Harbour Healthcare Ltd

Elburton Heights

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on the 30 and 31 July and 6 August 2018 and was unannounced.

Elburton Heights is a care home that can accommodate up to 85 people that require nursing or residential care. At the time of the inspection 69 people were living at the home. The service is split into four units that offer either nursing services or residential care. Two units look after people living with dementia; one is a nursing unit and one is a residential unit. There is a further nursing unit and another residential unit.

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

The service did not have a registered manager in post. 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. The service was currently being overseen by a registered manager of another Harbour Healthcare service with the support of the regional manager because the service was in the process of recruiting a new manager for Elburton Heights.

When we completed our previous comprehensive inspection on 27 and 28 April 2017 we found the areas of effective and responsive and well led required improvement with a breach of Regulation in responsive.

At that inspection we found concerns that people were not being assessed in line with the Mental Capacity Act 2005 as required. We also found that though some people had care plans in place to reflect their current needs, people living with dementia were not having their needs planned for. We recommended that the provider looked at this to ensure they were following current guidance. Some people's records of their daily life were not robust enough to demonstrate the care given. We had recommended the provider reviewed this. People were at risk because the provider's systems to monitor the quality of the service were not fully effective and had failed to identify or address areas where improvements were needed. At that time the leadership, governance and culture did not ensure staff had sufficient information to ensure people's needs were fully met and staff were not well supported to enable them to consistently and safely deliver good quality care.

This inspection in July 2018 was a comprehensive inspection that looked at all areas of the service again to check the service had addressed the concerns from April 2017. We found the service had made improvements in some areas while other areas now required improvements. At this inspection we rated the service as Requires Improvement.

People's capacity to make important decisions about their lives had now been assessed in accordance with the Mental Capacity Act 2005 (MCA). The provider and staff understood their role with regards to ensuring

people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the provider. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and met them. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans in their best interests. People's preferences were sought and respected. Care plans held full details on how people's needs were to be met, considering people's preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

The manager overseeing the service and provider had put new systems in place to oversee the running of the service and check its quality. This manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement. However not all issues had been picked up by these monitoring systems. For example, some areas of the service were void of home comforts including sofas, chairs, tables and lamps. The service was monitored by the management team to help ensure its ongoing quality and safety. However not all issues we found with the medicines system and infection control guidance had highlighted areas of concern. The manager and provider immediately arranged additional training for staff and had met with staff to help resolve these issues.

Staff and professionals said the current management team were approachable and had made many improvements since starting to oversee the service a few months ago when the registered manager left. However, people, relatives, staff and professionals raised concerns about not having a suitable stable registered manager in post. The provider stated they were currently in the process of the recruitment of a new manager who would register with us. Staff said the current manager overseeing the service was involved in the day to day running of the service and this was evident when we walked around the large service and they knew all the people currently living there.

The provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People were mostly safe at the service. People, who were able to, said they felt safe living at the service. One person said; "I've always felt safe here." A relative said; "We feel that she is safe here, she certainly wasn't before at home." Staff and healthcare professionals all agreed that people were safe. However, we found that at times people in one area did not always have staff on hand in case of an emergency.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. However, one person was found to have a significant pressure ulcer. This was currently being managed by the tissue viability nurse. The manager overseeing the service, who had previously worked at the service, said they had been very disappointed at finding this person had sustained a pressure ulcer. They had now put additional systems in place to help ensure people were better protected including putting full pressure relieving equipment in place they needed to keep them safe. However, we also found that some pressure relieving mattresses were not working as they should be. For example, one was broken and another was set at the

incorrect rate. We also saw staff moving people in wheelchairs without any attached foot plates and asking elderly people to 'raise their legs' when moving them around the building. We also found that some people's repositioning charts had not always been completed, or stated when people should be repositioned and how often. These issues were reported to the manager and immediate action was taken to help to rectify them and keep people safe.

People mostly received their medicines safely by suitably trained staff. However, the new medication system being used placed people at risk due to lack of some staffs' understanding and not following the correct process. For example, at the end of the month not all people's current medication had been carried over to the next month. Therefore, there was a risk if the staff administering the medicines were not regular employed staff, for example agency staff, or staff were not aware that this medicine was continuing. If the medication did not get carried over on the system it stated it had been "discontinued" on their record. This placed people at risk of not receiving all their medicines. For example, one person's pain relief medicine had not been carried over. This also meant the staff had to complete the medicine round before uploading these forgotten medicines. Staff then administered the missed medicine which therefore meant people were receiving their medicines in two parts and needed to wait for their medicines. This also meant the medicines round was completed late which had a knock-on effect for people requiring medicines at a set time apart from the previous dose. The new system highlighted if people had not received their prescribed medicines and the medicine system showed if a medicine round had not been 100% completed. However, we found that not all staff checked that it had been completed and that all people had received their medicines as required. We found that one person did not receive their prescribed medicine at 7am as needed. Therefore, all their medicine which needed to be taken at least 2 hours after the 7am medicine now needed to be given later. Good infection control procedures were not always practiced by staff administering medicines. For example, some staff did not wear gloves when handling medicines and taking people's blood sugar levels. Some people required 'as and when medicine' and medicine charts and care plans did not all hold a protocol in place to provide staff with the information they needed to ensure people got the pain relief they needed and when they needed it.

People lived in a service which had been designed and adapted to meet their needs. People lived in an environment that was clean and hygienic. Parts of the environment were going through a refurbishment considering people's needs. However, some areas of the service where found to be lacking in furniture, fittings and items to make it homely. For example, one very large dining and lounge area had no pictures, plants, chairs, ornaments or soft furnishing to make it homely. The regional manager was asked about this and though they stated they had visited the service many times to support the previous registered manager they did not know how or why the previous items in this area had gone. Other areas of the service were also found to be lacking in homely comforts and soft furnishings.

People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People, relatives and staff did not all agree there were sufficient staff to meet people's needs Though they felt people were safe, people and their relatives said; "They never seem to have enough carers, they always seem busy" and not always "visible" and "sometimes difficult to locate." The manager and rotas confirmed there was a high use of agency staff though the manager said the agency staff were mostly regularly used agency staff to try to provide consistency. The manager confirmed new staff had already been employed with additional staff being recruited.

People received care from staff who mostly received regular updated training. The training matrix provided showed a lack of training for some staff. This included in areas such as infection control, skin care, moving and handling practical and dementia care. The regional manager's report for March 2018 showed they had highlighted that the percentage of staff trained in moving and handling fell well below the company's

recommended level of 85%. However, we could not find that this percentage had increased since that time. The manager felt some training may not have been recorded and would look into this issue. We did observed staff moving people safely, however, they we did observe one person being moved in a wheelchair without the use of footplates.

Staff mostly respected people's privacy. We saw staff assisting people to be lifted using the hoist equipment. However, staff did not always protect people's modesty while this lift was being carried out.

People were observed to be treated with kindness and compassion by most of the staff who valued them. Staff demonstrated kindness for people through their conversations and interactions. However, we observed one staff member assisting one person with their morning breakfast in a way that did not reflect person centred care. We fed this back to the manager.

Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the Equality and Diversity and Human Rights policy of the company. Staff confirmed they had not always received regular supervision and no staff meetings were arranged. The overseeing manager had identified this and already started to arrange a staff meeting and had carried out a number of supervisions to support staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

People or their representatives, were involved in decisions about the care and support people received. The service was responsive to people's individual needs and mainly provided personalised care and support. People's equality and diversity was respected and people were supported in the way they wanted to be. People who required assistance with their communication needs had these individually assessed and mostly met. For example, staff had a list of words to converse with someone whose first language was not English. However, we found areas where people living with dementia did not have suitable systems in place. For example, all menus were written and displayed in normal small writing and not in large print or displayed on white boards. No photos of meals were displayed to further assist people.

People could make choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been fully investigated and responded to.

People had access to organised and informal activities which provided them with mental and social stimulation. We found some aspects of this that could be improved, however the provider was already considering this and had plans to employ another activities co-ordinator to plan and assist with activities.

People's end of life wishes were mostly documented. People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other organisations to make sure people received the support and treatment they wished for at the end of their lives.

All significant events and incidences were documented and analysed. The evaluation and analysis of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from other agencies and the staff team.

We found three breaches of the regulations. 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

Not all aspects of the service were safe.

People's medicines were not always safely managed.

People were not always protected by staff using safe infection control practices.

People did not always benefit from a robust system that identified risk and ensure that action was taken especially in relation to pressure area care.

There were sufficient staff to meet people's needs. However, there was a high use of agency staff in use.

Staff were safely recruited.

People were kept safe by clear systems to identify and report abuse.

People lived in a clean and odour free environment.

Is the service effective?

Requires Improvement

The service was not always effective.

People now lived in a service which was adapted to meet their needs but some areas were not homely or sparse of furnishings and fittings.

Not all staff had completed relevant training to meet people's needs.

People were now assessed in line with the Mental Capacity Act 2005 as required.

People's needs and choices were assessed and met within current guidance.

People had plenty to eat and drink with any needs monitored and had care plans in place to help guide staff to deliver the correct support.

People's health needs were met by a range of health care staff as needed.

People's individual communication needs were known by staff.

Is the service caring?

Requires Improvement

People were being supported by staff who cared about them, demonstrated compassion and who were respectful and kind. However, some systems, processes and overall governance of the service did not ensure the quality of care was consistent across the service.

Staff ensured people's equality and diversity was respected and used the accessible information standard to ensure effective communication and choice. However, menus and food choice were not in a suitable format for people living with dementia.

People were supported to be in control of their care and maintain their independence.

People's privacy and dignity were mostly respected.

People were actively involved whenever possible in making decisions about their own care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive;

People's care plans continued to be updated, however, not all charts in people's bedroom had been completed regularly or had instructions on the planned care or recorded the care that had been carried out.

Not all records recorded people's end of life wishes.

People's concerns and complaints were responded to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were now systems in place to monitor the safety and quality of the service. The quality assurance system operated to help develop and drive improvement. However, robust quality assurances processes were not active to ensure the quality of the service.

People, staff and professionals spoke highly of the current management team. People, family and staff were encouraged to give their feedback on the service.

People benefited from a management team who worked with external health and social care professionals in an open and transparent way.

There was an emphasis on learning from past mistakes and preventing them from happening again.

Elburton Heights

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.

This was a comprehensive inspection completed on the 30 and 31 July and 6 August 2018 and was unannounced on day one. One adult social care inspector, a bank inspector, a specialist advisor in nursing and two expert-by-experience completed this inspection. An expert by- experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the action plan from the provider. We also reviewed information we held on the service such as notifications. Notifications are specific events that registered people must tell us about. We also reviewed the Provider Information Return (PIR). The PIR 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 also observed how staff interacted with people in the service. We completed SOFIs (A SOFI is an observational tool to record the care of people who cannot otherwise communicate with us.)

During our inspection we met 15 people who used the service. We were supported throughout the inspection by a registered manager from another Harbour Healthcare service and the regional manager. We also spoke with 13 staff members and six relatives. After the inspection we received feedback from three professionals involved with people at the service.

We looked at six records which related to people's individual care needs. We viewed eight staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in April 2017 we rated this key question as good. At this inspection we rated this key area as Requires Improvement as we found areas that needed improvement.

People said; "We are as safe as we can be" and "I've always felt safe here." While another person said; "I do feel safe here. I can go to sleep in the dark, which I couldn't before." A relative when asked if their relative was safe said; "Yes I believe so" and another said; "We feel that she is safe here, she certainly wasn't before at home."

However, people did not always receive their medicines safely. Some staff lacked an understanding of the new medication computerised system and the correct processes. This placed people at risk of not receiving their medicine safely. For example, at the end of the month not all people's current medicine had been carried over to the next month on the system that recorded their medicines. This was required to be completed manually by staff. Therefore, there was a risk if the staff administering the medicines were not regular employed staff, for example agency staff, or staff were not aware that this medicine was to be continued, the person would not receive their medicine. If the current medicine did not get carried over on the system it stated on the computer system it had been "discontinued". An example showed one person's pain relief medicine had not been carried over. The regular staff member recognised this, however this staff member had to complete the medicine round for all people before uploading these forgotten medicines. People therefore were receiving their medicines in two parts and needed to wait for their medicines with one staff confirming that this process was; "time consuming." This also meant the medicines round was completed late in the day which meant a possible knock on effect for people requiring medicines at a set time from the previous dose.

For example, during our inspection we found that one person did not receive their prescribed medicine at 7am as needed. The staff on duty immediately administered this needed medicine. However, this meant all their other medicines, which needed to be taken at least two hours later, would be given late throughout the remainder of the day.

The new system could highlight if individuals had not received their prescribed medicines, however we found that some staff were not aware of this process. The system was also able to show if a medicine round had been completed 100%, however on the day of our visit this had not been checked to ensure this had happened.

Some people required 'as and when medicine' and medicine charts and care plans did not all hold a protocol in place to provide staff with the information required to ensure people got the pain relief they needed. For example, they did not state the maximum dose a person could take in a 24-hour period or what the medicine was prescribed for and how often the dose could be administered.

People prescribed pain relief patches were to have these placed on different areas of their body when a new patch was administered. However, we found no body map showing where the previous patch had been

placed. Therefore, staff had to 'hunt' the previous patch down on people before removing and placing a new patch elsewhere. This was not a dignified experience for people if they were unable to indicate themselves where the patch was located and took time.

One person who had their medicines covertly (without their knowledge) did not have this information recorded onto the medicine record sheet, though it was recorded in their care plan. People prescribed topical creams had a weekly record of care booklet held in their rooms. However, there were no instructions and no record of these being administered. This placed people at high risk if they had a pressure ulcer, if the creams weren't administered as prescribed.

People living with diabetes had conflicting information recorded in their care records on what was considered a 'safe' level for their blood sugar. For example, it stated in their medicine care plan a blood sugar level of 12 or less. However, their diabetic care plan states a blood sugar level of between 5.4 and 7.8 and a further document recorded that it should be a level of 4-10 was appropriate for this person. This could lead to confusion and placed the person at risk. One person's record said their insulin had been omitted on one day. However, there was no explanation on why this happened. One person's record, who was living with diabetes, said that their feet should be checked daily. This form to record this had happened, was found to be blank.

Infection control procedures were not always practiced by staff administering medicines. For example, we observed staff not wearing gloves when handling medicines or when taking several people's blood sugar levels or washing their hands after. The training matrix recorded that less than 70% of staff had completed infection control training. Staff had access to gloves, aprons and hand gel to help prevent the risks of cross infection. Hazardous substances such as cleaning materials were stored in a locked area.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible.

However, the risk assessments and systems had not ensured that one person's pressure area care was well managed. This person was found to have a significant pressure ulcer. This was currently being managed by the tissue viability nurse. The manager, who had previously worked at the service, stated they had been very disappointed at finding this person had sustained a pressure ulcer. They had now put additional systems in place to help ensure people were better protected, including putting full pressure relieving equipment in place to keep them safe. The training matrix highlighted that only 1% of staff had completed training in managing people's skin care. However, the manager felt this was a recording issues and would ensure the staff training records where updated. We found some pressure relieving mattresses not working as they should be. For example, one was broken and another was set at the incorrect pressure. We also found that some people who had charts in their bedroom did not always have these completed as required, with either instructions on the planned care or documented the care that had been carried out. There were also gaps of up to five hours between recordings of care for one person who was currently considered a high risk, nearing end of life care and poor nutritional intake. These issues were reported to the manager and immediate action was taken to help to rectify them.

We spent time with people observing their daily routines and when they were being supported by staff. We saw people were comfortable and relaxed with the staff supporting them. People looked to staff for reassurance when they felt anxious or unsure. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them. However, we saw staff moving people in wheelchairs without any attached foot plates and asking elderly people living with dementia to 'raise their legs' when moving them around the building. We also observed staff moving people without protecting their

modesty. The staff training matrix showed less than 60% of staff had completed the practical moving and handling course. The manager arranged additional training for all staff.

People lived in an environment which the provider had assessed to be safe. All staff had access to a report faults to the maintenance team enabling them to repair issues raised as soon as possible. A check list to help ensure the environment was clean and free from hazards and monitoring forms to ensure all areas were safely maintained. We found the environment to be clean and well maintained and management carried out unannounced checks to check the service and people living there were safe. However, some areas of the service where found to be lacking in furniture, fittings and items to make it homely. The manager was in the process of rectifying this situation.

The provider has failed to ensure people received safe care and treatment and risks to people's health and safety had not been fully assessed and measures to reduce risks were not fully effective. Regulation 12(1)(2)(a)(b)(g)(h)(e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People, relatives and staff did not all agreed there were sufficient staff. Though they felt people were safe, people and their relatives said; "They never seem to have enough carers, they always seem busy." and not always "visible" and "sometimes difficult to locate." Staff commented about the high use of agency staff though the agency staff were experienced and used regularly at the service. The manager overseeing the service said they had already employed additional staff and had already started to reduce the amount of agency staff. They had further interviews booked and this would help reduce the agency use further.

Accidents and incidents were recorded, audited and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents such as falls took place and appropriate changes were made. The manager informed other agencies, including safeguarding, of incidents and significant events as they occurred.

People had personal evacuation plans in place, so their individual needs were known to staff and emergency services in the event of a fire. A fire risk assessment was in place, and regular checks were undertaken of fire safety equipment.

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. All staff undertook training to help minimise the risk of abuse to people and staff knew how to recognise and report abuse. Staff were confident that any reported concerns would be taken seriously and investigated. Staff said they had received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate (a nationally recognised qualification for staff new to care) and this covered Equality and Diversity and Human Rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in April 2017 we rated this key question as requires improvement with a breach of regulation. This was because people were not always being assessed in line with the MCA as required. Most people had an overarching MCA assessment in place that identified they lacked the ability to consent however, this was not broken down into specific decisions and best interest's decisions. Statements stating a person cannot make "complex decisions" were commonplace with no detail then added as to what this meant. Also, records stated people could make "simple decisions" with again no detail as to what this meant. This meant staff did not have clear details on what people could or not consent to. It could not therefore be guaranteed people's rights to consent to their own care and treatment were being upheld. We also found that applications to deprive people of their liberty to keep them safe had been made. However, a MCA assessment had not always been completed and recorded prior to making this application.

We also found where staff were acting on behalf of a person, it was not always clear that this had been part of a best interest decision. There was often no record of the decision and who had been involved in this process. Some people's recordings of a best interest's decision had not been documented for the decision to administer medicines covertly (without their knowledge).

On this inspection in July 2018, we found the concerns we had from the previous inspection had been put right.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and now knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interest these were fully recorded in care plans. Records showed family and healthcare professionals had also been involved in making decisions. This showed the manager was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. Records recorded the previous registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People receiving care did not always receive care from suitably trained staff. We found concerns that not all staff had received regular updated training which had been documented. The manager felt this was a recording issues rather than a lack of staff training and would discuss this with all staff to update the training matrix.

The training matrix provided showed a lack of training for many staff. This included areas such as infection control (less than 70%), skin care, (less than 3%), moving and handling practical (less than 57%) and

dementia care (less than 70%). The regional managers report for March 2018 showed they had highlighted that moving and handling percentage of staff trained fell well below the company's recommended level of 85%. However, we could not find that this percentage had increased since that time. The manager felt some of the issues were a recording problem and would look into this issue.

Staff however, demonstrated their knowledge about the people they cared for. Staff were encouraged to become champions so they could lead on key topics and keep other staff and policies up to date. This included end of life care, diabetes, health and well-being and wound care. However, staff still needed training in some of these areas for it to fully embedded in practice.

Not all staff were receiving appropriate training, supervision and appraisal necessary to carry out their duties. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

New staff competed the Care Certificate (A nationally recognised training course for staff new to care) that covered topics such as Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. This helped ensure new staff had the right skills and knowledge to effectively meet people's needs. Staff currently felt supported by the current manager overseeing the service. Staff also stated they had not received regular supervision or team meetings. These would enable them to keep up to date with current good practice models and guidance for caring for people. However, the manager had identified this and had already started to plan and implement supervisions for all staff before the completion of the inspection.

Staff said they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided current effective support to people. Staff confirmed discussions were held about changes in people's needs as well as any important information in relation to care needs.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. People lived in a service that was currently being upgraded and maintained with planned updates to the environment documented. However, some areas of the service where found to be lacking in furniture, fittings and items to make it homely. For example, one very large dining and lounge area had no pictures, plants, chairs, ornaments or soft furnishing to make it homely. We observed one person sat in this room in only a dining chair as there were no comfy chairs available. The regional manager was asked about this and though had visited the service many times to support the previous registered manager did not know why or how the previous items in this area had gone. Some other areas of the service were also found to be lacking in homely comforts and soft furnishings. The manager who was fully aware of this issue was in the process of ordering additional furniture and furnishings'.

The manager currently overseeing the service had plans to improve the environment including making it more dementia friendly. They had plans to review the decoration and signage in line with best practice for people living with dementia. One dining area was currently being upgraded and would include a large white board to display menus and pictures of food to assist people which was currently lacking.

People, who were able, told us they received the care and treatment they needed to meet their needs and that staff respected their wishes. One person said; "Yes we are well cared for. [Relative's name who also uses the service] has a pacemaker and we went to get it checked, it gets checked once a year." Feedback from a professional told us they thought staff were very good at providing care and support to people.

People had a pre-admission assessment completed before moving into the service. People on residential care had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as district nurses and GPs. People's health was monitored to ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, some people were currently receiving care from the district nurse team for change of dressings and the GP visited when required. This enabled people and staff to receive advice and support about how to maintain people's health. Staff consulted with external healthcare professionals when completing risk assessments for people.

People said they could make choices on the food offered. People identified at risk of future health problems through poor food choices had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suggestions of suitable food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. For example, some people had seen a speech and language therapist to assist them with eating the correct consistency of food, while others had been prescribed a meal supplement.

People were encouraged to remain healthy, for example people did chair exercises while others went for walks around the building or made use of the secure gardens to help maintain a healthier lifestyle.

Staff demonstrated they knew how to communicate with people and encouraged food choice when possible. Care records recorded what food people disliked or enjoyed. People who required support to eat were mostly assisted in an unhurried and discreet manner which helped to preserve their dignity. However, we observed one staff member assisting one person with their morning breakfast. This staff member was assisting this person without any communication interaction, had their back turned on the person they were assisting and talking to other staff. This staff member was also placing food items into this person mouth without checking they wanted it, telling them what food item it was and checking they had swallowed the previous mouthful. They were also stood over the person and not sat next to them. This issue was immediately raised with the manager who arranged a supervision with this staff member.

People's comments about the food included; "Here you get fresh soup, it's all freshly made. Sunday, we had turkey and the roast potatoes are out of this world" and "Food is good here, there are always plenty of options."

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. People were heard to answer or make gestures in response to staff.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in April 2017 we rated this key question as Good. At this inspection it has been rated as Requires Improvement. People were supported by staff who cared about them and who were respectful and kind. However, some of the systems, processes, and overall running of the service did not always ensure the quality of care was consistent across the service. For example, staff worked hard to get to know people, understand their needs and respond to their daily routines and preferences. However, some of the information about people's needs lacked detail and was not in all cases accurate. This could mean care was not always provided consistently, particularly when staff were new or did not work regularly in the home. This potential for inconsistent care had not been picked up and addressed by the providers over-site and auditing processes.

People were supported by staff who were caring and we observed staff treated people with patience and kindness. People were chatting with staff about plans for the day and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. People were observed to become anxious at times so staff spent time listening and answering people even when the questions were repetitive and providing reassurance to people. One person said; "The care here is very good" and another said; "I've never had anybody nasty, they (staff) are good in that way, they've always treated me very well."

Relatives were also positive about the care their parents received. One said; "They've been brilliant (staff)" and "The staff are really lovely."

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team and many had worked at the service for many years.

People and relatives told us people's privacy and dignity was respected. People said staff knocked on their door and we observed the staff knocking on peoples' doors and asking them if they would like to be supported. We saw people could make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. However, we did observe one person being moved by hoist not having their modesty protected. The manager stated they would discuss this issue with at the staff meeting arranged for the following week.

We recommend that the provider review the current staff practices in respecting the dignity and care of people.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff knowledge of people also helped ensure people were treated equally and their diverse needs were met. People were supported by staff to maintain their personal relationships.

This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. People were treated equally and fairly. Confidentiality, the Data Protection Act and personal boundaries were understood and respected by staff.

Staff showed concern for people's wellbeing. People feeling unwell or under the weather were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity. A professional said the staff team always referred people to them promptly if they appeared unwell.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were mostly good. When staff passed people, they always spoke to people and asked if they were OK or needed anything.

People had decisions about their care made with the involvement of their relatives, representatives and professionals. People's needs were reviewed regularly and staff who knew people well attended these reviews. People had access to independent advocacy services, and were supported to access these when required. This helped ensure the views and needs of the person concerned were documented and considered when care was planned.

Requires Improvement

Is the service responsive?

Our findings

At the inspection in April 2017 we rated this key question as requires improvement with no breach of regulation. This was because some people living with dementia did not have care plans in place which identified how dementia was affecting that person at that time. People with a diagnosis of dementia had their needs mentioned in different parts of their care records but there was not a dedicated care plan which brought this information together. Also, staff were not given specific guidance to measure if they were enhancing people's lives. We recommended that the provider ensured they reviewed and implemented the guidance in respect of care planning for someone living with dementia.

On this inspection in July 2018, we found the concerns we had from the previous inspection had been put right. However, we have assessed this domain as Requires Improvement due to other concerns found.

People were supported by a staff team who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. The manager said this enabled them to determine if they could meet and respond to people's individual needs before they moved in.

People's care plans were person-centred and detailed how they wanted their needs to be met in line with their wishes and preferences. People's records also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, when any decreases in people's general health or dementia were identified, specialist advice was sought. However, people who had charts in their bedroom did not always have these completed as required.

People's end of life wishes were documented on a TEP (Treatment Escalation Plan) to inform staff if people wanted to be resuscitated or if they wanted medical intervention at the end of their life. Some people's care plan held information on their actual wishes for their final days. However, we found not all records had been completed. This information would help ensure people wishes were respected.

People's care plans included clear and detailed information about people's health and social care needs, though end of life wishes were not all completed. Each care plan described the person's skills, goals and support needed by staff and/or other agencies. The plans were personalised and detailed how each person needed and preferred care and support to be delivered. People's daily routines were documented and understood by staff.

Staff had a good knowledge about people and could tell us how they responded to people and supported them in different situations. Staff knew how to respond appropriately to people's needs.

People had their pressure care mostly responded to by either the nursing staff on duty or from the district nursing team. Care plans held information for staff on how to care for and respond to someone to protect their skin integrity. This included information on where the concerns were located on a person and a management plan for staff to follow. These management plans were drawn up with the input of a tissue

viability nurse. However, there was one person with a significant pressure ulcer. Charts recording where cream to be applied to protect people skin integrity were not always completed as required. Though no other person had issues with their skin. The manager had since put additional systems in place to prevent further skin damage for people.

People received individual personalised care. Staff said they encouraged people to make choices as much as they could. Staff said some people were given verbal choices while other people may benefit from being shown visual choice for example pictures. People who required assistance with their communication needs had these individually assessed and mostly met. For example, staff had a list of words to converse with someone whose first language was not English. However, we found areas where people living with dementia did not have suitable communication systems in place. For example, pictures of food choices. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The manager stated information was available for people in a format suitable to meet their individual needs. However, they were not being routinely being used by the staff.

The lack of appropriate records placed people at risk of receiving inappropriate care. This is a breach of Regulation 17 (2) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The provider had a complaints procedure displayed in the service for people and visitors to access. Where complaints had been made, these had been investigated and responded to. The provider had acted to make sure changes were made if the investigations highlighted shortfalls in the service. People had advocates, for example family members, available to them to help ensure people who were unable to effectively communicate, had their voices heard and this information could be provided in a format of people's choice. For example, in large print and easy read.

People's view of activities varied from each of the four units. Some people said they took part in a range of activities. This included the arranged coffee morning on day one of our inspection which many people attended and commented they enjoyed. Some entertainers visited the service while other activities were arranged by a designated activities coordinator. One person said; "We do have activities here. I get taken to bingo on Mondays. I like to listen to the music, we have people that play the violin and organ, and we sing." While another said; "It's lovely here. There's plenty going on. I don't play bingo but the music is good." However, some people we observed sitting doing nothing for long periods. The provider was already aware of these issues and plans to employ another activities co-ordinator to plan and assist with activities was already in place.

Requires Improvement

Is the service well-led?

Our findings

At the inspection in April 2017 we rated this key question as requires improvement as though the provider had quality monitoring and improvement systems in place, they had not identified some of the concerns that needed to be improved. At that time the previous registered manager and provider had a system of audits in place. However, the care plan audits had not ensured people were being assessed in line with the Mental Capacity Act 2005 (MCA) and the issues with people's paperwork we picked up during that inspection.

On this inspection, we found the some of the concerns of the last inspection had not all been addressed with additional concerns found. We also identified some areas for further improvement which the provider, regional manager and manager had not identified themselves through the provider's quality monitoring systems. For example, we identified, in safe, the new medicines system was not always safe and required further improvements.
During this inspection some issues had been highlighted by the regional manager during their monthly visits as needing to improve, not all issues had been picked up and addressed through regular monitoring processes. The lack of robust monitoring systems meant the provider had failed to identify the problems and ensure they were addressed promptly.

The regional manager completed monthly visits and reports were provided. However though one stated visit date of 2 January 2018 the information recorded had dates in 2017. This included the end signature and sign off date as November 2017. The second report dated March 2018 highlighted areas of concern including incomplete information in care plans including one person having a grade 2 pressure ulcer with no treatment plan in place, other care records with out of date information and no completion of an infection control audit since October 2017.

Since the last inspection, the registered manager, who had only been in post nine months, had left the service and the regional manager, who carried out monthly visits, had identified issues of concern. The provider had brought the previous manager of Elburton Heights, who was registered at one of the provider's other service; over to the service to help oversee the improvements. However, though they had made progress in some areas, other areas still required improvement. People, relatives and staff commented how they were pleased the previous manager was back working in the service but commented that this was only temporary and the manager was also managing the other home and therefore not full time at Elburton Heights. Therefore, people, relatives and staff were concerned about the future arrangements and who would be appointed to manage the service. The regional manager and manager overseeing the service were open and transparent. They were committed to the service and the staff but most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service. They were in the process of the recruitment of a new manager to be registered with the commission. The regional manager said they wanted the 'right person' for the job and had learnt from previous mistakes.

The regional manager and manager had reviewed their governance and leadership and were systematically approaching all the concerns the regional manager had found in their monthly visits. This included putting

new and updated systems in place. This demonstrated a willingness to learn from concerns they found and ensure that this service could improve. Areas for improvement were identified and reviewed. However, we found additional areas of concern that required addressing.

The regional managers completed reports following their monthly visits to the home contained evidence of inspections of the premises, maintenance issues and staffing issues including supervisions and large use of agency staff identifying areas of concern. Some of which had been either resolved or in the process of being resolved. However, the reports did not include issues we noted during our inspection namely pressure reliving equipment not always working, the new medicines system putting people at risk of not always receiving their medicines, poor infection control practices in medicines, lack of furniture and furnishing in some areas, staff not always respecting people dignity, suitable communication systems for people living with dementia and repositioning charts and other charts were not always completed or held correct information. There were no systems in place to monitor all aspects of the service fully or to identify areas for improvement.

Systems to plan and monitor staff training needs and ensure staff competency were not fully effective. Staff training records had not always been updated to ensure the managers knew who needed up to date training. The records showed that many of the staff had not received training on topics such as infection control, moving and handling and dementia and skin care. This meant that the provider did not have effective systems in place to assess staff practice and staff knowledge, or to improve practice promptly for example through monitoring, observations, training and support. It also meant poor practice may not have been recognised, challenged, reported or addressed. Concerns raised during our visit relating to poor practice had not been identified by the provider and this meant poor practice had not been addressed promptly for example through disciplinary procedures, monitoring, supervision and training. The manager said; "I am having a real drive on the mandatory training to get staff compliant by 30th September 2018."

The provider had failed to have effective governance systems and quality assurance processes to assess, monitor and drive improvement. This is a breach of Regulation 17(1)(2)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

People benefited from a management team who kept their practice up to date with regular training and worked with external agencies in an open and transparent way fostering positive relationships.

Staff were motivated and hardworking. They shared the philosophy of the management team. However, supervision, appraisals and meetings had not always been carried out regularly. The manager had already address this issue before the end of the inspection and stated; "We have completed 50 out of the 88 staff supervisions and we now have a clear schedule in place."

The manager had started to put quality assurance systems in place to help ensure standards were maintained and constantly looked at for ways to improve practice. For example, when a pressure ulcer was identified by the staff the manager took action by contacting other professionals and making sure appropriate equipment was in place. The manager was currently developing other audits including checking of the new medicines system and arranging additional training for all staff and audits on infection control, safety of the environment and updating care plans and ensuring they held correct information to help keep people safe. Audits were being developed with input from senior staff to ensure continued improvement and the ability to respond to changes in need. For example, whether there were enough staff throughout the day to meet people's needs.

Other systems in place included systems and processes for accidents and incidents, environmental, care

planning and nutrition audits. These helped to promptly highlight when improvements were required. For example, all falls which occurred in the home were audited and the manager took action such as contacting other professionals and making sure appropriate equipment was in place.

The manager had an excellent knowledge of the people who lived at the home and the staff who supported them. Though they had only started overseeing the service for a very short time they had already spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described the management team as approachable.

The current management team were respected by the staff team. Staff told us they were approachable and always available to offer support and guidance. Staff spoke fondly of the people they cared for and stated they were happy working for the company but mostly with the people they supported. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The provider and registered manager were aware of, and had started to implement the Accessible Information Standard which would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

The registered provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.