

MTCARE Property Limited

# Meavy View Retirement Home

## Inspection report

146 Milkstone Road  
Rochdale  
Lancashire  
OL11 1NX

Tel: 01706861876

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Meavy View Retirement Home is a residential care home providing accommodation and personal care for up to 32 people. At the time of our inspection there were 23 people using the service.

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

Improvements continued to be required in relation to risk assessment and management, management of medicines, infection control, person centred care, premises and equipment, staff training and supervision, record keeping and the audit and governance process.

Risks were not always assessed or timely action taken to address identified risks. We identified gaps or a lack of detail in people's risk assessments. Medicines were not always managed safely, as we identified a number of issues with record keeping including accurate and contemporaneous completion of the medicines administration records. Appropriate infection control measures were not always followed or implemented. Further work was required to improve the standard of the décor, fixtures and fittings. Work continued to be required to ensure the safety of the premises and equipment, helping to reduce potential risks to people's health and well-being. We received mixed feedback about staffing levels. Staff absence was not always covered. Rotas confirmed the required number of staff had not always been deployed. Relevant recruitment checks had been carried out, though verification of staff's references was not currently being completed.

We have made a recommendation about the recruitment process.

Staff supervision was not being provided in line with the provider's policy. We could not be assured the training matrix was an accurate reflection of training provided at the home, as the registered manager admitted to including training a staff member said they had completed in previous employment. Where people required a modified diet, we found care plans and risk assessments were either inaccurate and/or lacked detail. Guidance from professionals, such as speech and language therapists was not available when requested. Thickening powder used to manage people's risk of choking had been incorrectly added to one's persons drinks for the last 4 months, as a result of inaccurate record keeping. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were largely complimentary about the care and support they received and the staff who provided this. Some positive observations of care were noted on both days of inspection. It was apparent staff knew people well and vice versa, with people being comfortable in staff's presence.

Although we noted some improvement with activity provision, further work was needed to ensure people had access to meaningful activities of interest to them throughout the week. The provider did not provide information in alternative formats, to ensure it was accessible to all people living at the home. Overall, care plans contained a range of personalised information and explained how people wanted to be supported.

However, information would benefit from being more specific. For example, some people's care plans included guidance such as 'check person regularly', with no indication of how often this should be. Complaints had been managed in line with the providers policy.

The providers audit and governance processes were not robust, nor completed in line with specific timescales. Internal checks had not identified the majority of concerns we noted on inspection. Where issues had been noted through audits and monitoring, actions taken were either not clear, detailed or completed timely. The provider did not use an overarching action / improvement plan, to ensure effective oversight and demonstrate improvements were being made and monitored. Annual surveys were circulated; however, no actions were taken with the feedback received. Resident and relative meetings were not held, nor had people's views been sought about whether they would find these meetings useful. Staff told us they enjoyed working at the home and felt supported by the registered manager.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 28 June 2023). At this inspection we found the provider remained in breach of regulations and remains rated inadequate. The provider has been rated either requires improvement or inadequate at the last 5 inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meavy View Retirement Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to person centred care, risk assessment and risk management, medication management, infection control, oversight of the premises and equipment, governance and record keeping, staff support and training.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Meavy View Retirement Home

## **Detailed findings**

## Background to this inspection

### The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

The inspection was carried out by 2 inspectors and 2 Experts by Experience, one of whom carried out phone calls to relatives of people living at the home, the other attended the home and spoke with people who lived there. 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

Meavy View Retirement Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meavy View Retirement Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

We visited the home on 2 occasions, which was the 30 January 2024 and the 8 February 2024. Although the provider knew we were returning to complete a second day, we did not tell them when this would be.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We observed how staff provided support for people, to help us better understand their experiences of the care they received. We spoke with 13 people in person and 4 relatives via telephone, to gather their views of the care and support provided. We spoke with 6 members of staff, including the registered manager and the nominated individual. The nominated individual is responsible for the management of the service on behalf of the provider. In regard to Meavy View Retirement Home, the nominated individual is also the provider.

We reviewed a range of records, including 4 people care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, equipment checks, accident and incidents and safeguarding. We also reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection premises and equipment were not properly maintained for the purpose for which they were being used. This placed people at risk of harm. This was a continued breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- Some areas of concern remained outstanding in relation to fire safety, including ensuring effective systems were in place to help mitigate the risks to people.
- Portable appliance testing had not been completed by someone deemed suitable to carry out the work. Records did not reflect robust checks had been made to ensure appliances were safe to use.
- Formal servicing of the call bell system had not been undertaken to show the system had been examined and maintained in accordance with the manufacturers' instructions.
- On the first day of inspection, we identified the control panel in the passenger lift was loose. There panel was coming away from the wall, which presented a potential risk should people insert their fingers in this. We reported this to the registered manager. When we returned for the second day of inspection, no action had been taken and the panel was still loose. The monthly manager audit dated December 2023 had also identified this issue, yet no action had been taken.

Premises and equipment were not properly maintained for the purpose for which they were being used. This placed people at risk of harm. This was a continued breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Legionella testing was due for renewal. This was being addressed. Action had been taken to regulate water temperatures; records showed safe levels were being maintained.
- Up to date servicing certificates were in place for the mains electric, gas safety, fire alarm and equipment.

At our last inspection the provider had failed to appropriately assess the risks to people's health, safety and welfare. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.



- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.
- On the first day of inspection, we noted a fence which had fallen down had been left on the floor. This presented a trip hazard. The purpose of the fence was to protect people from a drop to a lower level. Due to the fence having fallen over, this protection was no longer in place and, although no incidents had occurred, this placed people at increased risk.
- We also noted some other structures in the patio area had been damaged by recent storms and were at risk of falling down. The registered manager confirmed no remedial action had been taken nor any risk assessment completed, to minimise risks to people who accessed the patio area each day.
- Care plans contained a range of risk assessments, and whilst some key risks to people were documented, risk assessments and related care plans lacked detail or were incorrect. For example, 2 people's care plans did not accurately detail their modified dietary needs, guidance from professionals was not on file or used to complete their care plans. One person had incorrectly had their fluids thickened since September 2023, when a professional had stated this was no longer required, but the care plan or staff's practice had not been updated to reflect this.
- For one person, despite a number of known risks due to their presentation, there were no specific risks assessments or care plans to provide guidance to staff on how to meet the person's needs.
- Accidents and incidents were being documented on accident forms, which explained what had happened and immediate action taken. However, the registered manager confirmed no overarching log was being used to catalogue accidents and incidents, to enable effective oversight, help look for patterns and trends and consider any lessons learned.

The provider had failed to appropriately assess the risks to people's health, safety and welfare. This was a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

At our last inspection systems in place had not ensured the proper and safe management of medicines. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely. This largely related to record keeping relating to the administration of medicines.
- Signatures and/or codes on medicine administration records (MAR) were not always legible, this meant it was difficult to accurately check stock levels of boxed medications, to ensure they had been given as prescribed. Stock checks completed on inspection identified some discrepancies between how much stock should have been left and the amount present in the medicines trolley.
- From reviewing medicine records we identified a medicine for one person and a topical cream for another, had been administered despite not being listed on their MAR. The registered manager confirmed the cream was being applied regularly but was unclear about the tablet and would have to check.
- Where people were prescribed a variable dose, for example, take 1 or 2 tablets as required, the amount being administered was not recorded.
- Where people were prescribed 'as and when' required (PRN) medicines, such as paracetamol, guidance was not always in place to explain to staff how, why and when the medicine should be given, and how to

identify if it had been successful. Record keeping relating to the use of PRN medicines was not being completed consistently.

Medicines were not being managed safely. Records relating to the administration of medicines were not always legible, accurate or completed consistently. This was a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection; Visiting in care homes

- People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.
- There was an active outbreak of Covid when we arrived to commence the inspection. This had commenced on 29 January 2024. The registered manager told us all required measures were in place to manage this.
- However, from speaking with staff, we found cohorting was not being used. Staff were providing care to both infected and non-infected people, which increased the risk of the infection spreading. When managing an infection, staff should be 'cohorted' into groups, one for people who are positive, one for those who are not.
- The registered manager confirmed cohorting was not currently in place but intended to introduce this the following day. We contacted the provider to seek clarification on what actions had been taken to ensure appropriate measures were in place. Their response referred to staff wearing PPE, regular cleaning being completed and opening windows to improve ventilation, but still no reference to cohorting or zoning.

Infection prevention and control measures in place were not always robust. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were able to visit the home freely. During the Covid outbreak, visitors were asked to follow reasonable precautions to keep themselves and people safe.

Staffing and recruitment

At our last inspection, all required checks had not been undertaken prior to people starting their roles. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 19.

- Safer recruitment processes were being followed, though further work was needed to ensure these were robust.
- Relevant recruitment records were in place, including a completed application with full employment history, confirmation of staff identity, employment references and checks with Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend interview records are expanded upon to clearly reflect decisions about the suitability of applicants and references are verified to confirm information has been provided by the named referee.

- People, relatives and staff provided mixed feedback about staffing levels. Comments included, "I feel the home can be short staffed from time to time", "It would help to have more staff, care can be rushed at times"

and, "If everyone turns up we have enough [staff]. If not, and no-one will come in, then we have to work short."

- The provider used a system for determining how many staff were needed to provide safe care. However, this was confusing and did not clearly specify how many staff were needed to meet needs day and night. The registered manager told us 4 staff were needed during the morning, 3 in the afternoon and 3 at night.
- Rotas showed at times shifts had operated with less staff than the numbers reported by the registered manager. Staff and the registered manager confirmed agency staff were not used to cover shortfalls.

Systems and processes to safeguard people from the risk of abuse

- Although we continued to find widespread concerns about safety at the home, people told us they felt safe living at Meavy View Retirement Home. The majority of relatives also felt their family member was receiving safe care.
- Comments included, "My dad seems safe there", "My [relative] has been there about 4 years and is generally safe" and, "The best thing about living here is the security, I feel safe here, whereas I didn't when at home."
- Staff had completed training in safeguarding and knew how to identify and report concerns. The provider had reported any safeguarding concerns in line with local authority guidance.

# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had not received the training necessary to enable them to carry out the duties they were employed to perform. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff told us they received enough training to carry out their roles. The training matrix confirmed the majority of staff were up to date with training sessions the provider considered mandatory.
- However, we noted 1 staff member was recorded as having completed training up to 4 months prior to commencing employment. When asked about this, the registered manager told us they had recorded training completed when employed elsewhere. The matrix should reflect training completed whilst at Meavy View. As a result, we could not be assured training records for all staff were accurate.
- The provider's supervision policy stated staff would receive supervision every 4 weeks. The registered manager told us the policy was incorrect, and supervision should be every 3 months. The supervision matrix showed neither timescale had been met consistently. The provider had also only recently introduced completion of staff appraisals.

The provider had not ensured staff received sufficient training and support to enable them to carry out the duties they were employed to perform. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they liked the food and were offered alternatives if they didn't like the main option. Comments included, "The food is very good", "If I don't like the food, they get me something else" and "I always get enough to eat and drink."
- Records of people's food and fluid intake were being kept. However, we found these were not always completed consistently or accurately. This is covered in more detail in the well-led section of the report.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- We identified some discrepancy with how referrals to specific professionals and advice they provided was recorded. For example, 1 person's daily notes stated they had been re-referred to a speech and language therapist (SaLT), due to issues with swallowing. When we asked for the SaLT recommendation letter, the registered manager stated the entry was incorrect and a re-assessment had not been completed.
- We noted examples where referrals had been made to relevant professionals, for example dieticians or the GP, when concerns had been identified.

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

- Improvements with décor, furniture and furnishings continued to be required.
- The registered manager told us an improvement plan was in place, and some decorating had taken place, with work ongoing.
- Pictorial and directional signage was in place to help people identify communal areas and navigate around the home.

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

- Assessments had been completed prior to people being admitted to the home, to help ensure the environment was suitable and the home could meet their needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent was sought when people moved into the home. Where people lacked capacity to consent, the provider had asked family or next of kin to give this regardless of whether they had the legal powers to do so, rather than following the best interest process. The registered manager agreed to address this moving forwards.
- DoLS were being managed appropriately, with applications submitted timely and a system used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- We noted 2 examples of the provider working collaboratively with people, their advocates and the local authority to reduce restrictions and allow people to access the community independently.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People were well supported and treated with respect by staff.
- People told us they were largely happy with the care they received and spoke positively about the staff who provided this.
- Comments included, "The staff are very good, they look after me" and "It's good being here. The girls [staff] like a bit of fun and it's lovely to see them."
- Relatives also provided positive feedback. One told us, "The staff are kind and caring. They always seem patient when handling [relative] and [relative] always looks well-presented and clean."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's privacy, dignity and independence were respected and promoted.
- People told us they received support as and when necessary, but their independence was respected and promoted. One stated, "It's nice to have my independence. I can go out on my own. Everything get's done for you here, but I am independent and like to do things myself." Another said, "If you want to do something and need help, they [staff] help you."
- Staff told us they ways they ensure people's privacy and dignity was respected. One stated, "We use towels to cover people up when providing personal care, so they are not sat their fully undressed. We make sure doors and curtains are closed. We make sure people are clean and tidy."
- People were supported to make day to day decisions about their care. This included when to get up, what to wear, what to eat and how they spent their time. We observed staff offering people choices during the inspection and seeking consent before providing care.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had not ensured care was designed to meet service users' needs. This was a continued breach of regulation 9(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- An activity coordinator was in post who worked Monday to Wednesday 9am to 2pm. From reviewing activity records, a large part of their time was spent completing individual activities with people, which included supporting them to access the community.
- Whilst this was positive for the individual people involved, it resulted in no activities being available or provided to the remaining people living at the home. We were told staff supported activity completion for the remaining days of the week. We saw no evidence this occurred, nor activity records to detail what had been completed and when.
- There was no activity schedule in place, so people knew what was planned for each day and could choose whether this was something they would like to get involved with.

The provider had not ensured care was designed to meet service users' needs and they were supported to avoid social isolation, follow interests and take part in activities. This was a continued breach of regulation 9(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always understood and supported.
- An accessible information guidance document was in place. However, no examples were noted or shared of information being provided in an accessible way, to meet the differing needs of people living at the home.
- The registered manager was asked if they could provide any examples of how they were meeting the

Accessible Information Standard. They told us they were intending to produce some documents in an easy read style but had not done so yet.

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

- People were supported as individuals, with care plans explaining their needs and preferences.
- Overall care plans contained a range of personalised information, including life histories, likes, dislikes and explained to staff how the person wanted to be supported.
- It was clear people and/or their relatives had contributed to the completion of the care plan, but there was no evidence they were involved in ongoing reviews or updated when changes made. The provider told us they would document this moving forwards.

Improving care quality in response to complaints or concerns

- People knew how to complain though the majority had not needed to.
- One person stated, "I have never had to complain." Another said, "I have made a verbal complaint in the past, things improved for a while afterwards, but faded off again."
- Complaints were documented on an electronic system, along with any responses provided. Any complaints received had been dealt with in line with the provider's policy.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- The registered manager told us the home received support from the local district nursing service with the provision of end of life care, with staff following district nursing guidance.
- We noted from the training matrix, only the registered manager had completed formal training in palliative care. We discussed the importance of all care staff completing this training, to ensure they had the required skills, should people choose to remain at the home at the end of their life.



# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. This was the fourth consecutive breach of regulation 17.

- During this inspection, we found widespread failings in the management and oversight of the service.
- The provider did not effectively monitor the quality of care provided in order to drive improvements and had not created a learning culture that promoted people's care to be improved.
- An audit schedule was in place, which specified what checks and monitoring was completed and how often. A review of audit completion over the last 12 months, showed this schedule had not been followed consistently.
- We identified issues with the accuracy and comprehensiveness of record keeping. This included the completion of food and fluid charts, reposition charts, weight records, BMI monitoring and medicines related records. The lack of detailed and person-centred assessments and plans can put people at risk of not receiving the care they require.
- Where people had been identified as being at risk of skin breakdown and required repositioning, records showed this had not been provided in line with assessed needs. For 3 people we looked at, there were days when no repositioning had been recorded, and on days where it had had been recorded, only 1 or 2 instances of repositioning had been documented. The care plan stated this should be done every 2 to 4 hours.
- Reviews of weight records and BMI monitoring identified errors in recording. For example, one person weighed 89kg, their BMI was listed as being 47.4, which was impossible based on their height. Another person was recorded as having lost 30kg in 2 weeks, which had not happened. As referrals to dieticians or GP's are dependent on effective weight and BMI records, it is important they are documented correctly.
- Overall, internal audits and monitoring had not identified the issues we noted on inspection. Where concerns had been found, either it was not clear what action had been taken, or action had not been taken timely, for example with the lift control panel.
- The provider did not utilise an overarching improvement plan, onto which actions from audits or feedback

and suggestions from people and staff were documented. As such, there was no effective system being used to ensure effective oversight and help drive improvements.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not always involved in the running of the home, with their views only sought sporadically.
- People and the majority of relatives told us they were not asked for their views and opinions, nor aware of any resident or relative meetings being held. Comments included, "I've never had a meeting, survey or questionnaire to give any feedback" and "I'm not aware of any residents' meetings or questionnaires."
- The registered manager told us meetings were not held as they experienced issues getting people and relatives together. They also felt the majority of people would not benefit from this process. However, we saw no evidence attempts at holding meetings had been tried, or views sought as to whether people and/or relatives would like to attend.
- Annual surveys were circulated to people living at the home. These had last been done in July 2023. Although most responses were positive, some people had raised concerns or made suggestions of how their care could be improved. We found nothing had been done with this information. The registered manager told us they intended to put this information on a spreadsheet but hadn't done so yet.
- The home understood and considered people's protected characteristics. Staff explained the ways in which they met people's needs, which included ensuring people's religious preferences were followed and supported.

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

- The provider understood their responsibilities under the duty of candour.
- Relatives told us when required they had spoken with the registered manager and found them open, approachable and had listened to them.
- People raised no concerns around communication or action taken to address any concerns.

Working in partnership with others

- We noted examples of the home working in partnership with other professionals to benefit people living at the home.
- The provider shared examples of their involvement with local organisations and community groups. This included school children visiting the home to sing to a person on their birthday and the visiting of a local church choir at Christmas.