

# Homebeech Limited Sandmartins

## 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

Sandmartins provides residential care for up to 40 older people. Some people living at the home needed support with mobility and physical needs and others were living with dementia. At the time of inspection there were 20 people living at the home. Sandmartins 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.

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

This was a comprehensive inspection which took place on 9 and 10 July 2018 and was unannounced on the first day. Since the last inspection the home had changed its name. The home was formerly called 'Homeleigh'. Homeleigh was a nursing home with a registered nurse manager. The location is now named Sandmartins and provides a residential care service. People, staff and the registered manager moved from a former home, owned by the provider, to this home. The home no longer provides nursing care.

At the last inspection in May 2016 the overall rating for this service was Requires Improvement with two breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014, this was because the registered person had not ensured the care and treatment of service users was appropriate, met their needs and reflected their preferences and they had not ensured staff had received appropriate training, necessary to enable them to carry out the duties they were employed to perform. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of effective and responsive to at least good.

At this inspection, we found continued issues relating to staff training and person-centred care which had resulted in continued breaches of regulation. We also identified issues relating to the governance and management oversight of the home. This is the second consecutive time that the home has been rated as Requires Improvement.

People told us they felt safe at the home but did not feel they were able to take risks and risks were not consistently assessed for people. We have made a recommendation regarding assessing risks. People and staff gave mixed feedback about staffing levels, there were enough staff to meet people's care needs at the inspection, however people's social and wellbeing needs were not always met.

The registered manager did not have clear oversight of staff training needs, not all staff had received refresher training, in line with the provider's policy, to ensure their knowledge and skills were up to date. People's needs were known by staff but these were not always documented and assessments were not consistently accessible for staff. There were a number of agency staff working at the home who did not know

people's needs as well as permanent staff, this posed an increased risk of people's needs not being met in line with their preferences.

People were not consistently involved in the development of their care plan. One person told us "There's a care plan, but I haven't seen it" and a relative told us, when asked if they were involved in the reviewing their loved one's care plan said, "They haven't done that here."

There was inconsistent access to meaningful activity at the home and people gave variable feedback about their access to activities. One person said, "We sit here for hours and hours on end every day." Some people had access to meaningful activities such as being involved in the gardening and household tasks which were things they enjoyed doing before moving to the home.

People said they felt their needs were met by staff. Staff had developed positive relationships with people. However, people's care plans did not consistently reflect their social, care or wellbeing needs. Care plans and other associated records were not always complete or accurate. The registered manager told us they were currently transferring care plans from paper documents onto a computerised care planning system. However, there were gaps in paper documentation and inaccuracies in people's care plans that had been recently updated on the new computer system.

Quality assurance systems and process did not consistently identify areas for improvement and issues identified were not always acted on. The registered manager and provider did not show they fully understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and had failed to notify us of an authorised deprivation of liberty safeguard (DoLS). The registered manager also failed to display their previous inspection rating conspicuously within the home, as required.

People were protected from abuse. One person told us "The staff are very caring and make you feel secure." The provider ensured staff were suitable to work at the home before they started. There were safe systems in place to manage, administer, store and dispose of medicines.

People were given choices and were supported to make day-to-day make decisions. People's needs in relation to food and fluid were assessed and staff had a good understanding of people's preferences. One person told us "The food's very good. You have two choices a day"

People and their relatives told us staff were kind and caring. One person said of the staff "They are very attentive, very caring." People's privacy was respected. Staff knocked and waited for consent before entering people's rooms. People's independence was promoted. One person told us "Yes. I go out quite a lot on my own. The staff will go with you if needed. The manager is happy for the staff to go with us, if you're a bit nervous."

People were offered the opportunity to plan for the end of their lives. Discussions had taken place with people and their families about their end of life care wishes.

People and staff spoke positively of the management. One person said the home was "very well managed". Staff worked well together and in partnership with other organisations to meet people's needs. We observed positive interactions between staff and visitors.

We found five breaches of regulation at the inspection. These breaches related to staff continuing to not receive appropriate training relating to their role, people continued to not have consistent access to meaningful activity, the registered manager did not notify CQC of authorised DoLS, the quality of the service

was not consistently assessed or monitored to drive improvements and the registered manager failed to display their rating conspicuously in the home. You can see what action we told the provider to take at the back of the full version of the report.

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.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks to people were not consistently assessed to reduce the risk of harm.

People gave mixed views of staffing levels. There were sufficient staff to meet people's care needs. However, their social and wellbeing needs were not consistently met.

People were protected from the risk of abuse. Staff knew the potential signs of abuse.

There were safe systems in place to manage, administer, store and dispose of medicines.

People were protected from the spread of infection and the home was clean.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff did not have a consistent understanding of Deprivation of Liberty Safeguards (DoLS).

Staff did not consistently receive training to keep their skills and knowledge up to date.

People's needs were assessed.

People's needs in relation to food and fluid were assessed and guidance provided for staff.

Staff worked well as a team and across organisations.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and compassionate. We observed positive interactions between staff and people.

People's privacy and dignity was respected and they were encouraged to be as independent as possible.

People were listened to and their day to day decisions respected.

### **Is the service responsive?**

The service was not consistently responsive.

People were not consistently involved in the planning or review of their care.

People did not have consistent access to meaningful activities.

There was a policy in place to deal with concerns and complaints.

People were supported in a comfortable and dignified manner at the end of their life.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

The registered manager and provider did not fully understand their responsibilities in relation to their registration with the Care Quality Commission.

Systems and processes were not consistently effective in identifying issues in practice.

Records and documents were not consistently completed or accurate.

People, their relatives and staff were complimentary of the management of the home.

Staff felt supported by the manager. Staff and people were engaged in the running of the home.

Staff worked well with other health care professionals to ensure people's needs were met.

**Requires Improvement** ●

# Sandmartins

## Detailed findings

### Background to this inspection

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

Sandmartins 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.

This inspection took place over two days, 9 July 2018 was unannounced and 10 July 2018 was announced. The inspection team consisted of 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.

Before the inspection we checked the information that we held about the home and the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information relating to the home, this included previous inspection reports and statutory notifications sent to us by the registered manager. A notification is information about important events the home is required to send to us by law.

We reviewed four people's care records and four medicine administration records. We also reviewed other records which related to the management of the home such as staff files, training records, accidents and incidents, safeguarding records, policies and procedures and quality assurance systems. We spoke with nine people, three members of staff, two relatives and the registered manager. During the inspection we observed care and activities in the communal spaces and people's rooms and observed how people were supported during the day and with their meals.

# Is the service safe?

## Our findings

At the last inspection in May 2016 areas in need of improvement related to consistency of staff deployment, incomplete documentation in risk assessments and the management of medicines. At this inspection we found improvements had been made in some areas and the management of medicines had improved. There continued to be issues with staffing levels not being consistent to meet people's needs and the management of risks for people.

Risks for people were not consistently assessed to reduce the risk of harm. Staff had completed risk assessments; however, these did not contain sufficient control measures to help minimise risk. For example, one person had experienced falls at night. Their risk assessment directed staff to see a 'sleeping' care plan. However, this plan was not in place and their falls care plan did not identify the support they would need at night time. A member of staff we spoke with did not know about the increased risk of falls for this person at night. Another person was living with diabetes, no risk assessment had been completed with the person to identify and mitigate risks for them should they become unwell. This increased the potential risk of harm for the person as staff were not aware of the signs of the person becoming unwell and there were no control measures in place to mitigate this risk. People did not always feel they were able to take risks or were involved in the development of their risk assessments. One person said, when asked if they could take risks and if they were involved in their risk assessment, "Not so far" and another said, "Not really." There was an inconsistent understanding of positive risk taking amongst staff. A member of staff told us they communicate and listen to people requests and are aware of their safety but also their right to choose and make informed decisions. However, another member of staff told us, "People can't take risks, too dangerous for them." This is an area of practice that requires improvement.

Personal emergency evacuation plans (PEEP's) were in place for people. PEEP's are plans provide staff with guidance to support people out of the building in an emergency. The guidance for staff about how to support people to evacuate the building was brief and generic and two of the plans we reviewed said 'Staff will be providing assistance.' This did not give staff clear information to support someone safely in an emergency. There were a number of agency staff working at the home who did not know people as well as permanent staff. Although permanent staff supported the agency staff whilst on shift, the lack of clear risk assessments posed a potential risk that people would not receive safe support in the event of an emergency. This is an area of practice that requires improvement.

We recommend that the provider seeks advice and guidance from a reputable source, about assessing and mitigating risks for people.

People gave mixed feedback about staffing levels at the home. Our observations showed that people's care needs were met, call bells were answered in a timely manner. However, there was little interaction and support for people's wellbeing. One person told us "Sometimes they have the staff and sometimes they don't. Today there's two regular carers and two from the agency. With the agency people it's not the same because they're not sure of the routine." Another person told us "Sometimes they are over worked and running about wondering how they're going to get everything done. That doesn't happen very often." A third



person said, "sometimes they say, 'Just a minute, we're busy'. That's annoying. It's frustrating." A member of staff said "Sometimes there is not enough staff. In general, you can manage but when I am doing medicines and there are two carers supporting someone there might not be anyone else to help. It is not all the time." We observed that in the morning the member of staff administering the medicines in the lounge, two other staff were supporting people in their rooms. This is meant to be protected time for the member of staff administering medicines but they were being distracted by requests from people in the lounge as there were no other staff available at that time. Although people's care needs were met people's wellbeing and social needs were not consistently met due to the current staffing levels. This is an area of practice that requires improvement.

People were protected from the risk of abuse. One person told us "The staff are very caring and make you feel secure." Staff had a good understanding of safeguarding and knew the potential signs of abuse. A member of staff told us safeguarding is, "Looking after people and protecting them from harm and abuse, this could be emotional or physical. I would always report my concerns to the manager." Staff understood the correct safeguarding procedures should they suspect people were at risk of harm. The registered manager understood their responsibilities in reporting safeguarding to the local authority and we saw evidence that safeguarding concerns were reported and investigated.

There were systems in place to manage accidents, incidents and safeguarding. Accidents and incidents forms were completed and action taken to ensure lessons were learned. The registered manager had introduced staff handovers to aid communication, share best practice and learning from any incidents.

The provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with people. The provider ensured staff were suitable to work at the home before they started. There were copies of relevant documentation including professional and character references and contracts in staff files. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

The home was clean and people were protected from the spread of infection. The provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves. Staff were confident in using these correctly. Staff had a good understanding of infection prevention and control issues and maintained the cleanliness of the home. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

There were safe systems in place to manage, administer, store and dispose of medicines. We observed medicines being administered at lunchtime, the member of staff was knowledgeable and supported people to take their medicines safely. We looked at the Medication Administration Records (MAR's), these showed that people received their medicines on time and when needed. All the people we spoke with said they received their medicines on time. When medicines were required on an 'as and when' basis, people had access to them and there was clear guidance in place about their use to ensure safe practice. People received their medicines by trained staff who had their competency assessed prior to administering medicines alone.

## Is the service effective?

### Our findings

At the previous inspection in May 2016 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not ensured staff received appropriate training to enable them to carry out the duties they were employed to perform. Following that inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made. At this inspection we found there continued to be concerns in relation to access and frequency of staff training and staff knowledge in certain areas. The registered manager had not ensured staff's knowledge remained current and access to training to support people's specific needs was inconsistent.

There were people at the home who were subject to restrictions under Deprivation of Liberty Safeguards (DoLS). However, only three staff were trained in the Mental Capacity Act 2005 (MCA). Staff's understanding of DoLS and what this meant for people living at the home was variable. Staff had inconsistent understanding of DoLS, one member of staff could not explain who had a DoLS in place or what that meant for these people. This further increased the risk that people would not receive care in their best interest.

Some people were living with diabetes and only four staff were trained to support people with this condition. One member of staff said, of a person living with diabetes, "diabetic when suits" and they "like to eat sugary things when it suits, they just say it if they don't like what's on offer." This showed a lack of knowledge in relation to the person's diabetes. This lack of training increased the potential risk of people not receiving care in line with their needs and in their best interest. Staff had inconsistent access to supervision and appraisal, this was evidenced in the registered manager's records. One member of staff told us "Only had one supervision since being in this building" and another said, "We have two yearly supervision, it is helpful as you have 1;1 time to discuss issues." However, staff said they felt supported by the manager.

People gave mixed feedback about staff training. When asked if they felt the staff had sufficient training to meet their needs, one person told us, "You ask and they say, 'We're not nurses.'" Another person said, "They have sufficient training."

The registered manager had not ensured staff received appropriate training as is necessary to enable them to carry out their duties they are employed to perform. This meant there was a risk that staff would not have the required knowledge to meet people's needs. The above issues evidenced that this is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were given choices and could make decisions, where appropriate, about aspects of their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff, we spoke with, had a basic understanding of the principles of MCA.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two people were being supported in line with DoLS and these had been applied for appropriately. Staff's understanding of DoLS were inconsistent, only one member of staff could explain who had a DoLS in place and what this meant for them. This increased the risk that these people would not receive care in line with their needs as they were not fully understood by all staff. This is an area of practice that requires improvement.

People's needs were assessed; however, assessments were not always completed. This is discussed further in the Well-Led section of the report. Staff employed by the home knew people's backgrounds and needs well. Staff know about people's protected characteristics under the Equality Act 2005 such as their religion and their needs were supported. The registered told us, "We ask if people are religious and do they practice as part of their assessment so we can plan to support this need." The registered manager had organised a vicar to visit the home monthly to conduct a service for those who wanted to attend.

People's needs in relation to food and fluid were assessed and staff had a good understanding of people's preferences. People enjoyed the food provided, one person told us "The food's very good. You have two choices a day" and another said, "It's very good; the chef is excellent." Lunch time was relaxed and there was a friendly atmosphere. People could choose where they wanted to eat, some choose to eat in their rooms, staff accommodated this and took their lunch to them.

People were encouraged to drink fluids and were offered snacks and drinks throughout the day. Specific nutritional needs had been provided for. One person required a soft diet, the chef and staff were aware of their needs. Staff were aware of people who were living with diabetes and food was prepared with alternative sugar free products.

People's needs were met by the adaptation of the building. People had access to outside space and communal spaces. The home was pleasantly decorated and people could move safely and freely around the home. There was clear, pictorial signage to aid people living with dementia to navigate the home.

Staff worked effectively within the team and across organisations. A member of staff told us "We are really good at getting people better after hospital. We encourage people to get better and develop confidence. We work with the doctors and nurses to do this." Staff worked well with other professionals to ensure people received effective support. People's everyday health needs were well managed by the staff who accessed support from a range of health and social care professionals such as GP's, a practice nurse, district nurses and social workers. One person told us "I have an appointment with the dentist every 6 months. I have an eye test once a year."

# Is the service caring?

## Our findings

At the last inspection in May 2016 areas in need of improvement related to people not receiving consistently dignified care, people not receiving the support they needed at meal times and there being no formal documentation of care reviews. At this inspection we found some improvements had been made. People were supported in a dignified manner and their privacy respected. People were supported in line with their needs at mealtimes. However, people were not consistently involved in reviews of their care, this is discussed further in the Responsive section of the report.

People and their relatives told us staff were kind and caring. One person said of the staff "They are very attentive, very caring." We observed positive interactions between people and staff throughout the inspection and people were treated with kindness. A member of staff said, "I talk to people and I am compassionate, I ask for feedback from people so I know I am doing the right thing for them."

People's privacy was respected. Staff knocked and waited for consent before entering people's rooms. Staff respected people's confidentiality and understood the importance of not sharing their information inappropriately. People's personal information was protected. This was stored in care files, which were in lockable cabinets, and on a password protected computer system. The provider had ensured there were data protection policies in place.

People received dignified care. We observed one person to be assisted to transfer using a hoist different times throughout the inspection, staff spoke to the person throughout the transfers and treated them in a respectful manner. Another member of staff spoke to people in a dignified way when offering them drinks and things to eat, they did this by speaking to people individually and at their eye level to aid communication. Staff were respectful when talking with people, calling them by their preferred names.

People's independence was promoted. One person told us "Yes. I go out quite a lot on my own...The manager is happy for the staff to go with us, if you're a bit nervous." A relative said of their loved one "She's very independent and they let her get on. She can wash herself and look after herself." We saw staff encouraging independence by offering choices around food and drink and offering choice of where people would like to eat their lunch. Some people were involved in daily tasks at the home such as preparing the vegetables and tables for lunch and some people are involved in maintaining the garden, this supported people to maintain their independence.

People's human rights were respected and people were treated fairly and without discrimination. For example, people living with dementia were offered emotional support when needed and staff had respectful conversations with people.

People were listened to and their day to day decisions respected. People had the opportunity to attend regular resident's meetings and their views were listened to. People were supported to maintain relationships with people that were important to them. Relatives could visit at any time and were made to feel welcome. One person told us "My niece is going to come here for a week before she goes off to Italy."

She's going to have her meals here; [manager] said it's all right."

## Is the service responsive?

### Our findings

At the previous inspection in May 2016 the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured the care and treatment of service users was appropriate, met their needs and reflected their preferences. Following the previous inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made. At this inspection, some improvements had been made and staff had a better understanding of people's needs and preferences. However, there were many agency staff working at the home who did not know people well. People's access to meaningful activity and occupation remained inconsistent and people continued to not be consistently involved in planning and review of their care.

Care planning was not consistently completed or reviewed with the person and their relatives, if appropriate. One person told us, "There's a care plan, but I haven't seen it" and another person said they were not involved in the review of their care and they just sign "a thing to say the care plan hasn't changed." A relative told us, when asked if they were involved in the reviewing their loved one's care plan, "They haven't done that here." This increased the potential risk that people's opinions and preferences would not be understood and the care people received would not be in line with the person's preferences. For example, staff were not consistently provided with information about people's life histories to support a person-centred approach and, when asked, staff did not always know about people's lives and what was important to them. For example, one person had a number of children and had a career in athletics which was not known by a member of staff. Care was not consistently reviewed with the person or their relatives, if appropriate. Reviews were completed by staff and detailed changes in care and health needs but did not capture if the person had different preferences in how they would like their care to be delivered. This posed an increased risk that people's care would not be delivered in line with their wishes.

People's needs were known by permanent staff working at the home. However, agency staff did not always have a good understanding of people's needs and preferences. A member of agency staff told us they don't look at care plans as they are on the computer and "the permanent staff tell us what tasks need to be done for residents." We observed one member of agency staff support someone with an approach that did not support person-centred care. They supported someone to the lounge and were unaware of their preferences in relation to spending time in the lounge and asked another member of staff "where do they sit" and not the person.

People did not have consistent access to meaningful activity at the home and people gave variable feedback about their access to activities. One person said, "We sit here for hours and hours on end every day". Another person told us that there used to be far more activities and explained that sometimes staff would say they were going to provide activities but then did not. There was an activities coordinator who spent time between two homes owned by the provider, they were supposed to spend two days a week at the home. However, the registered manager told us that this was inconsistent and the activities coordinator had been spending more time at the other home, they did not know why this was. Activities were not planned to meet the specific interests and hobbies of people. The activities coordinator had not discussed

people's individual interests with them to provide meaningful activities. External entertainers did visit the home and people were asked at a residents meeting in May if they would like to do anything specific, to which people suggested animals coming into the home and this was arranged. However, most of activities provided were generic and not tailored to people's individualised needs. For example, one person had a keen interest in aviation and there was no evidence that they were supported to maintain this interest. Another person told us of their previous enjoyment of going out and having a social life and said that now they did not get to go out as often as they liked. "I was always a person to go out. I always went on holidays abroad and I had a good social life." Although some people were able to go out independently or with family. People who required support from staff did not have regular opportunity to leave the home and engage in meaningful activity.

The registered manager told us no activities were planned for the day of the inspection. However, the activities coordinator provided a quiz in the afternoon of the inspection. This felt as though it was for the benefit of the inspection and not people. People were not asked what they wanted to do or their preferences regarding this activity. People's engagement in the activity was variable as some people were unable to take part without staff support, only one member of staff was supporting people which was not enough to ensure everybody could take part. As a result, some people were not engaged. We did not observe any other activities over the two days at the home, people spent long periods in the lounge watching TV with minimal interactions. The registered manager acknowledged that the provision of activities was an area for improvement and said, "We want to do more excursions to go out and provide greater life experience."

Some people had access to activities that supported their interests. For example, staff had set up a gardening club. One person was a keen gardener and the registered manager had supported them to do the gardening at the home. This person enjoyed being involved in developing activities for people and told us "I do all the gardening and I do the quizzes twice a week. I have 38 quiz books and I get the questions from them. Every Saturday is quiz day. I do bingo too, they prefer that, at the moment. I love trying to entertain people; I love helping people." Another person enjoyed being a home maker and the staff had involved them in daily tasks around the home such as setting the table and folding the napkins. We observed this in practice and both people spoke very fondly of the activities they are involved in.

The registered manager and provider had not ensured people had consistent access to meaningful activity and occupation. Staff did not carry out assessments collaboratively with the relevant person. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were offered the opportunity to plan for the end of their lives. Discussions had taken place with people and their families about their end of life care wishes. People had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) in place if they wanted them. A DNACPR decision provides immediate guidance to those present on the action to take should someone suffer a cardiac arrest. A staff member told us that they work closely with other healthcare professionals and families to ensure people have the right care at the end of their lives.

There was a robust process in place to manage complaints. The provider's complaints policy and procedure was available in communal areas for people, their relatives and visitors. People we spoke with said they had not needed to make a complaint recently, but felt confident they could if needed. One person told us "I would go and talk to the manager. I don't think I have complained, I'm quite happy here."

People were given information in a way they could understand. There was pictorial signage around the

home to help people navigate and identify where they were and the newsletter was available in large print or with pictures to aid people's understanding.

The registered manager had considered the use of assistive technology within the home. They were currently implementing an electronic care planning system to improve staff access to care plans. The registered manager told us they were currently in discussions with the provider to introduce video calling as people had family who live abroad. They hoped that this would improve people's access to technology and communication with their loved ones. Staff were involved in a 'promoting good sleep' project to identify areas of practice which could improve the quality of people's sleep. Action was taken from this project which included the use of ambient lighting for some people aid their quality of sleep, in line with their wishes.



## Is the service well-led?

### Our findings

At the last inspection in May 2016 the Well-Led domain was rated as Requires Improvement, areas in need of improvement related to issues with appropriate levels of staffing. At this inspection we found improvements had been made in relation to staffing levels. However, we found several other areas that require improvement.

Quality assurance systems and process did not consistently identify areas for improvement. We identified areas which required improvement that the provider's systems and processes had not identified. These included, gaps in documentation, lack of management oversight in relation to staff training needs and person-centred care planning, risks not consistently being assessed and people not receiving consistent access to meaningful activity.

Records were not well-maintained and did not consistently provide a complete and contemporaneous record of the care and support people required. The registered manager said they were in the process of updating people's care records on a new electronic system, however documents on the system were incomplete as were documents within people's original paper based records. There were gaps in paper documentation and inaccuracies in people's care plans that had been recently updated onto the new computer system. For example, some risk assessments lacked accurate and sufficient guidance for staff to be able to understand risks for people. One person's computerised records gave inconsistent information about the person's falls risk. Their moving and handling risk assessment did not indicate a history of falls. Their falls risk assessment stated they had a history of falls, but only since moving into the home. Their mobility care plan stated they had a history of falls prior to moving into the home. Although permanent staff were aware of this person's needs, they were not all aware of their increased risk of falls at night.

Two other people's electronic care plans had several incomplete documents including a 'this is me' care plan which would support person centred care planning and give staff an understanding of the persons background, life history and interests. There were paper care plans still in place but some of these were also incomplete and the registered manager told us that staff no longer used them and were working from the electronic system. Although staff knew people well, the home did use a significant number of agency staff, this inconsistent approach to documentation increased the risk of people receiving care that was not in accordance with their needs and preferences. The registered manager was aware of the issues in relation to inaccurate and inconsistent documentation within care plans and was working to address this.

Care reviews were not consistently documented. Staff signed to say they had reviewed people's care plans but actions following the review and people's involvement were not always captured. Care plans were not always complete or accurate and the approach to person-centred care planning was not consistent. For example, people and their relatives were not always involved in the care planning process, therefore their views of how they want their care to be delivered were not captured. People's care plans did not consistently reflect their social, care or wellbeing needs. For example, one person was living with depression and did not have a care plan that reflected their needs in relation to this so staff did not have guidance on how to support them effectively.

Quality audits were in place but issues identified were not consistently acted on. For example, the provider brought an external consultant into the home in July 2017 to improve compliance. They identified that 'PEEP's require review' and 'General risk assessments require updating.' These are issues were not acted upon and we identified them at this inspection. Risk assessments were not updated or completed for all people living at the home. For example, one person's fall's risk assessment was incomplete and did not identify all factors which could contribute to a fall of that person. The person had a hearing impairment, their falls risk assessment said they did not have a sensory impairment. This increased the potential falls risk for the person as their needs were not fully or accurately assessed.

A senior manager visited the home on 25 May 2018 and identified that care plan audits had not been completed and stated in their report 'Care plan audit not completed. Sent care plan audit paper work to complete within one week.' We reviewed this with the registered manager who had not completed this audit as they said they had not had time as they were updating care plans onto the new computer system. The senior manager also identified that 'E-learning was behind' and this was still an issue at the time of our inspection. The register manager lack oversight of the quality of the service by not ensuring identified issues were actioned. The registered manager did not have full oversight of the quality of care delivery. The manager completed a monthly compliance report following audits of care delivery. The report for July 2018, stated that one person had moved into the home but did not identify if their assessments were in place to guide staff. This increased the risk that they would not receive care in line with their needs.

People told us there were residents meetings where they could discuss their opinions of the home, these were held monthly and there was evidence that issues raised by people were addressed. For example, one person raised an issue with the meals and staff involvement at tea time on Sundays. The registered manager listened to these concerns and implemented a range of actions to address the issue. However, people's feedback was not consistently used to drive improvements at the home. For example, people and their relatives completed surveys sent out from the provider in November 2017. The registered manager told us they had sent their responses to head office for analysis and had not received anything back. People's feedback was not known by the staff at the home and improvements could not be made to the service in line with people's opinions. Staff were not consistently provided with opportunity's to be involved in the running of the home. There had not been a staff meeting since March 2018. The registered manager told us staff meetings has "taken a step back since the move." The manager said she had plans to reinstate staff meetings.

The registered manager did not have clear oversight of staff training needs. A significant number of staff had not received refresher training, in line with the provider's policy, in areas important to their role such as safeguarding and fire safety. The registered manager could not easily identify what training staff needed and when this was due to be completed, they said the system they had in place did not support their oversight. The registered manager said they assessed people's competency but this was not documented, this did not provide assurance that they had oversight of staff's competence within their roles.

The registered manager did not consistently assess, monitor and improve the quality of the service. They also did not maintain contemporaneous, accurate or complete records in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014

The registered manager did not show they fully understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and had failed to notify us of an authorised deprivation of liberty safeguard (DoLS). They told us they did not know this was a requirement of the regulation. This is a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

The provider had failed to display their previous inspection rating conspicuously within the home. This is a breach of Regulation 20(a) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

People and staff spoke positively of the management. One person said the home was "very well managed" and a relative told us they thought the home was well managed and "everyone is doing what they should." A member of staff told us they thought the manager was "nice, we sit together and catch up at handover and she gives advice." Another member of staff told us "I feel valued as when we are busy the manager will make the effort to come and say thank you. She is supportive."

The registered manager understood their responsibilities in relation to the duty of candour. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Staff worked well together and in partnership with other organisations to ensure people's needs were met. We observed positive interactions between staff and visitors. The registered manager had identified communication as an area to improve. They had introduced a regular handover between staff to ensure they were aware of people's changing needs and to improve communication between shifts. The registered manager regularly attended the handover to support staff. Staff kept people informed of health-related appointments and ensured they were supported to attend them, where necessary. One staff member told us "We always work as a team, and have great communication. The handovers before we start each shift help this." A visiting healthcare professional said, in a questionnaire 'staff are very welcoming, helpful... and offer me information relevant to my visit.'

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 | <p>Regulation 18 Registration Regulations 2009<br/>Notifications of other incidents</p> <p>The registered manager and provider did not show they fully understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and failed to notify us of an authorised deprivation of liberty safeguard (DoLS) application.</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered manager had not ensured staff received appropriate refresher training to keep staffs skills and knowledge up to date. This mean there was an increased risk people's needs would not be met.</p>   |

This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered manager and provider had not ensured people had consistent access to meaningful activity and occupation. There was an inconsistent approach to person centred care planning.</p> |

### The enforcement action we took:

We issued a warning notice for regulation 9; Person centred care. We require the provider to be compliant with this regulation by 3 December 2018.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not consistently effective in monitoring and improving the quality of care people received, the registered manager and provider did not have robust oversight of practices within the home and not all records were accurate and complete.</p> |

### The enforcement action we took:

We issued a warning notice for regulation 17; Good governance. We require the provider to be compliant with this regulation by 3 December 2018.