

Limetree Healthcare Limited

Limetree Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Limetree Care Centre is a nursing home providing personal and nursing care to 90 people at the time of the inspection. The service can support up to 92 people in one adapted building. The home is divided into three floors. The ground floor provided residential care to people living with dementia. The first and second floors provided nursing care to people living with dementia and other nursing needs.

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

People and their relatives told us staff were kind and they received good care from them. There had been significant improvements in the activities provided and people were supported with a range of different activities across the week.

People told us they did not always think there were enough staff. This was confirmed by our analysis of staffing levels which showed there were not always enough staff on duty to meet people's assessed needs.

People and relatives told us they felt there had been improvements in how the home was managed. While there had been progress in some areas, particularly regarding the response to incidents and accidents, other issues had persisted. Although the provider's systems had identified inconsistencies in records, and issues with the cleanliness of the service, the actions in place had not been effective at driving improvement.

People received the care they needed to stay safe and well. However, there were inconsistencies in care plans, risk assessments and records of care. While some people had detailed life stories and information about their preferences, this was not easily available to staff, and some people did not have this information in place. Care plans were not in a format that was accessible to people. We have made a recommendation about this.

People's needs were assessed and reviewed using a range of standardised assessment tools. We identified inconsistencies in how these tools were used. We also found these assessments did not explore people's religious beliefs, cultural background, sexual and gender identity. We have made a recommendation about ensuring all aspects of people's lives are explored in assessments.

People were supported to take their medicines by trained staff. The medicines care plans were not in line with best practice and we have made a recommendation about this.

The provider recognised they still had work to do to improve the quality of support they provided to people approaching the last stages of their life. They were working on making improvements in this area.

People and relatives were able to make complaints and told us they felt the manager responded positively and constructively to complaints that had been made.

Staff had received the training they needed to do their jobs. Staff were involved through staff meetings and received regular coaching sessions where appropriate. Staff shared information about people living in the home via handover meetings which helped to minimise the impact of the inconsistent care plans.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The provider recognised the systems in the service needed amending to ensure information about restrictions placed on people were easily available to the staff who needed to know.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 September 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection some improvements had been made and some of the breaches had been resolved. However, in other areas not enough improvements had been made and breaches of regulations remained. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to person centred care, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Limetree Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, two assistant inspectors, a directorate support coordinator and nurse specialist advisor and two experts 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

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

The service 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

Before the inspection we reviewed the information we already held about the service. We reviewed the notifications that had been submitted to us. Notifications are information about events that take place within services that providers are required by law to tell us about. We reviewed the action plan the provider had submitted to us after the last inspection. We reviewed and considered the feedback we had received from people, relatives and the local authority since our last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

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

We used all of this information to plan our inspection.

During the inspection-

We spoke with 19 people who lived in the home and six of their relatives. We spoke with 21 members of staff including the registered manager, the deputy manager, the regional head of quality and development, the regional director, the maintenance person, the chef, the administrator, three nurses, seven care workers and three activities staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care files for nine people who lived in the home including needs assessments, care plans and records of care. We reviewed the recruitment records for six staff who had joined the service since our last inspection. We reviewed supervision and training records. We reviewed staff dependency calculations and schedules. We reviewed maintenance records, and various policies, audits, meeting records, action plans and other documents relevant to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Staffing and recruitment

At the last inspection in July 2018 we identified a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not enough staff had been deployed to meet people's needs. At this inspection we found not enough progress had been made and this regulation remained in breach.

- People and relatives told us they did not think there were enough staff and people had to wait to receive care. For example, one relative said, "There are not always as many [staff] around as there are today. They don't always get around to [my relative]. I have to go and seek them out." Staff also told us they did not think there were always enough staff. One staff member said, "I don't always have enough time to spend with people." Another staff member told us agency staff use remained high.
- During the inspection we heard staff commenting to each other that they had been asked to come in to cover shifts for the inspection. We also saw there were a number of agency staff working on each of the units. The provider demonstrated agency staff had been requested to cover unplanned absences rather than in response to the inspection. We saw permanent and agency staff did not always work well together as a team. For example, we saw not all agency staff were confident in using moving and handling equipment and this meant permanent staff were providing care to all the people who required support with moving using equipment.
- During the inspection we saw people had to wait to receive support as there were not enough staff who were trained to use their equipment on duty.
- The provider submitted the dependency assessments used to calculate the staffing needs at the service. These were compared with the schedules which showed shifts were planned to have more staff allocated than the provider's dependency tool required. The provider had decided to allocate more care hours and fewer nursing hours than their dependency tool calculated as they determined that people needed care assistant support rather than nursing care.
- We reviewed the staff rota and actual staff attendance and agency sign in sheets between 1 and 28 July 2019. On 15 occasions fewer staff had attended that had been scheduled to attend on the rota. We also saw that when agency staff attended to cover for unplanned staff absence, they often did not start work until late morning, or even the afternoon. This meant there were fewer staff on duty during the mornings, when more people require support with personal care.

The above issues with the failure to deploy sufficient staff are a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed the recruitment records for a range of staff who had joined the service since our last inspection in July 2019. We found the provider had followed appropriate recruitment processes to ensure staff were suitable to work in a care setting.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The systems in place ensured that people were protected from the risk of abuse.
- People told us they felt safe when they were with staff who knew them well. Relatives told us they felt there had been improvements to the safety of the service which made them feel confident their family members were safe in the home.
- Staff were knowledgeable about the different types of abuse people living in the home may be vulnerable to and knew how to respond to allegations of abuse.
- Records showed staff reported and recorded incidents and allegations of abuse. All incidents and allegations were reviewed by managers who ensured appropriate action was taken to reduce the risk of recurrence.
- The provider completed a robust and thorough analysis of incidents and allegations of abuse. Themes were identified and we saw incidents were discussed in staff supervisions and staff meetings to ensure lessons were shared. The provider held additional coaching sessions for groups of staff and we saw themes and learning from incidents were discussed in these sessions.

Assessing risk, safety monitoring and management

- There were inconsistencies in the effectiveness of risk assessments and measures in place to mitigate risks were not always clear.
- The provider used recognised tools to assess people's risk of developing pressure wounds, choking and mobility. However, the measures in place to mitigate risks were not always clear and consistent. For example, one person was identified as being at risk of falls but the measures in place to mitigate this were generic. They were also identified as being at high risk of malnutrition but the risk assessment in place did not provide detail about how to encourage and support them to eat and drink enough.
- It was not always clear from the records that risk assessments had been followed. For example, people's weights were not always recorded as described in their nutritional care plans and risk assessments. Repositioning was not captured contemporaneously which meant it was not clear people were being supported to change their position in line with their skin integrity risk assessments. A care worker showed us the daily logs on one floor and this showed that no repositioning had been recorded for the entire morning, yet we had seen people being supported to change their position.
- Although records were not always clear, staff had a good understanding of the steps they needed to take to support people to stay safe and people and their relatives told us they felt staff knew how to support them with their equipment safely.

Using medicines safely

- People were supported to take their medicines as prescribed.
- Records showed trained staff supported people to take their medicines as prescribed.
- We saw staff supported people to take their medicines in a patient and kind manner.
- Medicines were stored safely and in appropriate conditions. Records showed regular stock checks were taken to ensure people had been supported with medicines as showed in the records.
- Where medicines errors had occurred, the provider had taken appropriate action to ensure lessons were learned and shared so these errors were not repeated.
- However, the service did not have medicines plans that reflected current best practice guidance around medicines information. There were no detailed medicines care plans that contained information about the purpose, risks, timing and dose of medicines. The home relied on the individual knowledge of staff to ensure

people were supported appropriately with medicines.

We recommend the service seeks and follows best practice guidance from a reputable source about writing and using medicines care plans.

Preventing and controlling infection

- The provider had identified issues with the cleanliness within the home which we found had not been fully addressed by the time of our inspection.
- There was a strong malodour on the first floor which persisted throughout the day, and floors and surfaces were sticky. The provider's housekeeping audits had identified these issues and was in the process of changing the products used and introducing a clear schedule of cleaning tasks to be completed.
- The housekeeping and domestic staff who were responsible for laundry on the day of the inspection were unable to explain how they mitigated the risks of contamination from soiled laundry. We saw poor practice in terms of separation of items and use of dedicated storage systems. We saw soiled laundry from different people and different floors had been put together.
- Sluice rooms are dedicated areas where disposable products such as incontinence pads are dealt with, and re-usable items are cleaned. They contain equipment that could be harmful to people receiving care and must be kept locked and cleaned. During the inspection we found sluice rooms were not always locked, and were not well organised. The provider told us sluice rooms were being used for storage and were in areas that were not accessible to people as they were behind other locked doors.
- The provider sent us their action plan in relation to infection control and housekeeping. We will follow up on the effectiveness of these steps at our next inspection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection in July 2019 we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to effectively monitor and record people's nutrition and hydration. The provider had made enough improvement that there was no longer a breach of Regulation 14.

- People were supported to eat and drink enough, though issues with the completeness of records had persisted and people told us they wanted more variety in the menu options.
- The chef told us the menu was devised by the provider and following feedback from people and relatives at meetings they were planning to introduce changes. This was because people had said they wanted more variety in the menu options, including more culturally diverse dishes.
- People and relatives gave us mixed feedback about the quality of the food. One relative told us, "The food is poor, [my relative] won't eat it." However, another relative said, "[My relative] is being fed well and is gaining weight."
- We observed lunch on all three floors of the home. Where people could eat in communal areas we saw they were served their meals from hotplates that were brought to the dining areas. We noted the meal service was slow, particularly for people who ate their meals in their bedrooms. The last of the people eating their meal in the bedroom was not served their lunch until 90 minutes after the first people eating in the dining rooms.
- Staff were not yet consistent in how they recorded people's nutrition and fluid intake. We saw staff had made detailed records of people's fluid intake during a recent heatwave, but this was not consistent across the files reviewed. The provider told us there had been an issue with their online recording system where fluid monitoring charts were not consistently showing on reports. They had liaised with their system provider to identify where these records had gone.

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

- People's needs were assessed using standard tools and assessment frameworks which provided clear information on the tasks they needed support to complete.
- Records showed staff met with people and their relatives to complete assessments before people moved into the home. While the assessments were robust and consistent, the resulting care plans varied in the levels of detail included.
- Some care plans contained a high level of detail regarding how people wished to be supported to achieve the outcomes for each area of care. For example, one care plan included a high level of detail about the person's night time routine, and the support that would help them to settle and have a good night's sleep.

- However, other care plans lacked details and simply stated that people required assistance to complete various tasks. We found discrepancies between different sections of some people's care files. For example, one person's assessment had not identified any risks associated with their behaviours, but their care plan and records of care detailed how to respond to a behaviour which put them at risk.
- The assessments in use did not explore people's religious beliefs, cultural background, or sexual and gender identity. We were sent some information after the inspection which showed people had been asked about their life story, it was not clear that all aspects that may affect people's care preferences and experience of care had been explored. This meant there was a risk that people may not disclose information about their religion, culture, sexual or gender identity as they were not being asked.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring assessments explore the full range of factors that may influence care preferences.

Staff support: induction, training, skills and experience

- Staff receiving the training they needed to perform their roles.
- Staff told us they received training, in various formats, that helped them to perform their jobs. They also told us they could ask questions of more senior colleagues who would help them if they needed.
- The provider had a training matrix in place which showed staff completed training they needed to perform their roles and develop their understanding of care. Where staff had not completed training there were dates in place and we saw training was discussed in meetings to ensure staff were reminded to complete their training.
- Although staff told us they received supervisions which they found supportive and helpful. The provider's policy stated staff should receive supervision five times per year. We reviewed the files for six staff. Three had received one supervision in the last six months, and three had received two. The provider told us they were planning to complete the remaining supervisions in the next few weeks.

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

- People were supported to engage with other services and healthcare professionals as needed.
- People and their relatives confirmed staff supported them to attend medical appointments and liaised with healthcare professionals as necessary.
- Records showed people were supported to see the doctor and other healthcare specialists when they needed. The advice and recommendations of professionals were captured within the files and incorporated into care plans. We checked with staff how they knew when recommendations had been made and they told us they were informed in daily handover meetings.

Adapting service, design, decoration to meet people's

- Since our last inspection in July 2018 the provider had undertaken a programme of redecoration to increase the levels of personalisation within the service. The halls and doors had been redecorated and points of interest had been added to hallways to give people things to do and to help distract people living with dementia who can sometimes become disorientated.
- The garden continued to be well used by people who lived in the home and we saw people who lived on the ground floor accessed the garden independently throughout the inspection. We saw people who lived on other floors were supported by staff to access the garden.
- The provider carried out appropriate health and safety checks to ensure the building was safe for people to live in. These included fire safety checks as well as other checks on water systems and temperatures.

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.

- The home was completing assessments of people's capacity to make decisions relating to their care and treatment and was making applications to deprive them of their liberty where necessary.
- The DoLS authorisations were all stored in a central filing system and were not clearly described within the care files. The provider showed us there was a flag on their system to indicate when someone was subject to a DoLS but there were no details of the nature of the restriction within the care plan. The registered manager acknowledged it would be clearer and easier for staff if DoLS information was included within people's care files.
- Care files contained information about the nature of decisions people could make for themselves, and what support they needed to be able to make decisions. For example, people were able to choose items of clothing if given a choice of two. Another care file contained information on how to interpret their facial expressions and body language to support their choices.
- During the inspection we saw people were offered choices by staff throughout the day. People confirmed staff offered them choices, and asked their permission before supporting them. We saw that when people refused support this was respected.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people kindly in a way that valued and respected them as individuals.
- Although we could see staff were busy, and this occasionally affected the length and quality of the interactions they were able to have with people, most of the interactions we observed were positive.
- For example, we saw one person was being visited by a friend but had become disorientated and could not recognise them. This was causing both the person and their friend to become agitated. A staff member skilfully intervened to divert both the person and their visitor which allowed both of them to calm down and a positive interaction followed.
- Although care plans lacked details about people's religious beliefs and cultural background, staff demonstrated a sensitive attitude and understanding in their approach to people. When we asked staff about how they demonstrated respect to people they described ensuring people were able to access representatives of their faith, or culturally appropriate activities.

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

- During the inspection we saw staff asked people for their views about day to day decisions about their care.
- For example, we saw people were asked about whether they wanted to attend activities, sit in communal areas or go to their bedrooms. People's decisions were respected, and we saw people were able to change their minds and staff supported them with what they wished to do.
- People told us they thought staff listened to them and understood them. One person said, "They [staff] do understand me."

Respecting and promoting people's privacy, dignity and independence

At our last inspection in July 2018 we made a recommendation about ensuring all staff were aware of their role in supporting people to maintain their dignity and have their needs met.

- Training records showed that most non-care staff had now completed the providers equality and diversity and duty of care training to meet this recommendation.
- We saw staff responded appropriately to promote and uphold people's dignity. For example, we saw people being offered support in a discreet and sensitive way.
- People told us, and our observations confirmed, they were supported to do things for themselves and promote their independence. One relative said, "They [staff] understand her needs and what she can do."

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

At our last inspection we had identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans did not fully reflect people's interests and backgrounds and activities did not consistently provide people with meaningful engagement and interaction. The service had made significant improvements with regards to activities, but issues remained with care plans which means the breach of Regulation 9 remains.

- There were three wellbeing coordinators working during the inspection who facilitated activities on each of the floors. We saw they offered small group activities in the morning which we could see people were enjoying and engaging with. In the afternoon we saw individual activities were offered. We saw the activities staff responded sensitively to one person who had become restless and agitated by supporting them to go for a walk around the garden and this help the person to become calm.
- There was a busy programme of activities on offer and the provider sent us photos which showed people enjoying a range of different activities including dancing, and visiting children.
- However, the level of detail in care plans and records of care remained inconsistent. Within the care files viewed during the inspection, which were the versions of documents available to staff, there was very little information about people's preferences. There was no information about people's lives before they moved to the home or information about what was important to them for their wellbeing. The provider told us this information was contained within documents that were waiting to be uploaded to the system.
- After the inspection the provider submitted sample personalised information about people. Some of these contained a high level of detail about people's life story, preferences, cultural background and religious belief. Some gave a really well-rounded introduction to the person that could be used to form the basis of an ongoing relationship. However, other people's lacked detail and were unclear. For example, one person's plan stated the routines that were important to them were "To be assisted and supported with activities of daily living" but did not explain what this meant. Later the plan stated the person, "Has always been temperamental and will not accept wrongdoing." This was not explained and it was not clear what they considered to be wrongdoing and how staff should support them in relation to this issue.
- Staff completed records of care using tablet computers. These allowed staff to choose from various options to describe the support people had received. We noted that staff were not completing the records at the time they provided care which meant it was not always clear what support people had received when.
- Staff completely monthly reviews of people's care plans. However, we found inconsistencies in the assessments between months. For example, one person has scored highly due to some risky behaviours.

The following month their review stated they had no history of any risky behaviours. While it is positive their behaviour had settled, it was inaccurate that they had no history in this area.

- Where people's needs had changed their care plans were updated. However, the way the care plans displayed meant the newest update was not always prominent or easy to access. This meant staff had to scroll past out of date information to get the current support and there was a risk they would not immediately see updated information. We also found instances where some sections had been updated, but others had not. For example, one person's mobility care plan had been updated to reflect where they chose to sleep, but their night time care plan had not.

The remaining inconsistencies in care planning and recording are a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Care plans contained a section relating to people's sensory and communication needs. This specified if people needed support to be able to access information, such as wearing glasses or hearing aids. One person found it helpful to be able to make notes and this was clearly recorded and taking place during the inspection.
- However, people's care plans were only accessible via computers or tablets, and were not in an accessible format for people.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring information about people's care is accessible to them.

Improving care quality in response to complaints or concerns

- People and relatives were able to make complaints which were responded to appropriately and in line with the provider's policy.
- A relative told us they felt things had improved for their family member following a complaint. They told us they felt listened to and that the manager had been willing to make changes.
- Records showed complaints were responded to in writing, with apologies offered where appropriate. Where the complaint raised issues with staff behaviour or processes we saw this was discussed in meetings to ensure the issues did not recur.

End of life care and support

- Information about people's end of life preferences was not yet sufficient to ensure they were supported to have a dignified and pain free experience at the end of their lives. After the inspection the provider submitted an end of life plan for one person to show they had some care plans in place.
- People were receiving support as they reached the last stages of their life, and feedback from relatives was that this was supported in a kind and compassionate way.
- During the inspection the provider was completing audits to prepare for the Gold Standard Framework. This is the recognised standard for providing end of life care. The provider recognised they were not yet ready to achieve this standard. Assessments and care plans did not routinely ask people about their end of life preferences and there was very limited information about how people wished to be supported in the event they reached the last stages of their life.
- The provider had a plan in place to improve the quality of end of life planning and we will follow up on

their progress at our next inspection.

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.

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; Managers and staff being clear about their roles, and understanding quality performance, risk and regulatory requirements; working in partnership with others.

At our last inspection in July 2018 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because incidents were not always well managed and there were concerns that the leadership were not consistently delivering high quality, person-centred care for people. While there had been significant progress in the response to incidents, issues with the quality of the service remained and the regulation remained in breach.

- The provider had worked closely with the local authority and other agencies to make their response to incidents and accidents more robust. There were systems in place to monitor and respond to incidents. There were regular audits which identified themes and systems to ensure that incidents were not repeated and learning was shared. The provider was transparent with people and other agencies about what had happened. They reported incidents to us as required by law.
- The provider used a tool based on CQC's key lines of enquiry and ratings to audit care files. Audits had identified the issues we found in care files with inconsistent information. However, these issues had persisted since our last inspection in July 2018 and effective action had not been taken to address them.
- The provider had completed governance visits in March 2019. These had identified discrepancies in people's assessments, the need for more detail in risk assessments, issues with record keeping and malodours. Despite an action plan being in place, these issues remained by the time of our inspection in August 2019.
- There was no robust system in place to ensure maintenance issues were monitored and completed. We asked for information about how maintenance issues were logged and monitored. We were shown a maintenance request sheet but it was not possible to check if jobs had been completed as there was no action log or date completed recorded. This meant there was a risk that maintenance issues were not always addressed in a timely manner

The failure to address issues with the quality and safety of the service and completeness of records is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives told us they felt there had been improvements in the culture of the home since our last inspection.
- Relatives told us they found all staff approachable, and we saw that all staff interacted with people and provided support if needed.
- There were structured handover meetings each day which ensured that staff had up to date information about people so they could support them to achieve their outcomes. Records showed these meetings considered the emotional and physical wellbeing of each person on a daily basis.
- Staff told us the registered manager was always available to them, and they could raise any concerns they had with her.

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

- The provider made efforts to involve people, relatives and staff in the service.
- People and their relatives had been asked to complete a survey in January 2019. The responses received had been positive.
- Staff had also completed an employee survey in January 2019. While most responses were positive, there was no action plan to address where comments were less positive. For example, 29% of respondents had disagreed with the statement 'I have received all the training I need to effectively carry out my job.'
- Records showed there had been weekly coaching meetings for staff throughout June and July 2019 where they were able to give feedback as well as receive updates and information about issues within the home.
- Records of staff meetings showed staff felt confident to raise concerns about issues they faced while at work. Staff had raised issues about teamwork during these meetings.
- There was a plan to hold regular meeting for people who lived in the home. However, records did not demonstrate that these were taking place as planned. The most recent meeting recorded had taken place in March 2019 and only six people had attended. It was not clear that people had opportunities to be involved with the development of the service as the meetings were not happening regularly and there were not actions or updates to show if issues had been addressed.
- There had been regular meetings for relatives where information had been shared about different activities and initiatives within the home. For example, relatives had been informed about the 'resident of the day' system and were invited to be involved for their family members. The resident of the day system meant one person each day was prioritised to have their needs reviewed and to have a meal of their choice.

Continuous learning and improving care

- The audits and quality assurance systems in place showed the provider was continuously reviewing the quality of care. Action plans in place showed they were attempting to apply the learning to lead to improvements for people.
- The provider showed us how their wellbeing coordinators were working with staff from other services to build up their skills and confidence in providing a range of activities and engagement for people living in the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Care plans were inconsistent and did not contain enough information about people's preferences to ensure they received person-centred care. Regulation 9(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems and processes had failed to improve the quality and safety of the service and had not ensured records were complete. Regulation 17(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were not always enough staff deployed to meet people's needs. Regulation 18(1)