

# Care First Class (UK) Limited

# St Joseph

## Inspection report

46 Silverbirch Road  
Erdington  
Birmingham  
West Midlands  
B24 0AS

Tel: 01213730043

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

St Joseph's is a residential care home providing personal care to 15 people aged 65 and over some of whom are living with dementia in an adapted building consists of 11 single rooms and two shared rooms. At the time of the inspection there were 14 people using the service.

The current registered manager of St Joseph's has made an additional application to CQC, to become the registered manager of another of the providers homes. They are currently overseeing the running both services. This arrangement is not effective in ensuring good outcomes for people. The provider is legally responsible for how the service is run and for the quality and safety of care provided.

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

Since our last inspection some improvements to the environment, to meet the needs of people living with dementia had been made. However, we found some areas requiring improvement had not been met. We found a fire risk assessment undertaken by an external fire safety risk assessor in May 2019 had not been acted upon, putting people living or working at the service, at risk. Audits carried out by the service did not include checks on the environment for things such as; Infection prevention and control, the condition of and suitability of furniture, items being stored inappropriately which posed a risk to people and areas of improvement within the home.

We found medication management was not always robust and correct procedures were not always followed for the safe receiving and recording of medication.

During the inspection we saw poor standards of infection control. Some people's assessed need for a specialised dietary needs were not always adhered to putting people at risk of choking.

People we spoke to told us the food was very good, they had choice and enjoyed the meals.

Risk assessments within people's care plans were not always up to date and did not reflect people's current need of support.

We saw new staff members were not supported with a robust and safe induction prior to commencing supporting people. We also found the recruitment process was not always followed to ensure those working had all necessary checks completed prior to commencing working.

We saw and were told by people that they felt they were cared for during our inspection. However, we saw people's privacy was not always respected.

Activities did take place and some who took part did appear to enjoy them but there was no evidence to show these were activities of people's choice. No feedback of what people enjoyed or liked was gained or documented to enable the provider develop activities in line with people's wishes.

People were not always supported to have maximum choice and control of their lives and staff did not

always support them in the least restrictive way possible, or in their best interests; the policies and systems in the service did not support this practice.

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

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 25 April 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve the service.

At this inspection enough improvement had not been made and the provider was still in breach of regulations and is now rated as inadequate. This service has been rated requires improvement for the last three consecutive inspections and we continue to have serious concerns. The service has a track record of failing to provide good standards of safety and it does not assess or properly manage environmental and equipment risk.

#### Why we inspected

This was a planned inspection based on the previous rating.

Some actions were taken by the provider to mitigate the risk, during the inspection.

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

#### Enforcement

We have identified breaches in relation to the safe care and treatment of people using the service and poor systems and process' to assess, monitor and improve the quality and safety of the service and mitigate risks at this inspection.

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

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

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

We are mindful of the impact of Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

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

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of

quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# St Joseph

## 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 carried out by one inspector on day one and two inspectors on day two.

#### Service and service type

St Joseph's 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 March 2020 and ended on 13 March 2020.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received information from Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, registered manager, manager, senior care workers, care workers and the chef. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, care plans, risk assessments and policies.

# Is the service safe?

## Our findings

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

At the last inspection on 14 March 2019 this key question was rated as requires improvement and the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the rating for this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm. There was an increased risk that people could be harmed. Checks had not been carried out to ensure people's personal risk were assessed and work required to areas within the to keep people safe had not been carried out.

### Assessing risk, safety monitoring and management

- A fire risk assessment had been carried out in May 2019 by an independent fire risk assessor and areas of concern had been identified which had not been addressed. This included fire doors which had 'excessive gaps' around them. This would prevent the foam from expanding to reduce oxygen entering and smoke escaping. A number of doors did not fit securely into the rebate of the door frame. And would not be effective in preventing the spread of fire We were told by the registered manager that these had been looked at and they were okay. We were not provided with any evidence to substantiate these checks had been completed or who had completed them. The report also identified the need for specific training for night staff in the event of an emergency, this training had not been provided. We also found that staff had not taken part in fire drills and evacuation of the home. However, staff we spoke to did know what action to take if the fire alarm sounded. Due to these concerns the West Midlands Fire Service have been contacted by CQC to support the home.
- During the inspection we saw storage of items such as laundry chemicals and cleaning products were not stored safely. There was a large glass shower screen which had been stored behind a bathroom door which had the potential to fall and cause harm or injury. The condition of some furniture was poor with sharp edges and therefore safety issues had been left unnoticed. On both days of the inspection we found the door to the boiler room was unlocked, which had the potential to cause harm to anyone entering this room.
- We found some people were put at risk due to failures to comply with their assessed dietary and fluid needs. People requiring a soft or puree diet was not adhered to or clearly recorded in their care plans. We also saw one person was not receiving the correct level of thickened fluids, putting them at risk of choking. Staff we spoke to gave us different accounts of how much thickener was to be used, which showed that staff were unclear on how to support people consistently to enhance their safety. When we requested information following the inspection, this showed one person has had four chest infections within an eight-month period, which may have been contributed to by the inconsistent use of thickener.

### Preventing and controlling infection

- At the time of inspection, the provider did not have any infection control audits in place or an infection prevention and control lead within the home. This meant there were no checks of the environment or staff practices to ensure there were good levels of hygiene and infection control procedures. The provider nor the registered manager had any policies or guidance in place for Covid-19 or plans should there be a case of the virus in the home. There was no signage reminding visitors or staff of the importance of enhanced hand



hygiene or any advice available to them.

- At mealtimes we saw people were not offered or encouraged to wash their hands prior to or after meals.
- On the first day of the inspection we saw used commode pots on the bathroom floor with a toothbrush next to these. We also found the cleanliness of the shower chairs and shower screen to be below and acceptable standard both having a build-up of dirt and grime.
- We were told by staff members that the commode pots were cleaned in the bathroom as the home does not have a sluice. We were told the sluice room had been turned into a hairdressers and we saw there was no longer a sluice facility.
- On both days of the inspection we saw soiled laundry was on the floor of the laundry room and not in a trolley or basket. This meant any bodily fluids could be transferred to the floor and contaminate other items after being washed.
- There is a toilet which was being used for staff use and to store their coats and bags in. We also saw on the first day of inspection there were continence pads and wound dressings also being stored in this room together with items used for activities. There was no door dividing the toilet from these items so the potential for spray back from the toilet onto these items was high.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

Care plans were in place however, we found these were not always up to date and did not reflect people's current abilities and support. We found there was no impact on this person as staff were aware of how to meet their needs.

- People told us they felt their loved ones were safe, one relative told us, "I do feel [relative] is safe, I don't worry like I did when she was in the flat. I like that it is a small home, I feel mom would feel lost in a big home." Another person living in the home told us, "I feel safe here and know the girls, who are all good."
- We saw that not many of the staff had completed safeguarding training and we did not see any plan for forthcoming training to evidence this planned. However, we were told after the inspection, by the registered manager, this training has been completed. This will be reviewed at the next inspection. Staff we spoke to told us how they would safeguard people. One staff member told us, "If anything happened it would be brought to the managers attention and she would deal with it immediately. We have had issues over recent months, as soon as the registered manager [name] was aware she followed correct procedures immediately and prevented anything further happening."

Staffing and recruitment

- We found full employment histories were not always provided and gaps in employment were not discussed and recorded on individuals files. Risk assessments were not completed where required based on the criminal records checks.
- The registered manager has a 'staffing levels risk assessment' in place. However, this does not include details of each person's dependency and support level and how this is then calculated to evidence the correct staffing levels to meet the needs of people. This was discussed with the registered manager and nominated individual at the time of the inspection. However, one person living in the home told us they thought there were enough staff and said, "If I need help, I press the mat (pressure alarm mat) and they come, it lets them know that I want them. They come quickly." We saw that people's call bells were responded to quickly and they did not have to wait for long periods of time.
- There have been several changes with the staff within the home recently and the home has used agency

staff to meet the needs of people living at the home. The registered manager told us agency staff were shown where the fire panel and exits were as part of their induction to the home. We found there were no documents to evidence the agency staff member having had an induction into the home.

#### Using medicines safely

- On the day of the inspection we found medication had been delivered to the home and had not been booked into the controlled drugs book. They were stored correctly however, this meant there was not an accurate total of medications. When we spoke to the deputy manager who told us they had been delivered yesterday. It was unclear how long they had been in the cabinet as the date on the label was several days previous and there were no delivery notes available to clarify the date of delivery.
- We also saw medication administration records (MAR) had hand written details which had not been signed by the person completing these nor did they have a witness check to sign to say they were correct. This is not safe practice and could result in an error occurring with the potential to cause harm to people.
- A medication audit each month and there is a daily count of medications when being administered. We saw records to confirm these checks take place.

#### Learning lessons when things go wrong

- The registered manager has a complaint register and they respond to the complainer as they arise. These are also monitored by the nominated individual during their visits to the home.
- We saw from staff meetings incidents were discussed such as issues with the laundry, which was the main reason for complaints recorded in the complaints record.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We saw people's needs were assessed prior to them moving into the home. However, we found that their assessed needs were not always adhered to. One person's record we looked at stated at assessment they required a soft diet, this was not met. The registered manager told us the person had been able to eat a normal diet when they moved in, this does not accord with the pre-admission assessment. This indicates that this person may have received an unsuitable diet. The person has recently had difficulties swallowing so the registered manager had made a referral to the Speech and Language Therapy (SaLT), we will check this at the next inspection.
- We saw some care plans were reviewed when people's needs changed however, we found this was not consistent for all areas of their support and care plans did not always reflect their current needs. Risk assessments following incidents were not always reviewed to look at how to reduce risks and the reoccurrence of accidents and incidents.
- Life history books were in people's care plans, but we found these were not always completed. Those which were completed did not contain a lot of information. Life history books are documents detailing people's lives, family history, interests and hobbies, likes and dislikes and what is important to them. These are particularly important when supporting people living with dementia, to give staff the information they need to have meaningful conversations and interactions with people.
- Family members we spoke to told us they were kept up to date with any changes to their relative's care.

Staff support: induction, training, skills and experience

- There was an induction programme in place however, we found that this was not robust and did not give new staff enough time to get to know people they were supporting, to familiarise themselves with care plans, complete training or know the homes procedures in the event of an emergency. Since our inspection the induction programme has been reviewed to include a five-day induction period. We will check this at the next inspection. One staff member told us about their induction, "I was showed where fires exits were and the fire alarm. I have not had chance to read care plans yet as we have been short staffed. I had a day's shadowing with other staff."
- The provider had a training programme, but we found during the inspection that some areas of the registered providers training programme had not been completed. Staff we spoke to were knowledgeable about people's needs and told us they felt they had enough training and skills to support people. We saw that staff supported people well and understood their needs. We saw from records that none of the staff had completed training in falls prevention, and behaviour that challenges. We also saw that not all staff had

been involved in fire drills and evacuations, this was highlighted in the fire risk assessment in May 2019 but still had not been addressed.

- Records showed and staff told us the management team have regular supervisions and meetings with them and they are given the opportunity to raise any concerns or suggestions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that systems were not in place to ensure people got the support they needed in a consistent way.
- We saw there were regular visits from the GP, district nurse team and other health professionals such as optician, dentist and chiropodist.

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

- People were supported by staff to maintain good nutrition and hydration and we saw people supported with a choice of meals and drinks throughout the day.
- People told us they enjoyed a good choice of meals. One person said, "They [the meals] are cracking, you can have as much as you want, seconds and thirds. I like all of the meals and my favourite pudding is semolina which we had last week with Jam. They ask what we want and sometimes if I say I'd like jam roly poly they do it – she [the cook] does a cracking one here."
- We spoke to the cook who was knowledgeable about people's dietary requirements and their preferences.

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

- We saw some communal areas of the home were not able to be used as intended as they were being used for other purposes such as; bathrooms being used for storage. This was discussed with the management team on the day of the inspection.
- We saw some furnishings were did not provide a homely environment to meet people's needs. For example; over bed tables and bedroom furniture had exposed and sharp wood and a bed base which was torn and soiled mattress. When we spoke to the registered manager, but these had not been identified as a risk and there were no plans already in place to replace these items.
- At the last inspection the environment still had not been improved as required, to be a more 'dementia friendly' environment for people living at the home. The registered manager has made some improvements to the environment since the last inspection including; a pub which has a bar and the wall has been spray painted to look like the outside of a pub. One person who enjoys using this room told us, "He said he misses going to the pub but is happy watching the TV and spends a lot of his time sat in here [pub] having his drinks of tea." There were now also memory boxes on people's bedroom doors which they had been involved in decorating and reflected their interests, this helped people identify which room was theirs. There was also a sweet cart in the lounge for people to help themselves to sweets when they wished. and a sweet cart in the lounge.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the

## Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had identified that people were potentially receiving care that restricted their liberty. The registered manager had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed.
- People were supported by staff who had received training in the MCA and recognised the importance of people consenting to their care. One staff member told us about what they understood MCA and DoLS means for people living in the home, "You don't assume someone has no capacity unless proven otherwise. If making unwise decision try to explain to prevent them and discuss reasons why. You make a decision in their best interest in the least restrictive way."
- The registered manager told us all people had a pressure alarm mat in place to alert staff if they got up. We saw consent forms in individuals care plans however, these were generic forms for all service users and not individual to their needs and wishes. Some consent forms we looked at were not signed by either the service user, power of attorney or their advocate, in line with guidance.

We saw there was a 'generic' consent form which included the use of pressure alarm mats and two hourly checks at night. However, where people had consented to this intervention there was no recorded evidence of this consent. Where people had lacked capacity to make this decision there was no best interest decision discussions documented to evidence this was in their best interests or that any other, more suitable alternatives had been considered.

- We observed staff sought people's consent before providing care.

# Is the service caring?

## Our findings

### 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 now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect. While we saw some kind and caring interactions from the staff team, the systems and processes implemented by the provider meant that people were not cared for.

### Respecting and promoting people's privacy, dignity and independence

- Whilst we saw some good, kind and caring interactions between people using the service and staff, the providers systems and processes meant that people were not always cared for.
- When we were in one person's room with them, on two occasions a staff member entered the room without knocking. The person we were speaking to apologised to us for them just walking in and said they don't normally do that.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed.
- When we asked if there were any restrictions on what they could do and when they wanted to do it, one person told us, "It's ok living here, you don't get bossed about, you can do what you want when you want to."
- One person living at the home smokes and they continue to do this independently as it is very important to them. They have an area outside to smoke.

### Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with said they were treated with kindness. People gave positive feedback about the caring approach of staff. One person told us, "I am looked after well, I can't grumble at all." A relative told us, "They [staff] are caring, kind, compassionate, I'm quite happy with them."
- During the inspection we saw good interactions between staff and people. Staff were respectful and caring when engaging with people. People who needed support to eat their meals were supported in a considerate way, sitting with them and with good interaction.
- The home displays a rainbow in the hallway which is a discreet sign to show they take into consideration people's differences with sexuality and preferences. The assessments and care plans do not include people's sexuality or evidence this has been discussed.

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

- All people at the service had a 'generic' consent form which included having two hourly checks throughout the night and a pressure alarm mat to alert staff if they got up. There was no evidence of best interest discussions documented of this being the most suitable or least restrictive option for those who lacked consent and no evidence those with consent required these checks.

# 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 now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- The provider had a system to gather information about the things that were important to people so that they would be able to provide care in the way the person would prefer. However, these systems were not used effectively. Information about people's life histories, likes and dislikes were not fully completed so that staff could communicate in a meaningful way with people they supported. The registered manager told us, "There are resident's whose life histories is limited due to their level of capacity and not having any family members who can provide this information."
- Care plans and risk assessments were not always reviewed to reflect changes in needs of the people. We saw that following recent incidents the persons needs had changed, and the care plan and risk assessment had not been updated to provide staff with up to date information about how to meet people's needs. Relatives told us they were kept up to date with any changes in care or treatment.

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

- One person's care plan we looked at said, 'I did practice my religion right up until I came to St Josephs.' There was nothing recorded in this section as to why they were no longer able to continue to practice or that the possibility of them still attending church had been considered. We saw that one minister from one religious denomination visited the home, but this did not take into consideration other people's faiths.
- People did tell us about the activities that did take place but felt there could be more going on. One person told us, "I'm quite happy here but there is not a lot going on and not a lot to do."
- We saw activities taking place during the inspection. These were things such as bingo, singing, dancing, balloon games and chatting. There were no dedicated activity staff so the care staff and management lead with activities. These activities were displayed in the home and the registered manager plans the schedule, so people and staff know what the activity for the morning and afternoon is going to be. People were consulted with places they would like to go during meetings and some trips out had taken place and were being planned for the future. We saw from meeting notes that the registered manager had discussed with people about having a puppy, which they now have. Some people seemed to enjoy having the dog around, but others did not appear to be interested.
- Some staff we spoke to said they didn't feel there was enough going on to keep people occupied. One staff member told us, "We play bingo with them, some like colouring, bowling and skittles, we have singers come in. Some [people] who are more mobile get bored."

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.

- During the inspection we spoke to the registered manager and nominated individual about the Accessible Information Standard. Both had a good understanding of the importance of suitable communication methods to meet individual needs being available.
- We saw there was easy read guidance in the reception areas for people to access.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure, and this was displayed in the home. People we spoke to said they knew they could speak to the registered manager or staff if they had any concerns.
- We saw complaints that had been received had been investigated and responded to as per the home's procedures, within a timely manner. The outcome of investigations had been discussed with the complainant and staff in meetings and actions taken to reduce recurrences.

#### End of life care and support

- At the time of our inspection there was one person who was receiving end of life care (EOL). The registered manager had worked closely with the GP to ensure the person on EOL care had the appropriate support and care in place.
- We saw from records that some staff had completed loss and bereavement training. When we asked staff how they supported someone with good EOL care they told us, "You have to make sure they are comfortable, checked by doctors and nurses. They have everything around that they need, homely. Keep in contact with family and speak to them. Keep them clean and happy."



# Is the service well-led?

## Our findings

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

At our previous inspection on 14 March 2019 we rated the service under this key question as 'requires improvement' due to concerns we identified that governance systems were ineffective. As a result, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found quality assurance systems in place, were not fully effective as they had failed to ensure action had been taken in a timely way in some areas requiring improvements therefore the provider remains in breach of Regulation 17. The rating for this key question has deteriorated to 'Inadequate.'

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care and that the required improvements had not been made or sustained

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has been rated as requires improvement for the previous three inspection. The provider has failed to make improvements and the service.
- The registered manager is currently dividing her time between two homes providing management cover. A staff member told us, "The registered manager [Name] has been working between two homes and the deputy manager [Name] has taken over, it's a bit chaotic." The registered manager told us she planned to transfer fully to the other service and had been training the deputy manager ready to take over the management of the home. They had not assessed that this arrangement was effective.
- A family member told us they were concerned with the staff turnover, "The concern for me recently has been the staff turnover, we have had six managers in less than ten years which is a bit much, it is upsetting for the residents and there is a big turn over with younger staff." According to our records this information was correct, and this does not promote stability and leadership within the home.
- Audits carried out by the registered manager and nominated individual were ineffective. Systems of audit had not been expanded to include fire safety, environment, infection prevention and control. There had been a fire risk assessor from an external company who had completed a fire risk assessment in May 2019, however the provider had failed to act on the significant findings. This put people at risk of harm or serious injury in the event of a fire.
- The providers system to monitor and audit had failed to ensure that the actions identified in the fire risk assessment had been implemented.
- There were no robust systems for checking any handwritten MAR records, putting people at risk with the potential of incorrect medication being administered.
- The provider had failed to put in any additional measures or protocol's for infection prevention and control or guidance for staff to refer to or follow for COVID-19. In light of the significant infection control issues we saw during our inspection this was a cause for concern as basic hygiene was not being followed, such as hand washing.

- The providers systems and process' had failed to identify that their own policies and procedures were not up to date and were not adhered to. For example; there were no policies in place for; MCA & DOL's, Falls or Pets. There were no protocols in place for staff to follow for people who were living at the home and at high risk of falls or who lacked capacity.
- The registered manager had a staffing levels risk assessment, as detailed in the providers information return (PIR), which they used to demonstrate their staff numbers met the dependency of people using the service. This was ineffective as there were no measures or guidance to determine what individuals' dependency was and how this then calculated how many staff hours were needed to meet people's needs. When we asked if staff felt they had enough time to support people they said 'It can be difficult at times, as well as doing the laundry in the afternoon, we have to do suppers, it can be busy.' Another staff member told us, "It would be nice to have a bit more time to spend with them [people]."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw there were meetings for service users and staff. There were a variety of topics discussed at the meetings and people had the opportunity to raise suggestions. Staff told us they, felt involved and valued, one told us, "I know I am appreciated, I get told I am good at my job by the managers so feel appreciated." Staff told us they had monthly supervisions and felt these were a good source to discuss their progress.
- When we spoke to staff about what they would do if they had concerns that something was not right they told us, "If I knew something was going on like abuse with staff I would immediately tell registered manager [Name] or speak to someone higher." We saw evidence that their systems in place supported this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities around the duty of candour. However, they did not have a policy and procedure in place. We saw from records that they had been open and honest when dealing with complaints.
- The registered manager had received several serious complaints and concerns and they had taken appropriate action to safeguard people living at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt able to speak with staff and management of the home when needed and felt their feedback would be listened to.

Continuous learning and improving care

- The providers information return which had been completed, did not identify any of the areas of concern we saw during or inspection, as areas of improvement. This demonstrates the systems are not effective in identifying areas of improvement.
- The nominated individual visits the home regularly to carry out quality audits, including monitoring the management team and supporting them. These audits were not robust and had not been effective in identifying the areas of concern which we saw during our inspection. They had failed to identify the registered managers poor oversight of the service.

- The registered manager has recently completed the care certificate, so she is able to support the team through their training.
- The provider holds managers meetings every two weeks for all managers to attend to ensure they are up to date with guidance and good practice.
- The registered manager spent time with the people living at the home, they had a good rapport and knew them well.

#### Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision. However, we saw that the guidance provided was not always adhered to, such as, specific dietary instructions.
- The service also looked to develop community links, for example, we saw a local church held services within the home.