

Mr & Mrs N Kritikos

Grove House Residential Dementia Care Home

Inspection report

7 South Hill Grove
Harrow
Middlesex
HA1 3PR

Tel: 02036328658

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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: Grove House Residential Dementia Care Home provides accommodation and personal care for a maximum of five adults who may have dementia care needs. At the time of this inspection, there were four people using the service.

People's experience of using this service:

The quality of care had deteriorated since the last inspection. People's welfare and safety had been placed at risk due to a lack of staff, vigilance and effective management of the service.

During our last inspection on 6 June 2018 we found the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The registered provider did not always operate effective systems to assess, monitor and the improve the quality of service provided to people who used the service. At this inspection we found the provider still did not make significant improvements. Deficiencies were not promptly identified and rectified.

During our last inspection on 6 June 2018 we found the provider was in breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The registered person did not ensure the safe and proper management of medicines. At this inspection we found the provider continued to have deficiencies in the safe and proper management of medicines.

During our last inspection on 6 June 2018 we found the provider was in breach Regulation 18 HSCA RA Regulations 2014 Staffing. Staff did not receive appropriate support, training and professional development to enable them to carry out the duties. At this inspection we found the provider had ensured that staff were provided with support and training.

People who used the service had dementia and three of them did not provide us with their view regarding the quality of the care provided. One person stated that they were not fully satisfied with the services provided. Feedback from two of the three relatives indicated that they were not fully satisfied with some aspects of the care provided.

Arrangements were in place to help ensure people were protected from the risk of abuse. Staff had received training on how to safeguard people.

Risk assessments had been documented. Risk assessments covered areas such as the environment, physical health and personal care. We however noted that there was a lack of documented information about control measures and action required to reduce certain potential risks such as those associated with behaviour which challenged the service and danger posed by the steep stairs. The registered manager told us that they were aware of how to manage behaviour which challenged the service and they would prepare a risk assessment for the steep stairs.

The home had a procedure to ensure that people received their prescribed medicines. Staff had received medicines administration training. Our pharmacist specialist advisor however, noted a number of errors associated with the administration of medicines and these included errors in the administration of a controlled drug and inadequate recording. We found a breach of regulation in respect of this.

Most staff had been carefully recruited. However, one staff member did not have documented evidence of their right to work in this country. The registered manager stated that this person had permission to work in this country but their documents were with the Home Office. We found a breach of regulation in respect of these deficiencies.

The home had inadequate staffing levels. This meant that people's care needs and certain duties such as care documentation and ensuring the cleanliness of the home may not always be attended to. We found a breach of regulation in respect of this.

The premises were not well maintained, and we noted several deficiencies. These included fire safety deficiencies identified by us and the fire authorities. The garden was overgrown, and this meant that people were not able to use it. There was no current safety inspection certificate for the electrical wiring. We found a breach of regulation in respect of this.

We noted that there were health and safety risks on the premises. This included a trailing wire in the decking area and a window without a restrictor. There was no recorded evidence that staff had checked the hot water temperatures prior to people being given showers. There was no gate at the top of a steep flight of stairs. These placed people at risk of harm. We found a breach of regulation in respect of this.

The premises had not been kept clean. There were unpleasant odours in the home on the first day of inspection. This was rectified on the second day of inspection.

We are not confident that people's healthcare needs were met. Appointments had been made for healthcare professionals to attend to people. However, one person's care plan had not been updated following the appointment. Another person did not attend an appointment in 2018 and no reasons were recorded.

Fresh fruits and vegetables were available, and meals were freshly prepared. However, we observed that people were not always asked about their preferences. There was documented evidence that one person was provided with a meal that was not appropriate for them.

There were arrangements for supporting staff and providing them with essential training. Supervision and a yearly appraisal of their performance had been carried out.

Staff had been provided with training and understood their obligations regarding the Mental Capacity Act 2005 (MCA). They knew that people should be supported to have choice and control of their lives in the least restrictive way possible. Staff gained people's agreement before providing them with assistance with personal care and other activities.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We noted that there had been some deficiencies related to DoLS. This was being addressed by the home.

Staff respected people's privacy and feedback received indicated that people had been treated with respect. Some staff had a caring approach towards people whilst others did not. People's enjoyment of their environment was not always taken into consideration as the home had an unpleasant odour at times. Three dogs belonging to the registered manager were barking loudly in the decking area during the morning on both days of inspection.

Staff had an awareness of ensuring equality and valuing diversity. People were not subject to any discrimination on account of their religious, cultural or other individual characteristic. We however, noted that one person's religious dietary needs were not always met.

There was a lack of consultation with people and their relatives. We noted that there was no record of minutes of meetings with either people or their relatives. Relatives we spoke with stated that there was little consultation with them regarding the needs of people and they were not always aware of people's progress.

People did not always receive personalised care and support that met their individual needs and choices. There was a lack of social and therapeutic activities. Although there was a record of some activities people had engaged in. Since the beginning of the year, no evaluations or reviews of care had been carried out to ensure the care plans met people's changing needs. Some care plans lacked detail and had not been updated to provide information for staff on how to support people. We found a breach of regulation in respect of these deficiencies.

There was a formal complaints procedure in place which was available to people. No complaints had been documented. The registered manager stated that none were received although a relative stated that they had made a complaint last year. We have made a recommendation to ensure that complaints made are recorded and followed up.

The home had a management structure in place with the registered manager and a team of care workers. The registered manager however, informed us that she would soon be resigning from her post and one of the partners would be applying to become the registered manager.

The registered manager monitored the quality of some aspects of the service. However, our findings indicated that the checks and audits were not sufficiently effective to identify and promptly rectify deficiencies in the service. The standard of care documentation and records was inadequate. One recruitment record related to permission to work in this country was not provided. A care record of a person had details of another person in it. This may place people at risk of harm and not receiving a good quality service. We found a breach of regulation in respect of this.

The standard of cleanliness was poor and maintenance issues had not been picked up and rectified until they were identified by us. There continues to be repeated breaches in the administration of medicines. We also noted that the service this section had been rated as requires improvement in the last two inspection reports.

The registered manager and one of the partners informed us after the inspection that they intended to close the home temporarily so that improvements can be made to the premises and the staffing arrangements.

We found six breaches of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014

Full information about CQC's regulatory response to the more serious concerns found in inspections and

appeals 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.

Rating at last inspection: The service had been inspected on 6 June 2018 and was rated as Requires Improvement.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC 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.

Inadequate ●

Is the service effective?

Some aspects of the service were not effective.

Requires Improvement ●

Is the service caring?

Some aspects of the service were not caring.

Requires Improvement ●

Is the service responsive?

Some aspects of the service were not responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Inadequate ●

Grove House Residential Dementia 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by two inspectors, an assistant inspector, a pharmacy specialist advisor, and an "expert by experience". An "expert by experience" is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Grove House Residential Dementia Care Home provides accommodation and personal care for people with dementia.

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 was a comprehensive inspection, which took place on 23 & 25 April 2019 and was unannounced.

What we did: Before the inspection, we reviewed information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people. We also contacted two social care professionals and obtained feedback from them.

Inspection site visits took place on the 23 & 25 April 2019. It included speaking to the registered manager, one of the registered partners and four other staff. We reviewed four people's care records, which included care plans and risk assessments. We also looked at four staff files checking staff recruitment, training and supervision records. We looked at records relating to the management of the service which included various

policies, medicine charts, procedures, maintenance files and audits.

Is the service safe?

Our findings

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to safeguard people from abuse and the risk of avoidable harm. Staff had received training in safeguarding people. We however, received a number of complaints regarding the behaviour of staff. These were being investigated by the local safeguarding team.

Assessing risk, safety monitoring and management

- Risk assessments were in place in people's care records and they contained guidance for minimising potential risks. However, one person's risk assessment was not sufficiently informative. It did not contain detailed guidance for staff on how to manage this person's behaviour which challenged the service. The registered manager stated that staff knew how to manage this person and this included offering them tea and talking about topics which interested them. She stated that this additional information would be documented.
- People using the service had a personal emergency and evacuation plan (PEEP) in place in case of fire or an emergency. The PEEP of one person had not been updated and still had their previous bedroom number. The registered manager informed us soon after the inspection that this had been amended.
- Care workers had received fire training. There was a fire risk assessment prepared by a specialist fire contractor and dated May 2017. We saw the contract for maintenance of fire extinguishers for 2018. The emergency lighting had been checked in April 2019. However, we saw no evidence of a contract or maintenance of the fire alarm equipment. This is needed to ensure that the fire alarm has been well maintained.
- A fire officer from the London Fire Service had visited the home recently and their report of 30 April 2019 identified six deficiencies. The maintenance of the fire doors had not been monitored or reviewed. The significant findings as detailed in the fire risk assessment have not been planned or organised. The doors of the rooms leading on to the single staircase were not fire doors which conformed to the required standard. The doors of the cupboards leading on to the single stair were not fire resistant. The glass of the kitchen food hatch was not fire resistant. The door of the stair cupboard was not an adequate fire resisting door. The registered manager stated that they would comply with the requirements and quotes would be obtained.
- The back garden was overgrown and looked neglected and unattractive. The provider said a gardener would be coming soon.
- There was exposed hot water pipework on one side of the kitchen next to the dining table. This can present a safety hazard to people sitting near it. The provider said the kitchen was due to be refurbished.
- There was no stairgate either at the bottom or top of the steep stairs. We saw no risk assessment in relation to this potential hazard. We were informed soon after the inspection that a gate had been fitted.
- There was a gap between the fire place and floor-board in the ground floor bedroom. This was unsightly and can present difficulty cleaning as dirt could be trapped there. The registered manager stated that the

carpet would be replaced.

- Window restrictors were fitted to most bedrooms. There was no window restrictor in the ground floor bedroom. This is needed for security reasons. The registered manager informed us that it would be fitted by the end of the second day of inspection.
- There was evidence that portable electrical appliances and the gas boiler had been checked to ensure they were safe. However, we saw no evidence of safety inspections of the electrical wiring. The registered manager told us that it would be arranged when the home was renovated.
- The leaf blower with its trailing wire had been left on the decking area overlooking the garden. This is an area where people had access to. The equipment and trailing wires present a trip hazard. This was rectified on the second day of inspection.
- On the first day of inspection, there were toys strewn across the patio. This may present a safety hazard.
- The downstairs shower room had an area of floor around the shower which was about significantly lower than the remaining floor. This was to enable water to drain away. This sudden dip could present a trip hazard. There was no marking to warn of the indent. This was rectified the same day after it was pointed out. A coloured tape was stuck around it.
- There was no record of hot water temperatures prior to people being given showers. The registered manager said it was not kept as the hot water was thermostatically controlled. This is still needed as the mechanism may at times be defective. This is to safeguard people from scalding.
- The above deficiencies are a breach of Regulation 15 HSCA RA Regulations 2014 Premises and equipment.

Staffing and recruitment

- The service carried out recruitment checks before care workers could commence work at the service. This was to ensure care workers were suitable to care for people.
- Checks undertaken included two references, permission to work and proof of identity. We saw evidence of Disclosure and Barring checks (DBS) on each file that we looked at. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. However, we noted that one staff member did not have evidence of permission to work in this country. The registered manager explained that the evidence was with the Home Office. This is unsatisfactory as a copy of the evidence should have been obtained prior to this staff commencing work. This deficiency is a breach of Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed.
- The service did not have sufficient staff to support people with their care needs. We found at 0945 hours that a person who used the service was lying across the side supports of an armchair in an awkward position. This person appeared distressed and appeared in need of personal care. Only one staff was on duty in the home. This staff responded and repositioned the person concerned. The lack of sufficient staff on duty means that prompt attention may not always be provided for people's needs. The registered manager explained that a staff member had called in sick and she had to accompany two people to the barbers. This is unsatisfactory as arrangements should have been made to ensure that there were sufficient staff in the home.
- Two staff informed us that the staffing levels were adequate. However, two relatives told us that the staffing levels may not be adequate as some tasks had not always been carried out. They also stated that people were not provided with sufficient activities to stimulate them. Staff working in the home consisted of the registered manager and four staff. They were responsible for both care duties, cooking and cleaning. We noted from the duty rotas for the past two weeks, that with two exceptions all the night shifts had been covered by the registered manager alone. As the registered manager also had management responsibilities, this was unsatisfactory. We also noted that at least one of the people who used the service was frail and had experienced a fall and was taken to hospital for treatment. In the event of an emergency people may not get adequate care and attention. The registered manager stated that this was only a temporary arrangement as

a staff member was off sick and she would return to working only two nights a week after 4 May 2019 when this staff returned to work. One of the partners informed us that they had difficulty recruiting additional staff.

- We do not consider the staffing levels to be adequate for a home with four older people with physical and mental health needs. We arrived at this conclusion as there was evidence that various tasks had not been completed and this included care recording, spending time with people, ensuring the premises were safe and cleaning. It would also be difficult to provide activities or escort people to appointments with so few staff.

- The above deficiencies are a breach of Regulation 18 HSCA RA Regulations 2014 Staffing.

Using medicines safely

- During our last inspection on 6 June 2018 we found the provider was in breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The registered person did not ensure the safe and proper management of medicines. At this inspection we found the provider continued to have deficiencies in the safe and proper management of medicines. Our pharmacist specialist advisor found that medicines were not used safely and effectively in this service. This meant people were at risk of harm. A medicines policy was in place however we saw that staff were not following this. Documentation of medicines administration was not consistently completed and this meant we could not be assured that people were receiving their medicines as prescribed. We saw gaps on three people's medicine administration records (MAR) including gaps for antibiotics, medicines for Parkinson's Disease and medicines for dementia.

- There was no record of the temperatures of the room where medicines were stored. However, on the second day of inspection the registered manager provided us with documented evidence that they had been recorded for the month of March and April 2019. The temperatures was recorded daily as 24/25 degree centigrade. The registered manager said the central heating had been adjusted for this temperature. She said the other monthly records were not available as they had been archived.

- Medicines training had been provided and documented evidence was seen.

- Care plans contained little or no information about medicines. This meant staff did not have the information they needed to safely administer medicines. Staff had no information about a course of antibiotics one person was taking and were unable to tell us what the treatment was for and how long the treatment course should be. During our inspection staff contacted the pharmacy for clarification.

- A Controlled Drug (CD) which had been administered had not been recorded in the register until this was pointed out to the registered manager. There was no instruction related to the administration of a CD patch although one of the partners explained that staff they had to remove one patch and put the other in the same area. Our pharmacy specialist adviser stated that this was an error as it should be placed on alternate areas instead. The registered manager stated that this guidance was in the medicine profile but this was not seen by us.

- We saw no medicines audit. However, on the second day of inspection the registered manager provided us with a folder which audited the quantity of medicines left. This audit was not sufficiently comprehensive as it did not include audits of the storage temperatures, MAR charts, training of staff, medicine policy and disposal of medicine arrangements. These are needed to ensure that deficiencies are promptly noted and action taken.

- The deficiencies noted in the administration of medicines is a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment.

Preventing and controlling infection

- The service had some processes in place to reduce the risk of infection and cross contamination. Staff had completed infection control training. They informed us that gloves and aprons were available for them.

- On the first day of inspection, there was a strong urine smell in the building. At about 09:45 hours the kitchen floor was sticky, food crumbs were all over the floor with dead insects and cobwebs on the ceiling. There was a strong lingering odour of dogs. The downstairs toilet was dirty and smelt of urine and faeces. The upstairs toilet was not fully cleaned. The wall of the house by the decking area needed cleaning as there were some cobwebs and leaves had got caught in them. These areas were found to be cleaned on the second day of inspection.
- These deficiencies are a breach of Regulation 15 HSCA RA Regulations 2014 Premises and equipment.

Learning lessons when things go wrong

- The service had a system for recording and managing accidents and incidents. The registered manager told us that if there were untoward incidents, accidents, error or deficiencies, she would ensure that action was taken to prevent a re-occurrence. We noted that following an incident in which a person had a fall, action had been taken to prevent further falls.

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

Requires Improvement -The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- During our last inspection on 6 June 2018 we found the provider was in breach Regulation 18 HSCA RA Regulations 2014 Staffing. Staff did not receive appropriate support, training and professional development to enable them to carry out the duties. At this inspection we found the provider had ensured that staff were provided with support and training.
- We asked the registered manager for details of what training staff had completed. The registered manager stated that staff had received the necessary training. Training provided included safeguarding, health and safety, first aid and infection control, dignity and respect and equality and diversity. Documented evidence was provided.
- We saw documented evidence that care workers had received a supervision session with the registered manager and this was confirmed by staff we spoke with.
- Appraisals had been carried out for two staff who were due to have them.
- There was evidence that staff had been provided with an induction when they started working for the service. One new staff we spoke with confirmed this. Another new staff told us that they were currently having their induction.

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

- Records showed that people's needs were assessed at the start of the care package. People were involved and consulted with during the assessment process. People's care needs and preferences had been discussed with them.
- Information gathered during the assessment was used to formulate individual care support plans for people.
- Care support plans included information about people's needs and how their needs were to be met.
- Assessment of people's needs included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity were recorded.
- Daily logs were completed for each person which recorded the care and support provided for people.

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

- Fresh fruits and vegetables were available in the home. There was a record of meals provided. We saw that food was freshly prepared for people. One person had a special meal which reflected their religious observance. Other people were provided with the meal prepared for them. We noted that one person did

not like their meal and did not finish it. We observed that staff did not offer them an alternative. The registered manager stated that if people had requested an alternative meal, this would be provided. She added that people had previously been consulted about their preferences and that the meal served reflected this.

- People's weight had been monitored. However, one person's weight had not been recorded for four months. Their last weight check was carried out on 1 December 2018. This meant that their intake and body weight had not been carefully monitored. The registered manager stated that they would ensure it was done. Staff told us that if they had any concerns regarding people's weight or health they would contact relevant professionals such as the GP and dietitian.
- At lunchtime, staff were not seen consulting with people regarding the meals or drinks provided. People were given water. Our "expert by experience" did not notice staff offering them a choice of other drinks or alternative meals.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager stated that they monitored people's healthcare needs and ensured that they were met. The care records of people contained evidence of appointments with healthcare professionals such as their GP, hospital consultants and community nurses. Arrangements had been made for one person to be attended to by the community nurse for dressings to be changed. This person had also been provided with a sensor mat to prevent falls.
- We looked at a person's care plan. We noted that this person had an outpatient appointment for the day of inspection. No one accompanied this person to their appointment. The registered manager stated that transport for this person came forty minutes earlier than scheduled. We also noted that this person had missed the previous appointment in 2018. No reason was recorded. Reasons for non-attendance are needed so that action can be taken to prevent a re-occurrence.

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

- Staff we spoke with had knowledge of the MCA. They had been provided with training and understood their obligations regarding the Mental Capacity Act 2005 (MCA). They knew that people should be supported to have choice and control of their lives in the least restrictive way possible. Staff gained people's agreement before providing them with assistance with personal care and other activities.
- Care plans included information about people's mental health and capacity to make decisions. Care plans included a communication and mental health assessment which included information such as details about people's mental state and behaviour.
- The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests.
- We noted that recently, some people's liberty had been restricted during the night. The registered manager explained that this was to ensure the safety of people as one person sometimes wandered into other people's bedroom. However, no DoLS application for this had been made. This was brought to the attention of the registered manager. Following this, the necessary applications for DoLS were made to the local authority.

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

Requires Improvement - People did not always feel well-supported, cared for or treated with dignity and respect. .

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

- Care plans stated how people wanted to be supported and what they wanted staff to undertake to meet their needs. These included people's cultural, personal and dietary needs.
 - One person told us that some staff were caring while others were not. Relatives we spoke with told us that their relatives were treated with respect and dignity. One relative said, "Nice staff, my relative is not easy to manage but they have treated my relative well." Another relative told us, "The staff talk pleasantly to my relative."
 - One person reported that a staff member had not been pleasant in the way they responded to a person who used the service. This was reported to the registered manager and the local safeguarding team for follow up.
 - A person's care record indicated that they would not eat a certain type of food for religious reasons, however, on another page of the care records it was written that this type of food had been given to them on a certain day. This was discussed with the registered manager who insisted that it was a recording error. A second relative also reported to us that their relative had on one occasion been offered food they should not be eating because of their religious background. The staff apologised for this error.
 - We noted that there was little interaction between staff and people.
- One person sat in their bedroom throughout both days of inspection. We saw little interaction between them and staff. One person told us that some staff looked after them well, while others did not look after them so well. This person stated that staff did not spend much time talking with them. This person said, "They do not have time to talk to you."

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

- We found there was a lack of involvement by people and their representatives in decisions affecting people who used the service. No residents or relatives' meetings had been held. Relatives said they were rarely consulted regarding the care of people. One relative stated that the registered manager had seldom been around as she worked the night shifts. It was therefore difficult to discuss matters with her. Another relative told us that some medical appointments had been made without them first being informed about it.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to ensure people's privacy. They told us that they would ensure that doors were closed before providing personal care. If needed, they would close the curtains. Relatives informed us that staff

respected the privacy of people

- Three dogs belonging to the registered manager were barking loudly in the decking area during the morning on both days of inspection. This meant that people's enjoyment of the environment may be affected by the noise.

Is the service responsive?

Our findings

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

Requires Improvement - People's needs, wishes and preferences were not always reflected in their care plans. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The three relatives we spoke with informed us that the care needs of their relatives had not been fully met at the home. One relative said, "It is a nice home, but not suitable for my relative as there were no activities for my relative." Another relative said, "The staff cannot cope with my relative's care needs. My relative is not stimulated and there is a lack of activities." A third relative said, "The home has deteriorated. My relative is not stimulated and sleeps most of the day. Things are not properly documented. They do not keep us informed."
- We looked at four people's care records. They contained a photograph of the person and information relating to the person's history and family. Assessments had been carried out to obtain information regarding people's needs and preferences. Following this, care plans had been prepared. Care plans contained specific information relating to people's preferred routines, their physical health, mental health, personal care, nutrition, mobility and communication needs. This provided information on meeting people's needs.
- We found that one person's nutritional assessment (MUST) had not been fully completed. Stage one was completed but not stage two to five. Therefore, no scores can be related to each person's stage and it was not possible to clearly assess the risk to this person. Their last weight check was carried out in December 2018. This meant that their intake and body weight had not been carefully monitored.
- We saw that no social or therapeutic activities were organised for people on both days of inspection other than the TV being on. There was an activities program on the noticeboard indicating there would be singalong and reminiscence on the first day of inspection. These were not organised. One of the partners told us that sometimes people did not want to join in. One person told us that there were no activities for them in the home. The registered manager however, stated that people had been taken for walks, visits to a coffee shop, gentle exercises, time in the garden and watching TV. We were provided with documented evidence of this in people's activities log. The registered manager stated that they did not always record all activities provided for people.
- The care plans of one person had not been updated following a dental appointment. We were therefore not confident if they received the care needed. Another person did not attend a healthcare appointment last year. There was no explanation why this occurred.
- The care records of one person had a different name on a page of the care document. It also had the name of a different home (Clarendon). One of the partners admitted that it was a mistake and it would be rectified.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to make a complaint. However, two of them stated that they had not made any formal complaints.
- The registered manager advised us that the service had not received any formal complaints since the last inspection. However, one relative stated that they had made one complaint to the registered manager and that this had been responded to. To ensure that all complaints made are recorded and followed up we recommend that the registered manager review their complaints procedure and ensure that all staff are aware that complaints made should be documented.

End of life care and support

- At this inspection, nobody required end of life support. However, there was evidence that the registered manager had consulted with people and discussed their wishes and how they wanted to be cared for.

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.

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Continuous learning and improving care

- During our last inspection on 6 June 2018 we found the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 Good governance. The registered provider did not always operate effective systems to assess, monitor and improve the quality of service provided to people who used the service. At this inspection we found the provider still did not make significant improvements. Deficiencies were not promptly identified and rectified.
- The registered manager told us that she carried out checks and audits on medicines, health and safety and care documentation. Evidence of this was provided. However, these checks and audits were not sufficiently effective to identify and promptly rectify deficiencies in the service. For example, we saw no daily or weekly health and safety checks. The provider said it was done monthly. Documented evidence was provided for February and March 2019. The exact date when these were carried out was not recorded although the provider said it was at the end of each month. The checks consisted of just ticks against areas checked. They were not sufficiently comprehensive as there were no checks recorded for cleanliness, condition of the garden, window restrictors and COSHH cupboard. We also noted that other audits were not sufficiently robust. For example, a person's dental care plan had not been updated, there were no record of hot water shower temperatures and there were gaps in MAR charts. This may place people at risk of harm and not receiving a good quality service. The registered manager informed us soon after the inspection that they had improved their audit format to include additional areas. The above deficiencies remain a breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 Good governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Our findings during this inspection did not indicate that people received high-quality care. We noted that one person appeared uncomfortable when we arrived at the home. Staff did not spend much time talking with people. The premises smelt of urine and faeces when we arrived. Activities planned did not take place. There was insufficient staff on duty to ensure people's needs were fully and safely met.
- Some care records had not been updated and some care plans lacked detail. There were several deficiencies noted in the administration of medicines.
- The registered manager was receptive to our suggestions and stated that she was committed to improving the service. We however, noted that not all areas requiring improvement as identified in the previous inspection report had been rectified.

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

- The service had a registered manager in post who was responsible for the day to day running of the service. She was assisted by one of the partners.
- There was a structure in place with a team of care workers and the registered manager.
- The registered manager held monthly meetings with her staff and we saw documented evidence of this. We however, noted that during these meetings only topics related to the care of individual people were discussed. This meant that staff did not have opportunity to discuss any issues or problems they may have.
- A person who used the service was taken to hospital recently and they received medical treatment. The Care Quality Commission (CQC) was not notified of this incident. We are looking into this further.
- We communicated with two social care professionals. Their feedback indicated that they had serious concerns regarding the management of the home.

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

- Records we looked at showed the home had asked people for feedback and their responses were positive. These feedback forms had been completed by staff on behalf of people who used the service.
- We saw that some people had received one to one sessions where they were able to express their views. However, we noted that there had been no formal consultation meetings with people or their representatives. Two relatives stated that communication with the home was poor and they had not been fully involved in the care of people. Two relatives stated that the registered manager was not always available when they visited the home.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not operate effectively to ensure that only fit and proper persons are employed.</p>