

Claremont Care Services Limited

Offington Park Care Home

Inspection report

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Worthing
West Sussex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Offington Park Care Home is situated in Offington, Worthing, West Sussex. It is a residential 'care home' for up to 24 older people some of whom are living with dementia. At the time of the inspection there were 20 people living in the home.

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

Risks were not always well-managed. There was a lack of oversight of medicines management and one person had not had their medicines administered according to prescribing guidance. There was insufficient monitoring and action taken when one person was at risk of malnutrition.

The home did not have a registered manager and there was insufficient oversight. Quality assurance processes had failed to identify the concerns that were found as part of the inspection. Systems were not always used to their best effect to ensure people were receiving appropriate care to meet their assessed needs. Staff were not always provided with accurate or consistent guidance to inform their practice. Records were not always well-maintained. The provider had not always complied with conditions of their registration as there was no registered manager and they had failed to inform us of this.

People were not always supported to have maximum choice and control of their lives and staff had not always supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider was responsive when concerns or suggestions for improvement were raised and took immediate action to reduce risks and improve the oversight and monitoring of people's needs.

People were protected from abuse and improper treatment. The provider and staff worked in partnership with people, their relatives and external healthcare professionals. Changes to practice had taken place to ensure lessons were learned when there were risks to one person's safety. People were protected from the spread of infection. There was enough staff to meet people's needs.

People were happy and told us they were fond of the small, consistent staff team who they thought of as 'friends.' There was a warm, homely and welcoming atmosphere and people were treated in a respectful way and their privacy and dignity was maintained. People were involved in their care and were supported to retain their abilities and skills; their independence was promoted. One person told us, "They're very good and everybody is very helpful. They've got time for you and they chat with you."

Staff were responsive to people's needs and adapted their support to ensure these were met. People were provided with support with their emotional and social needs and were able to maintain their interests. People told us they had enough to occupy their time and they enjoyed the activities and interactions that

were provided. People and relatives told us they were comfortable raising concerns with staff and they had confidence that if they raised concerns these would be listened to and acted on. People were supported to plan for and receive appropriate end of life care.

People's needs were assessed in accordance with best practice guidance. There was a coordinated approach to the care people received to help maintain their health and to ensure they had access to external healthcare professionals if they became unwell. People had enough to eat and drink and told us that they liked the food that was provided.

Shortly after the inspection, the provider notified us of an incident that had occurred. We are investigating the incident outside of the inspection process and will take any appropriate action.

Rating at last inspection and update

The last rating for this home was Requires Improvement. (Published 7 March 2019). There were breaches of regulation in relation to safety and the leadership and management of the home. At this inspection, we continued to have concerns and we found the provider was still in breach of regulations. The home remains rated Requires Improvement and has now been rated Requires Improvement at the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified continued breaches in relation to people's safety and the leadership and management of the home. We found two new breaches as the provider had not complied with the requirement of their registration. There was no registered manager and they had failed to inform us of this. Please see the action we have told the registered manager to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow-up

We will continue to monitor the intelligence we receive about this home. We will request an action plan from the provider to understand what they will do to improve the standards of safety and governance. We plan to inspect in line with our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Offington Park Care Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Offington Park Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one Inspector.

Service and service type

Offington Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home did not have a manager who was registered with the Care Quality Commission. This means that the provider is legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We had not asked the provider to submit a provider information return (PIR) since the last inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. A discussion took place with the provider to enable them to share this information with us. We took this into account when making our judgements in this report. We contacted the local authority for their feedback about the home.

During the inspection

We observed the care and support people received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could

not talk with us. We spoke with six people and two relatives, five members of staff and the provider. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for eight people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, which included policies and procedures, were also reviewed.

After the inspection

We sought assurances from the provider in relation to environmental safety checks, staff's training and confidentiality.

Is the service safe?

Our findings

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

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection this key question was rated as Requires Improvement. The provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 12. This key question remains requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

- Risks were not always identified or managed effectively to ensure some people's safety. One person was assessed as being at very high risk of malnutrition. The person had been weighed which showed a steady decline in their weight and they had a low body mass index (BMI) which classified the person as being underweight. Staff had not adapted the support being provided to assure themselves the person was not experiencing further weight loss. Records showed, and staff confirmed, the person had not been weighed for two months. Staff had not identified this and had not considered other measures that would minimise the risk of further weight loss. For example, the person was not provided with fortified food or snacks to increase their calorie intake.
- There was a lack of consideration and oversight to ensure one person received the correct consistency of food according to their assessed needs. One person had been assessed by a Speech and Language Therapist (SALT) and required thickened fluids. Staff had ensured the person was provided with drinks that met the required consistency but had failed to recognise other foods were not at the correct consistency to meet the person's needs. For example, records showed, and staff confirmed, the person had been provided with gravy, sauces and ice-cream, all of which required thickening to ensure the person was not provided with foods that would increase their risk of choking. Staff had not considered this and had failed to assess the person's risk of choking.
- One person was living with Parkinson's disease. They had been assessed as being at very high risk of falls. Staff had not considered the impact the person's health condition might have on their falls risk and had not ensured the person received their medicines according to prescribing guidance. Parkinson's UK advises that Parkinson's medicines should be given at the prescribed times. They state, 'If someone with Parkinson's doesn't get their medication on time, every time, this can mean their symptoms are not well controlled and it is more difficult to manage day to day.' Staff had not ensured the person was supported to have their medicines according to prescribing guidance.
- Staff had manually transferred information from the person's medicine labels to their own medicine administration records (MAR). This was not in accordance with best practice guidance. When doing this they had not ensured they completed the MAR with accurate information. For example, the MAR stated to administer the person's medicines AM, Lunch and PM. When staff were asked about the person's prescribed

times they told us there was none and that they just needed to be administered three times per day. This was inaccurate, as the person's medicines had been prescribed at specific times of the day to help manage their health condition. We observed the person was supported to have their medicine to treat the symptoms of their Parkinson's disease almost one and a half hours after the prescribed time. Staff were not aware of when the person's medicine should be administered to ensure they complied with the person's assessed needs and the guidance provided.

The provider had not always ensured that people were provided with safe care and treatment. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, once the provider had been made aware of these risks, they acted to reduce further risk. They ensured the guidance provided to staff accurately reflected people's assessed needs and implemented systems to ensure risks were monitored more effectively.

- Medicines were managed so there was enough stock available for when people required them. Medicines were stored securely and there were safe systems to dispose of medicines.
- People were involved in discussions about their health and staff liaised with people and their GP to ensure that any medicines prescribed were appropriate and met their current needs.
- People were supported to move and position safely. Staff had undertaken learning and development to ensure they understood how to support people in a safe way. Staff were provided with guidance advising them about people's needs and the type of equipment required to support the person safely. People told us they had confidence in staff's abilities and felt safe when staff supported them.
- People's mobility and safety needs were considered. People were involved in discussions about their care and staff respected people's right to take risks. People were provided with equipment to enable them to mobilise safely and independently. For example, one person was observed walking independently with their mobility aid and told us they liked to keep active and made the effort to walk short distances periodically. Another person required assistance from staff. Staff demonstrated patience and offered the person encouragement and support whilst they mobilised.
- Equipment was regularly checked to ensure it was safe to use. Plans ensured that people could safely evacuate the building in the event of an emergency.

Staffing and recruitment

- People were supported by a consistent staff team that knew their preferences well. People told us there were enough staff to meet their needs and when they required assistance staff responded in a timely way and our observations confirmed this. A comment within a recent relatives' survey stated, 'Quick response to call bells.' When asked if there were enough staff a relative told us, "I think there is yes, what is very nice is that there is consistent staff and always someone working who knows my relative's needs."
- Recruitment processes helped to ensure staff were safe to support people. The provider had assured themselves that staff were of good character and suitable for the role before they started work.
- Staff's skills and levels of experience were considered when allocating and deploying staff. New staff were required to work alongside existing staff to ensure they had time to understand people's needs and requirements.

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

- People were protected from the risk of abuse. Staff understood the signs and symptoms that could indicate that people were at risk of harm.
- People told us they felt safe and comfortable with staff and they knew who to speak to if they were ever

worried about their care.

- People who were at risk of falls were effectively monitored and practice was changed to reduce known risks. For example, one person had experienced seven falls within two months. Staff had demonstrated good practice by identifying the times of day the person was more likely to fall and had adapted their support to ensure that risk was minimised. For example, the person had experienced several falls early in the morning. Staff had spoken to the person and ascertained that the person was attempting to mobilise as they wanted to get ready for the day. Staff ensured that the person was supported before others so that they were less-anxious and therefore their risk of falls was minimised. A sensor beam had also been provided to alert staff when the person was mobilising so that they could go to the person's aid.

Preventing and controlling infection

- People were protected from the spread of infection. Staff used protective equipment and disposed of waste appropriately. The environment was clean, and people told us they were happy with the cleanliness of the home.
- Staff responsible for preparing food had received appropriate food hygiene training.

Is the service effective?

Our findings

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

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

At the last inspection this key question was rated as Requires Improvement. This was because when people had a health condition that had the potential to affect their decision-making abilities, the provider had not always assessed their capacity or made and document best interests decisions. We recommended the provider sought guidance so appropriate procedures were in place to ensure people were supported to consent to all aspects of their care.

At this inspection, some improvements had been made although more improvement was needed to ensure this was fully embedded in practice.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had documented that one person had displayed signs of confusion, that they were disorientated and were asking to go home. Staff had reassured the person to help allay their anxiety but had not considered the person's capacity to consent to staying at the home.
- Some people were living with dementia. Staff had not always considered people's capacity to consent to all aspects of their care. For example, people had received the influenza injection to help ensure their health was maintained, yet the provider had not considered people's own ability to consent to the injection themselves and had instead liaised with the person's GP before the injection was administered. When this was raised with the provider they explained this would be incorporated within the capacity assessments for consenting to medicines being administered. This was not in accordance with the MCA or associated Code of Practice which states that capacity assessments should be decision-specific.
- Some people had bed rails on their beds to minimise the risks of them falling. Whilst these are to ensure their safety whilst in bed they are a restrictive practice. Most people's capacity had been assessed in relation to the use of bed rails, yet there was a lack of oversight to ensure that all people who used them, who were living with dementia, had their capacity assessed before a decision was made by others.

Following the inspection, once our findings were made known to the provider they took immediate action to ensure that when necessary capacity assessments had been undertaken for specific decisions related to people's care when they had a health condition that had the potential to affect their decision-making abilities. Whilst the provider took action to ensure this was addressed, they had not identified this themselves before our concerns were raised with them. Therefore, this is an area of practice that needs further embedding in practice.

Staff support: induction, training, skills and experience

- People and relatives praised staff's abilities and skills and told us they were provided with safe and effective care that met their needs. One person told us, "Good carers, I'm quite happy with them."
- Staff had undertaken courses which the provider considered mandatory and had also undertaken training for people's specific needs. For example, staff were booked to attend training in supporting people living with Parkinson's disease. Staff told us that they received appropriate training to help them have the necessary skills to support people effectively. Staff were supported to undertake further courses to develop their knowledge and understanding. For example, staff told us they were being supported to undertake diplomas in health and social care.
- Staff told us due to changes in the management of the home, they had not had regular access to supervision meetings, yet they felt supported and able to seek further advice and guidance from senior staff on a daily basis. They explained that despite there not being a registered manager at the home for some time they were able to contact the provider who was able to provide advice and guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed in accordance with best practice guidance. Nationally recognised tools were used to assess people's risk of malnutrition and skin integrity.
- People's personal and oral hygiene needs had been assessed and staff had been provided with guidance which informed them of the type of support people required. People told us they were supported appropriately and in accordance with their needs.
- People assessed as being at increased risk of dehydration had received safe and effective care. There was clear guidance for staff and systems in place to ensure oversight of people's fluid intake to ensure they had enough to drink to maintain their health.
- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. For example, when people had physical disabilities they had access to hoists or walking aids to support them to move and position.
- People and relatives told us they were confident that if people were unwell or needed medical assistance to maintain their health, that staff would contact GPs and other healthcare professionals. Staff liaised and worked alongside external healthcare professionals to help ensure people received coordinated care. A relative had commented within a recent relative's survey, they stated, 'When there were concerns over Mum not being quite right, you sourced help and didn't give up at the first hurdle and Mum got appropriate care.'
- Technology was used so people were able to call for staff's assistance by using call bells. Some people had been provided with pendants they could wear so they could call for staff's assistance within any area of the home. Electronic care plans and monitoring systems enabled staff to record the support they had provided to people in real-time. Once fully implemented and embedded in practice this would help provide a greater oversight of the care people had received.

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

- People were complimentary about the food. They told us they had choice and were provided with

alternatives if they disliked the food served. Staff encouraged people to drink and were observed providing drinks throughout the day. One person told us, "It's very good, they come in with a menu and tell you what is available, and you choose."

- People could choose to eat their meals in the dining area or within their own rooms and their right to choose was respected. People enjoyed conversations with each other at the dining table and spoke about their relatives and previous jobs. This created a social and relaxing atmosphere for people to enjoy their meals with others.

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

- When people had mobility needs, they were provided with adequate space to move around the home. People were observed mobilising independently with their mobility aids.

- People had private rooms if they wished to spend time alone or receive visitors in privacy. Some people had been encouraged to personalise their rooms with items that were important to them. This helped to create a homely environment for them to spend their time in. People told us they liked their rooms and felt comfortable living at the home.

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us people were supported by kind, considerate and compassionate staff. One person told us, "Staff are lovely." Another person told us, "They're good carers, I'm quite happy with them. They have got time for you and often come and chat with you." A third person told us they thought of the staff as "Friends." A relative told us staff always treated their relative with kindness and compassion and their relative liked it when staff referred to them in an endearing way by calling them, "Nan."
- People were observed enjoying conversations with staff as well as interacting with each other. There was a warm, friendly and relaxed atmosphere and people were seen smiling, laughing and responding positively. A relative was heard informing one person who had recently moved into the home, "It's so nice here, it's lovely and so friendly."
- When people had agreed, information had been obtained and shared with staff about people's life histories and experiences. This helped staff to know people well, they demonstrated a good awareness of people's needs and adapted their approach and support to meet people's needs and preferences.
- People privacy and dignity was maintained. Staff were discreet and sensitive when assisting people with their personal hygiene needs and ensured that their privacy was maintained by closing doors when supporting people and enabling people to be as independent as they wished.
- Staff respected people's right to privacy and information that was held about people was securely stored on password protected computers or in secure cabinets and offices.
- People's independence was respected and encouraged. One person administered their own medicine and staff respected the person's right to continue to do this to enable them to retain their skills and abilities. One person told us how they felt comforted knowing that staff were there if they needed assistance, they told us, "If you want anything, you get it. You're not made to do anything, they encourage you."
- People's religious and cultural needs were established when they first moved into the home. One person chose to attend local church services and was able to continue to practise their faith.
- People were supported to have contact with their family and friends who told us they were made to feel welcome and could visit at any time and our observations confirmed this.
- Staff understood the impact moving into a care home might have on people and made efforts to bring people together during this time. One person told us how staff sometimes asked them to talk with new people who moved into the home to reassure them and share their experiences.

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

- People told us they were involved in day-to-day decisions that affected their care and we observed staff

demonstrating this in practice. People were asked how they wanted to spend their time, what they wanted to eat or drink and what clothes they wanted to wear. There was a relaxed atmosphere and people told us they would feel comfortable discussing their care needs with staff.

- People or their relatives, if appropriate, had been involved in initial and ongoing discussions about people's care to ensure staff provided support that continued to meet people's needs and preferences.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care that met their preferences as they had been involved in initial and ongoing discussions about their care. Care plans were individualised and advised staff about people's needs, abilities and preferences. When able, people were encouraged to remain independent in certain aspects of their care.
- People had been asked about their interests and their social and emotional needs were considered and respected. Some people chose to spend their time in their own rooms and this was respected by staff. People told us they were not socially isolated as staff took time to go to their rooms and enjoy conversations with them. A member of staff also ensured that those that chose to spend time in their rooms, were involved in past times they found interesting. For example, reading books, completing jigsaw puzzles or crosswords. Planned group activities were also provided based on people's interests and needs. An external physiotherapist visited the home and people were observed enjoying undertaking activities and exercises to promote their mobility and health as well as their emotional wellbeing.
- Consideration was made to what people's lives were like before they moved into the home. Efforts to provide a homely atmosphere had been created and people were observed stroking and interacting with the home's resident cats.
- People enjoyed visits from their family and friends who also interacted with others in the home. People were observed smiling and interacting with other people's relatives and enjoyed interacting with a small child who had come to visit their grandparent.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was no one who currently required information adapted to meet their needs and levels of understanding. Staff supported people in a person-centred way and told us that if a person required information adapted then this would be provided.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. When concerns had been raised, these had been dealt with appropriately and in accordance with the provider's policy.

- People told us they felt comfortable raising issues of concern to the management team.

End of life care and support

- There was no one currently receiving end of life care. People were supported to discuss and plan for care at the end of their lives. Staff were provided with information about people's preferences so that people could be supported according to their previously expressed wishes at the end of their lives.
- Thank-you cards had been received from relatives acknowledging staff's caring approach when people had passed away.

Is the service well-led?

Our findings

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection this key question was rated as Requires Improvement. The provider had failed to ensure good governance and continually improve the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17. This key question remains requires improvement. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met. The home has now been rated as Requires Improvement at the last two consecutive inspections.

- The management team consisted of an acting deputy manager and senior care assistants. A manager had recently been recruited but was yet to start work. The provider owned three other services and spread their time across all these. The provider had not ensured they had sufficient oversight and had not identified some people were not always receiving appropriate care to meet their needs. The provider had not ensured they continually improved the service to drive improvement and we found there were minimal improvements made since the previous inspection.
- The provider used electronic systems to provide better oversight of people's care however, this was not always used to its best effect. Due to there being no manager who was responsible for overseeing this, people's care was not always monitored effectively to ensure they received appropriate care to meet their assessed needs. The provider had remote access to the system to provide them with the ability to oversee and sample people's care but had not ensured this was monitored sufficiently during a period of transition to ensure people continued to receive safe and effective care.
- Audits to monitor aspects of people's care were not always effective. For example, the provider required medicine audits to be conducted on a monthly basis by staff. This had not been completed in January 2020 and this increased the risk for one person as staff had not identified that they had not been administered their prescribed medicines according to prescriber's instructions. The audit contained prompted questions asking if medications had any 'as directed' labels or if the instructions in the person's care plan accurately reflected the support needed regarding administration. Staff had not identified that one person who had a diagnosis of Parkinson's disease, had inaccurate information in their care records and had not been supported to have their medicines according to the prescribing guidance. This increased the risk that the person's health condition was not well-managed.
- Shortfalls identified at this inspection had not been identified by staff or the provider. This included one person not receiving appropriate care to minimise the risk of malnutrition and another receiving food that

was not always in accordance with their assessed needs.

- Reviews of people's care had not always been conducted in a timely manner to ensure that the guidance provided to staff was accurate and met people's current needs. Records, to document the care people required and had received, were not always well-maintained. For example, one person's care records advised staff that the person required a modified diet and required their food to be pureed, yet other records advised that the person could tolerate finger foods. This conflicting information increased the risk that the person would not be supported in accordance with their needs. Records for two other people advised staff both people required support to reposition regularly. There was no guidance as to how frequently people needed to be supported. The lack of accurate guidance did not provide staff with consistent information about people's care needs, however, had a minimal impact on people's care as there was a small, consistent staff team that shared information with each other about people's needs and requirements.
- Following the last inspection, when breaches of regulation were found, we asked the provider to send us action plans to inform us of what they would do and by when to improve the service. Due to the change in managers since the previous inspection, the provider had not identified that managers had not sent us their action plans and had not ensured that they as the provider, had complied with this in the absence of a manager. When this was raised with the provider they showed us that an action plan was completed but they were unable to provide us with evidence that this had been sent to CQC to enable us to see that appropriate actions were in place to ensure people's care and the service provided, improved.

The provider had not ensured that they assessed, monitored or improved the quality and safety of the service sufficiently. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- As part of the provider's conditions of their registration they are required to have a registered manager. The registered manager had left employment in May 2019. The provider had not ensured they or the registered manager, notified CQC of this. This meant the CQC records showed that the provider still had a registered manager at the service. The registered manager was also still included on the provider's own website which provided information to people about the home and its management and staff. The provider had sought to find a new manager for the home since May 2019 but had not employed one that was going to apply to become registered manager until January 2020.

The provider had not ensured that they complied with the conditions of their registration and had not notified CQC that there was an absence of a registered manager. There have been breaches of both Regulations 5 and 14 of the Care Quality Commission (Registration) Regulations 2009.

A new manager had been recruited but was yet to fully start employment. The provider informed us that they would apply to be registered.

Following the inspection, once the concerns found were raised with the provider, they took immediate action. There was confidence that the provider had appropriate systems and processes to ensure sufficient oversight and once these were implemented fully and embedded in practice they would help to ensure people received appropriate care to meet their assessed needs.

- Two people had DoLS authorisations. Due to the lack of managerial oversight, the provider was not aware the DoLS had been authorised and had not notified us in a timely way. When this was raised with them they immediately notified us.
- People, relatives and staff told us it had been a period of change due to the succession of managers who had worked at the home. They told us that despite this, they continued to feel people received a good

service and staff worked hard and did their best to ensure that the home continued to be well-run and people were cared for.

- Staff provided mixed feedback about how they had felt supported during the period of transition. One member of staff felt there had been insufficient oversight of the home and that although the provider was available to offer support and guidance it was not always enough, and the home would benefit from having a stable and secure management team. Whilst another member of staff told us they continued to feel supported from senior staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had an agreed set of values which included, empathy, respect and reflection. Staff shared these values and were observed demonstrating them in practice. People and relatives consistently told us their rights were respected and they were treated with kindness, and compassion by staff.
- A relaxed, family, friendly and warm atmosphere helped ensure people felt at ease. They told us they liked the home and the staff's attitude made the home feel was homely and welcoming. The provider and staff recognised the importance of maintaining a homely feel and people were able and encouraged to talk informally to staff about their care needs and the running of the home.
- People and relatives told us they were involved in people's care and felt able to discuss any aspects of this with the staff team who were open, honest and approachable. Relatives told us they were kept informed if there were any changes to people's health or needs and they felt confident that they would be made aware if there were concerns about their loved one's care.
- The provider welcomed people's and relative's views and feedback. Surveys had been sent to gain feedback on the care people received. People and relatives told us as it was a small and consistent staff team there was always someone they could speak to who would know about people's care and had the power to make changes if there were any queries or concerns.
- People received coordinated care as staff worked alongside external healthcare professionals to ensure people's health needs were met.

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 5 Registration Regulations 2009 (Schedule 1) Registered manager condition
Treatment of disease, disorder or injury	Regulation 5 of the Care Quality Commission (Registration) Regulations 2009. The registered provider had not complied with the conditions of their registration. They had not ensured that the regulated activities were managed by an individual who is registered as a manager in respect of those activities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 Registration Regulations 2009 Notifications – notices of absence
Treatment of disease, disorder or injury	Regulation 14 (1) (2) (a) (b) (c) (d) (e) (4) of the Care Quality Commission (Registration) Regulations 2009. The registered person had not notified the Commission of the absence of a registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Safe care and treatment. The registered person had not ensured that suitable arrangements were in place for ensuring that care and treatment was provided in a safe way and had not effectively assessed

or mitigated the risks to service users.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17 (1) (2) (a) (b) (c) (d) (ii) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p> <p>The registered person had not ensured that systems and processes were established and operated effectively to:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity.</p> <p>The registered person had not sent the Commission, when requested to do so, a written report or plan for improving the standard of the services provided to service users.</p>

The enforcement action we took:

We issued a Warning Notice for the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider is required to become compliant by 30 April 2020.