe support of people living with diabetes. Following the last inspection, the provider was served a warning notice as systems for the care and support of people with diabetes were unsafe. This was in relation to a lack of guidance to instruct staff of what to do and a lack of action by staff when people's blood sugar levels (BSL) were high.
- At this inspection, we found that staff had failed to escalate support to a nurse when blood sugar readings were too high. Staff had failed to take the correct actions when this had occurred. This continued to leave the potential for risk of harm to people.
- Staff did not seek the appropriate medical support and guidance when this information was available to them. One person's BSL had exceeded the higher limit, as detailed in their care plan, on 14 occasions during May and June 2019. We also saw higher than normal levels recorded in March 2019. The levels required staff to seek immediate guidance from a qualified nurse or call 111. When we raised this with the registered manager, that staff had not taken any actions following these readings, they did not challenge this or provide evidence that actions had been taken. Staff had recorded these high BSL readings in people's diabetes record books, and within electronic daily records. However, there were no actions recorded as being taken on any of the occasions where higher BSL levels were recorded. There was a continued risk of harm due to staff's failure to get further medical guidance.
- Guidance was in place for three out of the four people who required support with their diabetes. One person's diabetic care plan did not inform staff at what higher blood sugar level they should be taking further action, or what these actions should be. We were informed by the registered manager that, above a certain BSL level, staff should be calling the NHS helpline and seeking guidance from a nurse. We asked one care worker when they would take action for one person and they stated, "When the reading is high." When asked at what reading this would be done, they were unable to indicate what this would be. This left the

potential for the risk of harm to the person. We brought this to the attention of the registered manager who immediately added this information to the person's care plan.

- BSL's for people were usually taken before eating a meal. On occasions, when higher levels had been recorded, and actions had not been taken, people were sometimes given food that may have increased these levels. For example, on one occasion a person whose BSL reading was recorded in the Hyperglycaemic range was given Weetabix following this reading. This could have potentially elevated their blood sugar level. Hyperglycaemia is the scientific term for high blood glucose levels. Blood sugar levels in patients with diabetes can rise within hours after eating.
- We brought these issues to the attention of the registered manager. They told us that a staff member had indicated in May 2019 that they thought readings were higher than normal on one device that measured people's blood sugar levels. The registered manager sought advice from a GP who advised changing the device. This was done for all recording devices at the service. However, elevated BSL's that put people in the Hyperglycemic range were recorded at numerous points from March until May 2019. Following the last inspection, the provider was served a warning notice as systems for the care and support of people with diabetes were unsafe. The issues highlighted above show that the warning notice has not been met.

The provider had failed to take sufficient actions to ensure that care and treatment was provided in safe way, and risks relating to diabetes had not been mitigated. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider what actions they were taking to address the issue above. Following the inspection, the registered manager told us that GP guidance was sought for each person living with diabetes. Guidance on when staff should escalate support had now been displayed within the BSL record books, the medication trolley and in the kitchen. Staff had been notified and reminded of the escalation protocols for each person. The registered manager also confirmed that, following GP advice, staff were now using keto strips as an additional safeguard when BSL readings were high. These are devices that provide additional information about people's blood glucose levels. We will follow this up at the next inspection.

- At the last inspection, people were at risk as staff were not supporting them with physio exercises they needed. This was part of the Regulation 12 warning notice served to the provider. At this inspection we found improvements had been made. The registered manager confirmed that people were receiving their planned exercises and records confirmed this. This element of the warning notice had been met.

Learning lessons when things go wrong

- Following the last inspection, the registered manager said they were committed to driving improvements to ensure people's safety. For example, the provider had made improvements in the reassessment of people's mobility when they had experienced a fall, and in the monitoring of people's skin integrity through regular checks of people's air mattresses.
- Staff took appropriate action following incidents and accidents to ensure people's safety. For example, the provider had previously been issued a warning notice due to poor moving and handling by staff. At this inspection we found that improvements had been made and people were moved safely.
- People told us that staff helped them to move safely when they needed help. One person said, "I use a hoist to get from my wheelchair to the chair. No problems with that." Another person said, "The staff are all kind to me. They support me with the hoist." We observed one person being transferred from their wheelchair to a chair safely and correctly by two staff.
- Some staff had been retrained following the last inspection and had written reflective statements on their own moving and handling practices in order to improve their own learning. The registered manager had also



introduced assessments of staff competencies in this area following the last inspection.

- These improvements show that the element of the regulation 12 warning notice in respect to moving and handling had been met.

#### Using medicines safely

- The administration and recording of medicines was safe.
- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed that people received their medicines as prescribed and these records were completed accurately.
- Where people had as and when needed (PRN) medicines, staff were supported by guidance on when to administer these. We advised the registered manager that formal PRN protocols could be developed to make this information clearer. The registered manager took the opportunity to seek more information on developing these from a visiting health professional.

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

- People told us they felt safe. One person told us, "Yes I feel safe. There are lots of staff. I don't have any worries." Another person said, "All the staff are kind. I don't have any worries."
- People were consistently protected from abuse. Staff told us that they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe.
- Staff told us that they understood their responsibilities under safeguarding. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice.

#### Staffing and recruitment

- There were sufficient numbers of staff to keep people safe. Some of the people required one to one support and staffing levels included providing staff to accompany people on activities outside of the service. At the last inspection, concerns were raised that some people's one to one support was not on staff rotas and was not being recorded when completed. These areas formed part of the warning notice that was served. At this inspection, we found that these tasks were now being completed and therefore this area of the warning notice was being met. Records showed detailed notes of one-to-one sessions, while rotas showed each person's assessed hours being scheduled.
- People told us that there were enough staff. One person said, "There are plenty of staff around." Another person said, "I think there are enough staff. I have a call bell and they come quickly." Staff told us that they felt there were enough staff to undertake people's care safely. We observed enough staff who responded to people's requests efficiently.
- Recruitment checks were robust and ensured people were supported by staff who were checked before they started work at the service.
- Checks were made to ensure staff were of good character and suitable for the role. This included obtaining suitable references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services.

#### Preventing and controlling infection

- There were a variety of measures to promote good infection prevention. Cleaning staff were employed daily to ensure that regular cleaning of the service took place. One visitor told us, "The place is tidy, looks smart."
- Staff had access to personal protective equipment (PPE) such as disposable aprons and gloves, and we saw that these were used by staff when supporting people with personal care and administering medicines.
- The laundry had a clear system for managing dirty and clean laundry and the laundry was clean and tidy

and appropriately resourced. Staff told us that some people liked to help fold the clothes and put them away, and they were encouraged to do so.

- The registered manager had undertaken monthly infection control audits to ensure that standards had been maintained. Responsive actions had been taken during a winter outbreak of flu to ensure that risks to cross contamination were reduced.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us that the staff were trained to support them. One person told us, "The staff are good. I think they have some training." Another person said, "I think all the staff are very good. They do a good job." Training had been identified that was considered essential for staff to complete. This included positive behaviour support, moving and handling, safeguarding, Mental Capacity Act, medication and nutrition.
- Staff told us of the benefits of the training they received. One staff member commented, "There's a lot of it, but you learn so much from it."
- New staff received an induction when they first started working and had access to ongoing training. Staff completed a range of online courses, as well as ongoing workbooks covering different areas of support.
- One professional we spoke to said, "I've done training with the staff. They were very engaging and on board."
- The deputy manager checked that staff mandatory training was kept up to date, but this had not been effective in ensuring the staff were trained and competent. One staff member told us, "We are emailed if training needs to be completed. If there's any new courses, we are emailed these as well."
- Staff were skilled in supporting people to move and transfer when they needed support. We observed good practices when staff transferred people using a hoist safely and effectively. Staff members knew when to ask and support people when they needed the bathroom and supported them effectively.

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

- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. People needs were reassessed when they had changed.
- We observed information on best practice guidance was available for staff in the communal areas and kitchens including supporting people with appropriate and safe eating.

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

- At the last inspection, concerns were raised that not enough vegetables were being provided in people's diets and recording systems for staff were ineffective to monitor what people had eaten. These concerns formed part of the warning notice that was served following the last inspection.
- At this inspection we found that the registered manager had made improvements and that these areas of the warning notice had been met. There was a weekly menu that was varied and provided people with fresh vegetables and healthy options. People were able to choose alternatives should they not want what was on the daily menu. One person said, "The food is excellent. There is enough to eat." Another person told us, "I like the food here. I like the meat pie and the fruit." We observed fresh vegetables being served during the lunchtime meal. The chef told us that that each home-made recipe was made using ingredients from dietary

specialists that included vegetables.

- Staff were using a new electronic care system to record people's nutritional intake. The registered manager audited this information to ensure that people were receiving a variety of food.
- Risks to people with complex needs had been identified and managed well in relation to their eating. The cook ensured that people living with diabetes were provided with low sugar options.
- People's specific dietary needs were known and met effectively by staff. For example, three people had been assessed as requiring modified diets so that they could swallow food safely. The guidance provided by Speech and Language Therapists (SALT) had been transferred to the service's own guidelines. Guidance was also displayed in kitchen for staff together with a list of food that would put people at risk.

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

- The service had been operational within the building for some time and was therefore not developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The building could not easily be adapted so it is difficult for the service to meet these standards. However, people had the equipment needed to meet their individual needs. Adaptions and decoration had been put in place to support people safely. For example, one professional told us, "Staff had taken on board advice about signage to remind people to use their walking aid and had moved furniture."
- People's needs were met through the adaptation and decoration of the service. Since the last inspection, the provider had installed a stair lift to support one person, living on the first floor, to access the stairs safely and maintain their independence. Although the person now lived on the ground floor, a decision was taken to maintain the stair lift should anyone require its use in the future. Some people used wheelchairs to mobilise and we observed them moving freely throughout the service.
- The provider was taking steps to improve the environment. New floorboards and carpets were to be replaced on the first floor. Radiators also had covers on them to cover hot surfaces.
- Pictorial signs were on bathroom doors and other rooms to guide people. People's bedrooms were personalised with photo and pictures. People told us they liked the home environment and communal areas. One person said, "Its homely here."

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

- People were supported to live healthier lives and access ongoing healthcare support from professionals. For example, following the last inspection, each person identified with high body mass indexes (BMI's) were referred to the Community Dietician. They provided guidance and advice which staff had followed. To support people with managing their weight, staff had started to use specific slimming recipes when making meals from scratch. People were supportive of this change and staff ensured that maintained favourite dishes when using these recipes.
- When people required specialist support in relation to conditions such as their diabetes, appointments would be arranged. Staff had arranged for speech and language therapists (SALT) to support people with modifying their diets and to help ensure they could eat safely.
- People told us that staff arranged for health professionals to visit to the service. One person said, "The optician comes in here. I think twice a year."
- People's care passports were updated regularly. These are documents used to provide information to hospital staff if a person needed to be admitted to hospital for treatment. Their purpose is to provide important information to health staff so that help can be provided quickly. The information within these passports matched the information within people's care plans. For example, about medicines they currently received and what emotional support they may need.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where DoLS applications had been submitted, the registered manager monitored when they needed to be renewed and how conditions on authorisations were being met by staff. Records showed that staff were meeting the conditions on the relevant authorisations.
- Consent to care and treatment was sought in line with legislation and guidance, and staff had a good understanding of the need to obtain consent before providing care. Care records showed how consent from people had been obtained or their capacity to make a decision assessed.
- People had been supported to make decisions as much as possible before capacity assessments were considered. For example, the registered manager told us of the support they provided to some individuals around staying safe when close relationships were being formed. Staff supported the people with reading an easy read document on love and relationships that helped with their understanding and allow them to make decisions for themselves. People told us that staff supported them to make their own decisions. One person said, "They listen to me and understand what I like to do."
- Where deemed necessary a DoLS application was completed if a person lacked capacity to make a decision about a specific restriction that was necessary for their safety. Decisions taken in people's best interests had been kept under review. For example, the decisions and conditions under one person's DoLS had been reviewed and overseen regularly by staff in partnership with the person's independent mental capacity advocate (IMCA).

## Is the service caring?

### Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection in May 2018 we rated this question as requires improvement. This was because we identified that some practices were less dignified, and person centred, than others. We also found that there was little interaction and coordination at meal times.

At the last inspection, we found that some people did not receive a dignified experience at meal times whilst there was little staff interaction with people when supporting them at lunch. At this inspection, we found improvements had been made in people's meal time experiences and staff interaction. Although some actions had been taken, other concerns remained. A culture of caring values was not always evident across the service.

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

- We observed that people were treated with kindness equally by staff. However, the principles of person-centred support were not applied equally to each person. Some people told us that they did not know if they could do what they wanted, while one person told us that staff had not supported them to take part in a chosen activity.
- At the previous two inspections, the provider has been in breach of Regulation 9 for failing to provide systems to assess and plan to meet people's social needs. At this inspection we continued to find a lack of support in place to ensure that people's individual needs were being met. People's wishes and needs were not always sought and captured to ensure they received personalised support. One person told us, "I like to watch television, but I don't know if I can do what I want."
- People told us that staff were kind, caring and friendly and we saw that interactions between people and staff were warm. A person said, "The staff make me feel good. They are kind."
- People's cultural and spiritual needs were respected, and care plans identified people's needs.
- People were able to go out and access church with the support of staff. Some people were unable to access faith services independently and staff arranged for visiting faith leaders to come to the service to provide support. One person's religious wishes had been recorded. One care plan recorded how one person's religious items were important to them and how they liked these to be kept and displayed in their room.

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

- People told us they were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes. One person said,

"The staff listen to me. They know what I want." Another person said, "They listen to me and understand what I like to do."

- People told us that regular meetings were held where they could share their views. One person told us, "I think we have meetings. Probably monthly." The registered manager confirmed that reviews were discussed with people prior to them happening. The registered manager told us that easy read reviews were being developed to further support people in this process.

- Some people we spoke with were familiar with their care plan and all the family members we spoke with told us that they felt involved in the care of their relative and were kept informed.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and we saw that staff knocked on people's doors before entering. One person said, "I have help in the shower. A lady helps me. That is okay. They protect my dignity when I have a shower. They don't just leave me with no clothes on." Another person said, "They protect my dignity at all times." A third person told us, "The staff help me with a bath or shower. They cover me up. They knock on my door before coming in." Another person said, "The thing I like about living here is that you get your privacy."

- People were encouraged to be as independent as possible. One person told us, "I like to do things for myself. I think we are encouraged to be independent." One person was eager to show a member of the inspection team how they transferred to and from their wheelchair. The person achieved this safely and said how proud they were. The staff were very supportive of the person giving lots of encouragement. The staff member said, "You should be walking by the end of the year."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- At the last inspection, concerns had been highlighted around a lack of person-centred activities. These shortfalls were part of the warning notice that was served. At this inspection we found that this area of the warning notice had not been met.
- People were not always provided with person centred support and did not always have meaningful engagement or undertake activities that were important to them. Our observations, as well as records showed there remained a reliance on the use of the television in the main lounge as a form of activity and occupation. Some people had routines where they went out on regular trips and attended day centres, however for others there was far less occupation.
- We observed people sitting unoccupied for extended periods in the lounge several times throughout the inspection. These observations occurred while care assistants and staff often sat in an adjacent room therefore opportunities were missed to engage and occupy people. Staff told us that for some people it was difficult to motivate to engage in activities. However, some people told us they were unsure about what activities they could do and whether they would be able to do them. One person told us, "I like to watch television, but I don't know if I can do what I want." Another person told us that they were unsure if they could do what they want. One person expressed a desire to be involved in an activity. People had reviews and keyworkers for these areas to be discussed, but this had not been explored. The person said, "I don't help with the cooking. I would like to. I haven't asked to help. It would probably be dangerous."
- People did not know what activities were on offer and activities were often ad hoc so not planned in advance. There was an activities board in the main lounge to show people what events were taking place that week. Three of the days were blank and on one day it referred to a community visit that had occurred over two months before the inspection.
- There was no system to audit or assess that each person was happy with the activities therefore no changes had been made. This was found at the previous inspection. The new electronic system was now embedded into practice although this was not being used to monitor people's activities.
- People had not had the opportunity to be supported, and access, the meaningful activities they wanted.

The failure to provide care and support that met people's needs and preferences is a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

- Some people engaged in activities that they liked and requested. The registered manager showed us activities that people did on an electronic tablet which showed people happily participating in a recent music session. One person who loved trains had been taken to a local train station to watch a steam train that was arriving. We observed the person looking at books of trains during the inspection.



- Another person was supported during their one to one session to go to local charity shops and purchase jigsaws which they loved. We observed a group activity of skittles that people looked happy to play.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan which identified their assessed needs and provided staff with information about how those needs were to be met. People were supported to be involved in the reviews of their care. Staff also discussed any concerns they had and explained the process, prior to the reviews taking place. Since the last inspection, the registered manager had overseen the transfer of people's care plans to a new electronic system. Staff recorded the support they provided using electronic tablets. Recording of support throughout the day was detailed and clear.
- Where specific support was needed to complete every day activities, specialist equipment was provided. For example, one person with arthritis had difficulty eating due to limited use of their arm and hand. Staff had provided cutlery with thick rubber grips that allowed them to eat independently. The person was also provided with lipped tableware to support them to eat their meals with ease.
- The registered manager told us of plans to trial the recording device on the electronic tablets to provide further support with people's communication needs. Staff were also introducing an 'Alexa' speaking device to support people with audiobooks and storytelling. The registered manager told us that they had showed people the device on the internet and received a positive response.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had ensured that people's communication needs were being met and that they were given information in a way they understood.
- People's communication care plans were detailed and provided guidance to staff on what pictures, words and objects of reference may support them to communicate. They also provided staff with guidance on the risks to ineffective communication and how they could use body language to intervene and support people with anxieties.
- The registered manager was actively involved in developing one person's communication needs through regular and consistent practice of Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Records showed a diligent approach in supporting the person to learn new words and how to introduce them into their daily support. The registered manager stated, "(The persons) new word this week is tickle. They even show staff how to do it." One professional told us, "I have been really impressed with the hard work and commitment that the (Provider) as well as the senior members of the management team have put in place. For example, supporting clients to make informed decisions with accessible information formats."
- People had access to many easy-read support documents in the lounge. These kept people informed about many elements of their care including how staff helped them with their diabetes, how the service kept their information private, and other health related support. The registered manager told us that one person became agitated before attending health appointments, so an easy read guide was developed to ease their anxieties. Staff had also worked with the person so that they could show staff when they experienced pain in their ear. Staff records noted, 'We are trying to get (the person) to show us or tell us if their ear is hurting. I showed them how to use hand gestures and they managed to do it once. I will follow up tomorrow to see if they remember how to do it'.

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

- People told us that they would feel comfortable making complaints if they had any. One person said, "I haven't complained about anything. I would talk to someone if I did have a problem." Another person told us, "If I had a problem, I would go to one of the staff."
- People had access to an easy read and pictorial complaints procedure that was on display. This helped support people to understand how they could raise a complaint and what they would need to do.
- The registered manager told us that they had not received any formal complaints since the last inspection but demonstrated what they would do in response should they receive one. The registered manager said the management team addressed concerns as they arose.

#### End of life care and support

- No one was being supported with end of life care at the time of the inspection.
- People's wishes had been explored, and these had been documented in their care plans. Some people had informed staff that they did not want to discuss their end of life support and the registered manager was aware of these wishes. The registered manager was aware of which people it would not be appropriate to have advanced planning discussions with.
- One staff member told us they had undertaken death and bereavement training as they not previously supported anyone at the end of their lives. They told us that the training had been extremely helpful when supporting a relative following the death of someone at the service.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

The previous two inspections had rated the service as 'requires improvement'. While the provider has made improvements in some areas, identified within this report, they have not been able to implement sustainable improvements to the care and support people received.

At our last inspection the provider had failed to ensure that accurate record keeping was in place and to ensure actions were taken to mitigate risks and there was a lack of oversight and good governance. At this inspection we found that the provider had failed to ensure that effective and robust quality assurance systems were in place as detailed below. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, the provider had been issued a warning notice in relation to breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). At this inspection we found that the requirements of this warning notice had not been fully met. The provider has met the requirements relating to the management of people's weight, the embedding of the new electronic care system, people's one to one hours, manual handling practices and competencies and having systems in place to monitor people's nutrition. However, the provider had not met the requirement regarding the lack of person centred activities and record keeping related to activities, which had not been picked up through routine auditing of the home.

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

- Some systems and processes were not in place to ensure that effective and safe care was provided. There continued to be no systems in place to monitor staff's recording of people's blood sugar levels. The registered manager did not have full oversight about what was happening. Staff had access to guidance to support them but had not taken the required actions. The registered manager agreed that this had not been picked up. The registered manager failed to identify the occasions when readings were taken that should have prompted escalations in health support.
- The provider had not ensured that staff who checked people's blood sugar levels had the correct information in order to escalate support when needed. Records showed that staff were recording elevated blood sugar levels on numerous occasions without escalating the health support as detailed in people's care plans and risk assessments. There was a potential risk of harm due to staff's failure to get further

medical guidance.

- We found that a management decision to change the frequency of quality assurance checks for medicines had impacted on the administration of prescribed medicines for one person. The registered manager had taken a decision to change the quality assurance checks of medicine administration from daily audits to weekly audits in the week before the inspection. This had been changed as the result of the pharmacy's decision to provide people's medicines in boxes rather than blister packs which the management team said would have increased the time taken to complete daily audits.
- One person was prescribed a gel to treat a muscular condition four times a day but had only received one application each day for eight days from the point when the daily audits were stopped. We discussed the impact of the decision to change the auditing process during a transition period where daily checks could have identified the shortfall in administration.
- There continued to be no systems to audit or assess that each person was happy with the activities. There was no oversight into people's daily activities to ensure they were occupied as they wanted.
- The registered manager was receptive to feedback throughout the inspection and responded quickly to address concerns.

The provider did not always have operative effective systems and processes to make sure they assessed and monitored the service. This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

- The provider had implemented some changes and improvements in the monitoring of people's support to ensure ongoing quality and safety. Daily checks had been completed on the settings of one person's air mattress and monitored regularly by the registered manager. Air mattress pressures are set according to a person's body weight and activity level to ensure that risks to their skin integrity when in bed are reduced.
- People's falls were monitored and checked regularly to see if there were any trends and patterns to people's mobility. Through this monitoring, people's mobility was regularly re-assessed and information about changes in need were reflected in their mobility care plans.
- The registered manager had started to make improvements in the care that people received following the last inspection. Staff had worked closely with an independent mental capacity advocate (IMCA) to ensure that the conditions on one person's DOLS authorisation were being carried out. The management team had also worked with the falls team to implement improvements in people's mobility. One professional told us, "They are very open to ideas and welcoming and want to go forward with things. They are very keen to have me back and keep learning."
- A registered manager was in post and was present on both days of this inspection. The registered manager was supported with governance by a care manager and a deputy manager. Staff were clear on the roles each member of the management team held and could seek support on issues relating to training, care planning and staff rotas. People told us they were aware of the managers at the home and the support they provided. One person said, "They are okay. I think it is well managed."

Working in partnership with others

- The service worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve the best outcomes for people. For example, local GP's and occupational therapists.
- Staff regularly sought guidance and made referrals to the falls team to support people with their mobility. Links with the SALT team had meant that people had current and up to date guidance to support them with their eating.

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

outcomes for people

- Whilst staff knew people's personal needs and histories well, a person-centred approach was not always provided to people. There were missed opportunities to actively engage people and ensure that a consistent person-centred approach was delivered.
- The registered manager was eager to promote an open service and to develop communication with people and their relatives. They had taken the decision to base themselves on the ground floor of the service and this visible presence had received a positive response from the people, staff and professionals we spoke to. One professional told us, "I feel there is a genuine commitment from management as well as the staff team to ensure that positive outcomes for clients are achieved." One family member said, "I've known (the registered manager and care manager) long enough to feel that I can approach them directly."

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

- People told us that the service was well run. One person said, "The manager tells us what's going on." A relative told us, "We're very happy with the level of care. The provisions for him are really good. We think the place is fantastic."
- Relatives told us that staff would contact them if there were any issues of concern. One family member said, "They are either call or email us. Communication is very, very good."
- The registered manager had an open-door policy and people came with their individual matters directly. Staff told us they felt well supported by the registered manager.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required. The provider had displayed their current CQC rating.

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

- People and relatives knew who the registered manager was. The registered manager had made the decision to base themselves on the ground floor of the home to increase interaction and managerial support for people. This move had been appreciated by staff. We observed people speaking to the manager regularly throughout the inspection when they had questions or when they wished to simply interact. People told us that they had regular meetings to discuss their support.
- Staff told us, and we saw records to show, they had regular team meetings. These were used as an opportunity to discuss a variety of issues.
- People were supported to complete satisfaction surveys by an independent professional while relatives confirmed that they completed an annual survey to provide their feedback. Completed surveys we saw contained positive feedback.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were not always provided with care and support that met their needs and preferences.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have consistent and effective systems or processes in place. There was a failure to assess and monitor and to improve the quality and safety of the services provided.