J D Singh

# Belvedere Residential Home

## Inspection report

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Tel: 02476672662

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| 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

We inspected this service on 30 April 2018 and 1 May 2018. The inspection was unannounced.

The service provides accommodation and personal care for up to 19 older people. Nineteen people were living at the home at the time of our inspection.

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

There was 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.

At our previous inspection in February 2017, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One of these related to obtaining people's consent to care and was a repeat breach from the inspection prior to this in October 2015. The second breach was in relation to failing to have effective systems and processes to monitor and improve the quality and safety of services people received. We gave the home an overall rating of 'Requires Improvement'.

Following the last inspection we met with the provider and registered manager and asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'Effective' and 'Well Led'. They agreed they would make the required improvements and would regularly monitor the quality of the service, to ensure people received safe, effective and responsive care and support.

At this inspection, we found there had been some improvements in regards to gaining consent so that there was no longer a breach of the regulation regarding this. However, we identified there were four breaches of the regulations. The breach regarding good governance remained as there continued to be insufficient systems and processes to monitor the quality of the service. We also found the provider and registered manager had not taken all reasonable measures to minimise risks to people's health and wellbeing, had not ensured people experienced individualised care, and had not followed safe recruitment procedures. We have invited the provider and registered manager to meet with us again to explain how they will make the required improvements.

People were positive about living at the home but due to lack of detailed records, we could not be assured they always received care and support in accordance with their needs. People had access to healthcare professionals but we found some issues linked to people's health and welfare that had not been followed up as they should have been.

People spoke positively of the staff and told us there were sufficient numbers of staff to meet their needs. We saw staff were caring and respectful in their approach but people's privacy, dignity and confidentiality was not always maintained. People were able to make some decisions about their care. Where care and support was delivered that restricted people's liberty, applications had been made to the supervisory body for the authority to do so.

People's care plans continued to need improvement so that they were centred on the person, their needs and preferences. People had access to some activities but the time staff spent with people continued to be variable with little time spent on activities linked to people's interests, preferences and abilities.

Staff had some understanding of their responsibilities and told us the training they completed was effective although training the provider considered essential had not been completed by all staff. Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise concerns under the provider's safeguarding and whistleblowing policies.

The registered manager told us they had reduced the time they spent delivering 'hands-on' care so they had more time to allocate to management tasks. The provider continued to visit the home on occasions to support the registered manager when required. However, systems and processes to monitor the quality of care and services provided were not sufficient to drive improvement within the home.

Accidents and incidents were recorded and actions taken to minimise the risks of a re-occurrence but the overall analysis of accidents and incidents was not sufficiently detailed to help minimise the risk of them happening again.

Health and safety checks were completed such as gas, electrical and water to ensure both equipment and the environment was safe for people. We had identified some potential risks linked to hot surfaces which the provider told us would be addressed as soon as possible.

Most people's medicines were managed and administered safely to maintain their health. Gaps in recording meant we could not be confident some medicines were administered as prescribed.

People liked the food available and said they had a choice of meals. Those people who needed support to eat were provided with this as required.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Risks related to people's care and the environment were not always sufficiently managed to keep people safe. Staff understood their responsibilities to keep people safe from abuse. Most people's medicines were managed and administered safely. There were enough staff to support people safely.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

People were asked for their consent before providing care and staff had some understanding of the Mental Capacity Act. Deprivation of Liberty Safeguards applications had been submitted for most people where restrictions were placed on people's liberty. Training records showed not all staff had completed essential training. People enjoyed the food and were supported to eat and drink where appropriate. People had access to healthcare professionals although this was not always in a timely manner.

### Is the service caring?

**Requires Improvement**

The service was not consistently caring.

People and their relatives were positive about the staff. People were supported by a staff team who were patient and respectful towards them. People's privacy and dignity was not always maintained.

### Is the service responsive?

**Requires Improvement**

The service was not consistently responsive.

People did not always experience person centred care in accordance with their needs, preferences and abilities. People's care plans did not always support staff in delivering care in accordance with their needs. Staff knew people well and had some understanding of how to respond to their physical needs and temperament.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

Processes and systems to check the quality of the service did not always result in areas for improvement being identified and acted upon. Overall people and staff were positive in their comments of the management of the home.

# Belvedere Residential Home

**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.

The inspection took place on 30 April 2018 and 1 May 2018 and was unannounced. The inspection was undertaken by one inspector and an expert-by-experience on 30 April 2018 and by an inspector on 1 May 2018. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service.

As part of planning the inspection, we reviewed information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. These can include unexpected deaths and injuries that occurred when people received care. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

We also considered the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We used some of this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with seven people and four relatives or visitors about their experiences of the home. We spoke with four care staff, a cook and an administrator about working at the home. We spoke with the registered manager and the deputy manager about their management of the service. Some people who lived at the home were not able to tell us in detail, about how they were cared for so we

observed care and support being delivered in communal areas and we observed how people were supported at lunchtime.

We reviewed two people's care plans and daily records in detail and looked at other care records related to people's care to see how care and treatment was planned and delivered. We looked at records related to staff recruitment, staff training and complaints. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Requires Improvement

# Is the service safe?

## Our findings

During our previous inspections we found improvements were required in identifying people's changing needs and abilities and in updating people's risk assessments and care plans. During this inspection, we found there continued to be improvements needed in relation to these. The rating therefore continues to be Requires Improvement.

Prior to people living at the home, an assessment of their needs was completed to ensure their needs and any risks associated with their care could be planned for and managed. However, we identified there were risks that were not managed safely. For example, one person who had been at the home for some time was known to walk around the home unsupervised and access the kitchen. The cook told us sometimes if they were busy in the kitchen they did not notice the person in the kitchen as they were so quiet. We saw records that showed on one occasion the person had been into the kitchen and was found attempting to open the oven which potentially placed the person at risk. There was no risk assessment in place to manage this risk and this was completed following our inspection visit.

We looked at how risks were managed in regards to people's nutritional needs. We had seen two people coughed when they ate and drank. We were concerned they may have swallowing difficulties or be at risk of choking so spoke with staff about these people. Staff told us this happened regularly and they also felt concerned. Records did not show these concerns had been followed up with a health professional. Following our inspection action was taken by a member of the management team, to refer these concerns to their GP.

Staff told us about another person who was prone to developing urine infections. We saw records from health professionals that advised staff to monitor the amount of fluids the person consumed to they could assess if the person was drinking enough. When we looked at the fluid monitoring records there were long gaps between when drinks were provided suggesting they had not been given regularly. Staff told us it was difficult to get the person to drink and told us why but we could not see that other ways of increasing the person's fluid intake such as with yoghurts or milkshakes had been considered. Staff said it was also a problem getting the person to eat. Food records did not show clearly what the person was eating. For example, they would indicate the person had eaten all of their main meal but not say what the actual meal was to demonstrate they had sufficient to eat. We made the registered manager aware of this so this could be more closely monitored.

During our last inspection we noted that improvements were needed to ensure risks to people's safety in the event of a fire were minimised. During this inspection there continued to be areas needing improvement linked to fire safety. We saw several bedroom doors around the home propped open. Staff told us at night most people wished to have their doors open. When we asked staff what they would do if all the doors were wedged open and there was a fire, they were not able to answer. One staff member said, "That's a hard one that is." The registered manager was not aware that most people were leaving their doors open at night and had therefore not explored safe door retaining devices. The registered manager said she would speak with the provider about installing safe door retaining devices that would release in the event of the alarm

sounding.

Training records showed gaps in fire safety training which meant we could not be assured all staff had completed this and knew what they needed to do in the event of an emergency. We asked a staff member how one person would be evacuated as they were not able to use the stairs or the chair lift. They were not aware of how the person would be assisted out of the home. We saw personal emergency evacuation plans (PEEP's) had been completed for people but some of them were dated 2015 and we could therefore not be assured these were accurate.

We were told that one person was on covert medicines (medicines given in a disguised way) because they regularly declined their medicines and did not have the capacity to understand the risks of not taking them. Health professionals had agreed their medicines could be given covertly in food and that this was in their best interests. However, whilst some staff said it was always put in the person's porridge others said it was put into other meals as well. We were therefore concerned this may impact on the person wanting to eat their meals. A staff member told us in the past that this had happened to a person. When we checked the provider's policy on this, it stated covert medicines should not be given this way, however the registered manager was not aware of this information. We advised the registered manager to look into these issues.

Most people's medicines were managed and administered safely to maintain their health but gaps in recording meant we could not be confident some medicines were administered as prescribed. For example, one person had been prescribed two different nutritional supplements due to concerns around them not eating enough. We found there were no records from 23 April 2018 up to the date of inspection to show these had been given. Records did not always clearly show medicines carried forward from the previous cycle which meant it would have been difficult for the registered manager to complete audit checks.

On undertaking a tour of the building we found creams in people's rooms that did not belong to them suggesting staff were applying prescribed creams to people who they were not prescribed for. Staff told us they knew where to apply them because they had been told this. We brought this to the attention of the registered manager so they could take the necessary action to address this.

The deputy manager told us staff who completed the medicine round signed medicine administration records (MARs) to say creams were applied despite these being applied by other staff. We questioned how this was safe practice and how the deputy could be assured the creams were used as prescribed. For example, when we checked the personal care plan for one person we saw they had been prescribed a lotion to be added to their bath water to relieve their skin condition. However, staff told us the person was not having a bath. We saw MARs were signed to confirm the use of this product. We established staff were adding this to the water in the washbasin to deliver personal care. This meant it would have been more concentrated and could have a negative impact on the person's skin. Staff told us the person was constantly scratching their skin because of itching which made their skin sore. We reported this to the registered manager and it was confirmed following our visit contact had been made with the person's GP to prescribe a different product.

We found eye drops were not dated when opened to ensure staff could monitor they were used within the stated timescale. However, we saw the prescribing date was recent which meant they would have been safe to use.

During our previous inspection we identified that improvements were required in supporting people to move from one place to another. During this inspection, we saw two staff moved people into wheelchairs with one staff member holding the wheelchair to make sure this did not move. Sometimes the brakes were

used and sometimes they were not. We noted the toilet that people were taken to by staff, was very small and asked staff how they were able to support those people needing two staff to support safely. They told us this was a challenge. We could not be confident support could be provided safely.

We considered how effective the management of infection control was in the home. We saw staff used gloves and aprons when supporting people to help prevent the spread of infection. However, there were mops and buckets stored in areas that were accessible to people and the sluice sink was also in an open area. We saw one person touching the mop and taking their mug to the sluice area and were concerned about the potential for the risk of infection. We also saw the bath in the bathroom on the first floor was dirty and noticed the surface of the bath was crumbling away which meant it may not be easy to clean effectively. There was no bin to dispose of any used paper towels. We also noticed that chairs and a foot stool in the small seating area by the entrance of the home were stained and in need of cleaning.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

Staff were not always recruited safely. Recruitment records did not show sufficient action was taken to ensure people were of good character before they started working at the home. The registered manager had obtained references from some previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. However, where information had been shared about possible concerns, we could not see this had been acted upon. There were no interview notes on files to show any discussions that had taken place or risk assessments where these were warranted.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and Proper persons employed.

People who were able to share their views about the home said they felt safe living at Belvedere Residential Home and said there were enough staff to support them. One person told us, "I have no worries about my safety. I think the staff here are very good." Another said, "Oh yes, I'm safe here. I'm very well looked after." A visitor commented, "[person's] definitely safe here….. they (the care staff) are all very good."

Staff told us they understood their responsibilities to protect people from harm and knew to report any concerns such as potential abuse to the registered manager. One staff member told us they had completed training in safeguarding people and were aware of what signs to look for that could suggest a person may be subject to abuse. These included them not eating, changes in their mood and not socialising demonstrating they had learnt from their training. They told us they had confidence the registered manager would act upon any concerns reported to them such as referring these to the local safeguarding agency.

People told us if they were in pain staff provided them with the pain relief they needed. One person told us, "I am on medication and it is done correctly. If I'm in pain I just have to ask for pain killers."

The deputy manager showed us how people's medicines were managed and administered. Each person had a separate medicine administration record (MAR) which staff signed to record when people had been given their prescribed medicines. Alternatively an agreed code was used to explain why the medicine had not been given. Medicines were stored securely and kept at recommended temperatures to ensure they continued to be effective. Most medicines were delivered in 'bio dose' pots, which contained all the medicines a person required at the same time of day in one sealed pot. The pots were contained in trays, colour coded for the time of day and included a photo of the person, a list of medicines in each sealed pot

and the purpose of the medicine.  This helped to reduce the risk of any medicine errors.

Requires Improvement

# Is the service effective?

## Our findings

During our previous inspections we identified the registered manager had not understood the requirement to obtain the legal authority to safeguard people when they were deprived of their liberty (DoLS), or to restrict their freedom to do what they wanted to keep them safe in their best interests. We were told people were not 'allowed' to leave the home independently, because they did not have the capacity to understand the risks associated with going out alone. They told us staff also knew where everyone was all the time. This amounted to restrictions being place on people's liberty. Following the previous inspection the registered manager told us they had made the necessary applications to the supervisory board for the proper authority to restrict people's freedom in their best interests. During this inspection we found the necessary applications had been made. However, this key question continues to be requires improvement due to other ongoing improvements we identified were required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff understood the need to obtain consent from people when delivering care and we saw they asked people before delivering support. Staff told us they had some understanding of the MCA and DoLS but this was limited. One staff member told us, "I understand if they have capacity they can make choices themselves and have right to refuse."

People told us sometimes they were restricted in what they could do due to their healthcare needs but not due to staff actions. For example, one person told us, "They explain things to me. I am restricted from doing things because I can't walk very well." Another told us, "I'm not really restricted from doing anything. I stay in my room and eat my food here. That's what I want to do."

We found the environment placed restrictions on people because there was insufficient signage for rooms, toilets and bathrooms to help people independently find their way around the home. There were also no reminiscence areas, memorabilia or adaptions to the environment to support people's engagement such as items people could see, touch and talk about. Sensory stimulation can improve thinking skills and help people living with dementia to maintain an interest in their environment. Studies have shown that sensory stimulation can help maintain functional abilities, improve memory, and increase verbalisation

People felt staff had the skills and knowledge to care for them effectively. One person told us, "The staff are well trained, they do a good job." Another said, "I think the staff are well trained." We saw during lunchtime a person was clearly not comfortable in their wheelchair sat at the table. The person became agitated and

slid from their wheelchair to the floor. We saw staff took all measures necessary to ensure the person was checked and safely returned to their chair demonstrating learning from their training. However, staff told us at times the person displayed behaviours that could be challenging to others and we saw some staff found it difficult to understand what the person was attempting to tell them. We did not see any alternative methods of communication were used or considered to help reduce the person's anxiety.

Staff told us when they started work at the home, they were supported to feel confident to carry out their role, because they observed experienced staff and read care plans so they could get to know people and understand their individual needs and abilities. One staff member told us, "I read a couple of the care plans. Had to sign to say I had read policies and procedures and shadowed (worked alongside staff) for three days."

Staff spoke positively of the training they had completed but some could not recall dates of their training so we checked staff training records. These showed gaps in training which meant we could not be reassured all staff has completed essential training to carry out their role safely and appropriately. Staff told us they shared knowledge amongst one another sometimes to manage people's needs effectively. Some staff had achieved a National Vocational Qualification (NVQ) or Qualification and Credit Framework qualification in Care, to help them provide more effective care to people.

Staff told us they had attended a supervision meeting (individual meetings) with their manager so they could discuss any concerns or their training and development but they did not take place regularly. The registered manager told us they carried out observations of staff when working but there were no records to confirm what was observed or to demonstrate whether staff were working to the provider's policies and procedures.

People told us they had sufficient to eat and drink and were provided with a choice of meals each day. Comments included, "The food is nice with a good choice," "I enjoy the homemade cakes that the cook makes. The food is as good as being at home," and "There's plenty to eat and drink. We're looked after very well. I've never been hungry at night." However, both the registered manager and staff told us one person was "borderline diabetic" and staff told us they had not provided the person with any foods containing sugar. However, we could not identify the person was diabetic from any healthcare notes on the person's care plan. We asked for this to be checked and following our inspection it was confirmed the person was not diabetic. This meant the person had not been able eat foods they may have enjoyed for some time.

We saw people were offered a choice of hot and cold drinks and some people had specific beakers they used to assist them to drink independently. The registered manager told us people's food likes and dislikes were discussed during their initial assessment when they moved into the home started to use the service. We found some of this information was recorded in people's care plans. The cook told us they were able to meet people's cultural needs and preferences as required. They also told us when it was people's birthdays they usually made a cake and organised a buffet meal for people in the evening.

The cook was aware of those people on soft or pureed diets and knew about foods people did not like or want, for example, one person chose not to eat beef and they told us some of the pork sausages had beef "sleeves" on them so they had to be careful these were not given to the person. The cook also had a list of people's dietary needs which was kept in the kitchen. This included people with any allergies or religious and cultural needs. A four week menu was followed and the cook recognised people would appreciate a change in the menu with the weather changing. The cook told us when meetings were held with people and the menu was discussed, any suggestions were passed to them for consideration.

At lunchtime, staff collected people's meals from the kitchen where the cook had plated them. People were encouraged to sit in their friendship groups and were offered the choice of a cold drink. On one on the days we visited lunch was sausage and mash with green beans or minced beef with vegetables, people told they were enjoying their meal when asked. The meal looked appetising and staff were available to either serve the food or assist people to eat. People were offered second helpings or were encouraged to eat their meal if they hadn't eaten it. One person refused their main course so was provided with a chip sandwich which they appeared to enjoy.

Some people chose to eat their meals in their rooms. One person told us, "I get my meals brought to my room but they also bring food to me... the staff bring me fruit between the meals – that's good isn't it?"

Records showed people accessed healthcare professionals such as opticians, dentists, chiropodists and GPs. However, we had identified some healthcare issues which we could not see had been followed up in a timely way. For example, staff told us about one person who could not communicate had mouth problems which at times made the person "wince". When we checked to see when the person last saw a dentist this had been in 2016. Care staff told us they identified concerns but these were not always followed up by the management team. The registered manager told us following our visit, arrangements were in progress for a dentist to visit.

Requires Improvement

# Is the service caring?

## Our findings

At this inspection, we found people were happy living at the home as they had been during our previous inspection when this key question was rated as Good. However, at this inspection people's privacy and dignity was not always respected. This key question is therefore rated requires improvement.

People were positive in their comments of the home and said staff treated them well. One person told us, "The staff are very good, they help me if I need it." Another told us, "I would give the staff 10 out of 10. They always treat me well. Nothing's too much trouble." Visitors were also positive about the staff and one commented, "The staff are very good. They are friendly and welcoming. I feel welcome here." Visitors told us they could visit their family members when they wished which meant people were able to maintain relationships with those that were important to them.

Staff spoke with one another in a respectful way and were helpful towards each other in completing their care duties and supporting people. Care staff knew people well and told us they used some of the information in care plans to support people in ways they preferred. We saw staff were kind in their approach towards people. For example, we saw when a staff member realised they had provided a drink to a person in a mug by mistake, they went straight away to change this to the person's preferred beaker. Another staff member noted a person was tipping their mug and reminded the person to watch their drink so they did not spill it on their clothes. However, at lunchtime we saw one person, who needed assistance to eat, had their meal left in front of them but it was out of reach for some time until staff were free to assist them. It would have cooled in this time and it was not evident consideration had been given to how this would have made the person feel or keeping this warm until staff were ready to assist the person .

When staff checked people in the lounge were okay, they asked one person if they would like a cushion to make them more comfortable and went to find them one. Staff provided one person with a soft toy which clearly gave them pleasure as we saw them smiling and talking to it. They walked around holding it and we heard them say, "I am going to keep you".

Staff told us they developed relationships with people by talking with them but we saw some people were not able to communicate easily with staff. We saw two people who became frustrated trying to communicate with staff. We did not see any protocols to help people communicate more easily such as the use of picture cards.

We asked staff what made them caring. One staff member told us, "Just to make sure people are happy and well looked after and be there for them." Another staff member told us, "Just be friendly, always have a smile on your face and help them with everything and anything really. Being nice to people gets you a long way. I like to think if I was old I would have someone caring for me." They felt if it was a member of their family in the home they would be cared for well and told us, "The carers are lovely."

The registered manager assessed people's needs before they came to the home so they had some involvement in decisions about their care. They told us when a new person moved into the home, their room

was re-decorated and new furniture provided (as appropriate). They told us they worked with the provider to ensure people were welcomed into the home and their rooms individualised to make them more homely.

People told us staff were respectful towards them. One person said, "They treat me with respect, they care. They are very good here. I have no concerns about any of them." Another told us, "The staff respect me. They knock the door before they come into my room and talk to me with respect."

We saw staff addressed people by their preferred names and explained what was happening when providing care interventions. They followed up requests made by people and when they engaged with people showed a genuine interest in what they were saying.

However, we observed people's privacy and dignity was not always respected. We saw one person who needed assistance with dressing and personal care had a hole in their cardigan and slipper socks. These were not changed during the day. The registered manager told us new cardigans had been purchased for the person and they therefore had no reason to be wearing a cardigan with a hole in. Another person had a skirt on inside out for the duration of the day.

When providing some people with personal care, we saw their privacy was compromised. Some people who were not able to walk and needed two staff to assist them with equipment to the toilet. There was limited space in the toilet for staff to support people safely whilst also maintaining their dignity. Staff therefore had to leave the toilet door slightly ajar so they could all (two staff and person) fit in. Staff told us they were able to see into the toilet room when they worked in that area.

We also saw that in one of the double rooms there was a commode for people to use. There was a dividing curtain in the middle of the room but this only went across a third of the room. This would have meant there was limited privacy for the people occupying this room and no privacy for a person to use the commode. We asked a staff member how they supported people's privately in this room. They told us they were not sure as the people were always up when they came on duty.

When we arrived at the home we saw CCTV was in use in communal areas such as the lounge and dining room. We discussed the reasons and protocols around the use of this and it was clear these had not been fully explored to ensure this was used in people's best interests. The registered manager took the decision to contact the provider to turn this off until suitable arrangements were in place for its use.

Requires Improvement

# Is the service responsive?

## Our findings

During our previous two inspections, we found improvements were needed in responding to people's individual needs. During this inspection, we found improvements were still needed. The rating therefore continues to be Requires Improvement.

People were not given sufficient opportunities to access activities of interest to them both in, and outside of the home. Some people felt they needed more stimulation. One person explained they sat in their chair all day watching television and wanted to do more than that. They told us, "They (staff) want me to do what they want me to do. It would be nice if I could get out sometimes. I think that the staff get a bit tired sometimes." A visitor told us, "To be honest [person] wants and needs more mental stimulation."

On the first day of our visit, we saw nine people sitting in the lounge for long periods of time with the television on. Whilst one or two people were watching the television, others were not. Staff were either updating people's care records in the dining room or were supporting people in their rooms.

Staff told us they felt more could be done to explore and support people's social care needs. One staff member told us, "I would like to see them do more activities and more fun things." They went on to tell us how they had spoken with family members about a person's background and hobbies but this information was not transferred into care plan records to support staff in having meaningful conversations with people. A person we spoke with told us staff had not approached them to discuss their previous hobbies. They commented, "Before I came here I liked to knit. I don't knit now but I could do…. I hadn't thought about that."

People told us they had limited opportunities to discuss and be involved in decisions about their care. One person told us, "The staff always seem to be busy. They have my sympathy. I do wish that they would read my notes though. They keep on telling me that I'm not ill when I am. I am concerned that the staff don't know me. It's all in my records but they don't read them." Although people were involved in an assessment of their needs prior to living at the home, people said staff did not discuss their ongoing care with them. One person told us, The staff don't discuss my needs. They don't listen to what I have to say. Another told us, I don't feel as though I have any involvement in my care.

People had care plans which contained information about their needs. Records showed they had been reviewed on a regular basis, however, the review process usually consisted of staff signing a form stating "no changes" which meant it was difficult to know that reviews had fully considered the person's health and needs to identify any changes. During our last inspection we identified improvements were needed in assessing people's psychological needs and dependencies. During this inspection we found issues related to people's nutrition, skin care and psychological needs that needed improvement.

Staff told us there were a number of people in the home that were living with dementia which meant they were reliant on staff to make some decisions for them. We did not see their needs were always met effectively which some staff acknowledged. Some staff had not completed dementia care training to

support them in meeting people's needs. There were people who walked up and down the corridors and communal areas frequently with no purpose or activity to engage them. One staff member told us, "I think some of them (people living with dementia) should not be here. I don't think here is suitable for the care that they need." The registered manager told us plans were being made in relation to this.

We asked the registered manager about people's life histories which can help staff to support people effectively and hold meaningful conversations with people and enhance their wellbeing. They told us "We have got a few, some we can't get, some have nobody we can get hold of." However, when we checked one person's care plan who had family there was no background history about the person on their file to assist staff in delivering person centred care. We did not see any meaningful activities were provided for them.

The previous two inspections had identified deficiencies in providing person centred care. At this inspection we identified insufficient improvements had been made.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person Centred Care.

On the second day of our visit, we saw people were engaged in a balloon activity and this resulted in a positive atmosphere in the lounge with most people smiling and participating. The staff member that provided the activity told us, "They absolutely loved it. When 'music and movement' come in they love it." This demonstrated when social activities were provided, people enjoyed them.

We looked at how complaints were managed at the home. There was a complaints register that showed there had been no complaints received since 2016. However, a visitor told us about a complaint they had made that was ongoing and had not been resolved. We raised this with the registered manager and asked them to take the necessary action to ensure this was acted upon. They agreed to speak with provider about this and confirmed following our visit action was in progress.

The provider had a policy on equality and diversity and staff told us they were required to read the policies and procedures of the home when they started. We saw the aim of this policy was to provide "Equality and fairness for all in our employment and not to discriminate on grounds of gender, marital status, race, ethnic origin, colour, nationality national origin, disability, sexual orientation religions of age." We saw there were both male and female staff that worked at the home to help support people's preferences and we saw staff respected people's choices during our visit.

Requires Improvement

# Is the service well-led?

## Our findings

During our previous inspection, we identified improvements were needed in the management and leadership of the service. At this inspection, we found improvements were needed across all of the key questions we assessed. Well-led therefore continues to be rated 'Requires Improvement'.

We found systems and processes to monitor the quality of the service were not always effective in ensuring the home was well managed. Audit checks completed by management staff did not ensure risks were identified and acted upon. For example, our review of medicines showed these were not always provided as prescribed such as nutritional supplements and skin treatments. Our review of recruitment records showed necessary risk assessments and checks had not been completed. Checks to make sure health professional advice was followed were not always sufficient. For example, monitoring people's fluid intake to make sure they had sufficient to maintain their health.

Management checks had not ensured staff completed training in a timely manner that the provider considered essential to support people's needs. A number of people living at the home had some level of confusion or were living with dementia but most staff had not completed training to know how to effectively support them. Care plans continued to contain limited information to support staff in meeting people's needs.

Quality monitoring processes had not identified the restrictions the environment placed on people and action had not been taken to address these. For example, there was not enough space in most toilets to enable staff to support people safely and with dignity. One staff member told us, "There are three toilets in a very small space and we struggle to get a wheelchair in them. If someone needs a wheelchair upstairs we can't take a wheelchair upstairs." They went on to tell us about a person upstairs who was unable to "come down" to the ground floor because they were not aware of any safe way to move them. Following our visit, the provider confirmed how the person would be supported to move and told us arrangements would be made to move the person to the ground floor as soon as a room became available.

Arrangements to maintain both people's and staff's confidentiality were not always sufficient. People's care notes were kept in an unlocked cupboard in a communal area. We saw a staff member being assessed by a training provider in the dining room at the same time staff were using it to write up their care notes. The registered manager shared an office with an administrator and sometimes the deputy manager, this meant they had no private space to complete management duties of a confidential nature. During our last inspection there was an issue with private discussions being overheard in the dining room suggesting maintaining people's confidentiality has been an ongoing concern.

We identified some health and safety issues needing attention which had not been addressed as part of the health and safety audits of the home. This included people's bedroom doors being wedged open and it not being clear people's personal evacuation plans had been reviewed.

At our previous inspection we found people and relatives had not been invited to share their views of the

service formally through meetings or surveys. During this inspection we found this continued to be the case. One person told us, "As an improvement it would be nice if there was more for me to join in with. I would like to go out if possible but I do enjoy quizzes and things that stimulate me. I don't want to play bingo or anything like that. Another person told us they used to be involved in decisions about the home. They told us, "I'm not involved anymore …. I'm not asked questions and I don't go to any resident's meetings."

At our previous inspection we had found it was not clear all people had been given an opportunity to attend 'resident' meetings. During this inspection we found this continued to be the case. We saw notes of a "resident" meeting that had taken place in January 2018 but this did not list attendees. It was clear from the meeting notes that those who attended were happy at the home. They had made comments about what food and drinks they liked and what activities they would like to do. However, it was not evident the actions suggested were actually carried out. For example, some actions were for weekly walks in the park and changes to the menu.

Some staff told us they did not always feel valued. One staff member explained, "I don't get praised and thanked, I don't feel valued." We saw a staff meeting had taken place in January 2018 but we could not see there had been staff involvement in this meeting to help staff feel valued and involved in decisions about the home. The notes showed the meeting consisted of staff being told of a list of things they must do as opposed to discussions with staff to obtain their ideas and suggestions about how the service could improve. There was no indication on the notes of which staff had attended. Some staff told us they had attended a staff meeting and some told us they had not. One staff member told they used to take place regularly but this had not been the case recently. The registered manager told us plans of plans for these to be more regular.

Staff training records continued not to be analysed to identify gaps in staff's training and address these in a timely manner. We did not see records to show the registered manager had observed staff practice to check their understanding and implementation of their training.

At our previous inspection the administrator had been tasked with analysing accidents and incidents. There had been a record of each incident but the information had not been analysed in a format that informed the provider of any concerns. For example, information did not sufficiently identify any patterns, causes or triggers and whether they were unique to a person. At this inspection, there continued to be a lack of information recorded as part of the analysis process for this to be effective in minimising any ongoing risks or concerns.

Deprivation of Liberty Safeguard applications had not been checked to ensure authorisations for restrictions on people's care had not expired and reapplied for as appropriate. This meant people may be subject to restrictions related to their care that may not be appropriate or in their best interests.

The registered manager had not made sufficient improvements in monitoring the quality of the service. Care plans were still not sufficiently detailed to inform staff how to support people safely and effectively. For example, one person presented with behaviours that challenged but there was no care plan for their psychological care and there were no records regarding their behaviour and any triggers to guide staff on how to support the person safely.

Where there were concerns relating to people's health, it was not evident these were being identified during the review process of people's care and acted upon in a timely way. For example referring people to a health professional when they were coughing when eating and drinking.

The provider had responsibility to ensure the registered manager and their team carried out their responsibilities safely and effectively to meet the required standards. Prior to our inspection we asked the provider to complete a Provider Information Return to provide us with some key information about the service. We found this document did not contain sufficient information or detail to demonstrate what the provider was doing to effectively meet the required standards. We could not be assured the required standards were being achieved and maintained. We were aware the provider discussed issues with the registered manager and made visits to the service. However, we did not see any formal systems and processes used by them to assure themselves that the home provided a quality service which had also been the case at our previous inspection.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The registered manager had been in post at the home for 18 years, they were supported by a deputy manager, administrator and senior care staff. The registered manager told us since the last inspection they had stopped providing 'hands-on' care to focus on management duties and now only did this in exceptional circumstances. The deputy manager told us they continued to deliver hands on care in addition to some managerial tasks.

Most people knew who the registered manager was and spoke positively of them. One person told us, "I do know the manager and she's very nice. I do talk to her sometimes." Relatives told us the registered manager was approachable and spoke of there being a "nice" atmosphere at the home.

Staff were mostly positive in their comments of working at the home and the registered manager. One staff member told us, "I love my job." Another told us, "She is lovely … [registered manager] she is always willing to help you with whatever you do, she has always been really friendly. She likes everything done. She has a routine the tables have to be set perfect, if not, she will come in and sort them all, she is very friendly with the residents and has a close relationship with them all."

The registered manager ensured health and safety checks were implemented related to the electricity, gas and water to keep people safe. We saw records that confirmed these checks had been completed. The deputy manager told us call bell checks were made regularly to ensure they were in working order.

When we used the stairs to access the upper floor we noticed there was an accessible hatch to the roof space. We did not see any risk assessment around this to ensure people's safety was not compromised by access to this roof space.

Records showed staff had participated in a recent fire drill and a fire risk assessment had recently been completed which included an annual service of fire equipment. The registered manager told us PEEPS were accessible near the entrance to the home if the emergency services needed them.

The registered manager understood the responsibilities of being a registered person and knew the provider must display their CQC ratings so that people were able to see these. We saw this was done. The registered manager also shared information with local authorities and other regulators when required, and knew to keep us informed of any safeguarding investigations.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The care and treatment people received did not always meet their needs and reflect their preferences. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People were not protected from risks associated with their health, safety and welfare because risks were not fully assessed to ensure care and treatment was always provided in a safe way. This included some medicines not being consistently managed safely as prescribed. Regulation 12 (1) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes to monitor the quality of the service were not effective as they did not result in maintaining the health, safety and welfare of people. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Safe recruitment procedures were not consistently followed to minimise any potential risks to people. |