Southern Counties Care Limited

# Birdsgrove Nursing Home

**Inspection report**

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## Ratings

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| **Overall rating for this service** | **Inadequate** |
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Inadequate** |
| Is the service caring? | **Requires improvement** |
| Is the service responsive? | **Inadequate** |
| Is the service well-led? | **Inadequate** |

## Overall summary

This inspection took place on 30 November, 1, 2 and 4 December 2015 and was unannounced. Birdsgrove Nursing home provides accommodation for up to 87 people who require personal care and nursing care. People who reside at the location have either nursing or dementia care needs. At the time of the inspection there were 28 people who were residing at the location. The home, is arranged over three units, however is currently only operating from two units, Berkshire and Kent. The oldest part of the building – Surrey wing, is at present unused.

The home has not had a registered manager since September 2015, although there had been people managing the service. A new manager was appointed two weeks prior to this inspection process, and was due to complete his registration application. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

During the inspection completed in February 2015, it was found that the home was in breach of a number of regulations. Whilst some progress has been made, many of the issues remain prevalent, and are further explored within this report.

A focused inspection completed in August 2015, specifically looking at one area of safe, found appropriate responses to medical situations. However, as the entire domain of safe was not inspected, and the service had been unable to illustrate improvement over a long period of time, the rating remained as inadequate.

People were not being kept safe at all times due to a failure in appropriate monitoring and recording. Fire safety checks were not completed in line with audit plans, this included fire exit checks, emergency lighting and door closures. We found that six bedroom doors did not comply with fire safety regulations related to fire door closures. Furthermore some bedrooms had flooring that had come loose and presented a trip hazard.

Medicines were not administered in accordance with guidelines prescribed by the GP. MAR sheets showed some topical medicines were not applied or signed for appropriately. 'As required' medicines did not have protocols in place, to prevent over medication or medication restraint. Unsecure medicine and thickening agents were found in two people's bedrooms. These presented risks in relation to the potential of someone self-medicating or risk of choking should someone consume the thickening agent.

During the course of the inspection the lift was found to have been operating without lighting for 14 days. This was raised as a concern on day one of the inspection. People were being transported between floors in complete darkness. Buttons including the alarm were not illuminated. The lift was fixed on day three of our inspection, following authorisation of payment by head office.

An electric heater was being used in the Kent wing, in an area where people were able to access it with the potential of being burned. This was found not to have a heat guard to protect and prevent possible burning. We spoke with the manager regarding this on day one of the inspection. We found this had still not been resolved on day four.

Falls analyses were used to focus on trends and devising preventative measures for people. However these were only completed four times in eight months. Whilst a system had been introduced to monitor falls this was not being used effectively.

Safeguarding notifications had not been made to CQC for all incidents that were considered safeguarding alerts. This is a requirement of the registration regulations.

We found that whilst potential employees were being appropriately vetted, gaps in employment history were not explained, and the most recent references from health and social care employment were not requested. Training records showed that 10 of the existing staff had not completed training the provider considered to be mandatory. Team meetings were infrequent, preventing the sharing of information collectively. Supervisions and appraisals were found to be effective and useful in enhancing knowledge.

People's rights to make their own decisions were not always protected. People received appropriate health care support from health care professionals. However internal nutritional and hydration records were not appropriate for the monitoring of people's food and fluid intake. We observed staff treating people with care and kindness. They respected people's privacy and dignity at all times, attempting to maintain confidentiality at all times. However care plans were not reflective of actual care needs. Conflicting information was found in several care plans and daily recordings.

Pressure mattresses for some residents were not set at the correct weight for the person. This was picked up during the inspection, and remained an issue on day four of the inspection. Call bells were not always in easy reach of people. In some instances these had been removed and alternate measures for people to summon assistance from staff had not been provided.

The service had appointed a new activity co-ordinator. She was found to be offering communal activities twice daily as well as one to one activities with people who did not wish to engage in a group setting. Her input was invaluable to the people residing at the home, in preventing isolation and focusing on integrating within the group.

# Summary of findings

Neither the provider nor the manager had effective systems in place to audit all care documentation. Such systems would monitor the care provided in relation to the care plans, therefore highlighting any errors as and when these were occurring.

During the inspection we identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, some of which are on-going since February 2015. We have made these failings clear to the provider and they have had sufficient time to address them. Our findings do not provide us with confidence in the provider's ability to bring about lasting compliance with the requirements of the regulations. We are taking further action in relation to this provider and will report on this when it is completed.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by the CQC. The purpose of special measures is to:

• Ensure that providers found to be providing inadequate care significantly improve

• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

• Services placed in special measures will be inspected again within six months.

• The service will be kept under review and if needed could be escalated to urgent enforcement action.

# Summary of findings

## 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.

People did not have their medicines administered as per guidelines and they were in some instances stored unsecured in people's rooms or en suites.

Not all bedroom doors complied with fire regulations as they did not close properly. Internal audits related to fire safety had not always been completed.

Some bedrooms contained trip hazards where flooring had come away .

Water temperature recording sheets, whilst illustrating the water was within safe thresholds, failed to identify the location of the bathroom.

**Is the service effective?**

**Inadequate**

The service was not effective.

Staff did not have all the relevant training to carry out their job effectively and ensure that people's rights and freedom was protected.

People's nutritional and hydration needs were not being met, as people continued to lose weight, and were not offered sufficient food.

The Kent wing although designed specifically for people with dementia, did not fully meet their needs.

Consent was not always sought appropriately.

**Is the service caring?**

**Requires improvement**

The service was generally caring.

People were spoken to, and seen to be treated with kindness and compassion.

Privacy and dignity was protected, with doors being appropriately closed during personal care.

Records were not always maintained confidentially.

**Is the service responsive?**

**Inadequate**

The service was not responsive.

Peoples care plans were not reflective of their changing needs. Reviews although held monthly failed to accurately record changes in health needs.

People did not have all of their personal care needs met.

Emergency call bells had been removed for some people. Appropriate alternative measures had not been put into place to manage and respond to people's needs as and when these arose.

# Summary of findings

**Is the service well-led?**

Inadequate 

The service was not well led.

Staff, families and professionals found the management approachable, with an open door policy.

No effective processes were in place to monitor the accuracy of the provided care.

Audits had not been completed to identify where improvements were needed in relation to service documentation.

The service did not comply with the notifying of safeguarding events on two occasions.

Quality Assurance Surveys although analysed did not result in an action plan based on the findings.

# Birdsgrove Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over four days, on 30 November, 1, 2 and 4 December 2015 and was unannounced. The inspection team consisted of three inspectors, including a specialist dementia nursing advisor. We contacted the local authority commissioners and safeguarding team prior to the commencement of the inspection. We spoke with nine staff including, the manager, the clinical lead, the activity co-ordinator, three registered nurses, one domestic and two health care assistants. In addition we spoke with eight relatives of people who use the service. The Short Observational Framework for Inspection (SOFI) was used during the inspection. This is a specific observational technique that enables care to be observed and understood from the perspective of people who could not speak with us.

Nine people were pathway tracked. This is when observations of care related to specific people are completed and compared to how care delivery is detailed within the care plan, risk assessments, health assessments, and other specific support related documentation. These are then compared to the daily recording charts for all aspects of care and support. In addition we looked at four supplementary care plans,17 people's medicines administration records (MAR), training records for all staff and recruitment records for four staff. Quality monitoring audits, maintenance documentation, health and safety checks, were reviewed in conjunction with other records related to the management of the home.

Inadequate

# Is the service safe?

## Our findings

During our inspection in February 2015, the service was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, specifically in relation to cleanliness and spread of infection. We found that the provider had met this component of Regulation 12. The home was generally well maintained, and had measures in place to prevent and control the spread of infection. The home was also in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, in relation to the safety and suitability of premises, specifically the maintenance of equipment. It was found during the inspection that all equipment had been serviced and maintained appropriately for their use.

However people were not always being kept safe at the service. Risks were consistently present in different aspects of the care provision, which could lead to serious concerns related to people's safety. We found that in one bedroom a fire door was being propped open with a door wedge stopper and in another bedroom a person's walking frame had been positioned against the door preventing automatic closure in the event of a fire. These were removed when we spoke with staff. However, we found that six bedrooms in both Kent and Berkshire wing had fire doors that did not close fully automatically. Several bedrooms had loose flooring that created a trip hazard for people, staff and potential visitors. These had been raised in the internal audit by the Quality Manager on 3 November 2015, whilst some alterations and amendments had been made, not all doors or flooring had been fixed, hence presenting a significant safety risk to people in the event of an emergency.

On day one of the inspection we found the lift in Berkshire wing did not have any lighting. This meant that people were being transported in complete darkness between the ground floor and first floor. We found that the floor numbers and emergency buttons were also not illuminated. This issue had been raised with management on the 16 November 2015. On the 18 November 2015, head office were asked to authorise payment for necessary works. Authorisation had not been received by day one of the inspection, 30 November 2015. We raised concerns regarding this with management. We were subsequently advised that the lift would be repaired on the 2 December 2015, following confirmation from head office. We found that whilst we had been reassured that temporary lighting would be used until then, this was found not to be working either. A torch had also been placed in the lift, however this was not easily accessible, as was located above the lift doors in a small holding. The lift was subsequently fixed on 2 December.

Maintenance remained an issue at the service. The maintenance man had recently ceased employment, following a comprehensive audit by the Quality Manager that identified significant shortcomings. This was a concern given the history of maintenance issues at the service. Whilst an interim maintenance man was being used from one of the homes under the parent company some of the identified maintenance issues from the audit remained present. We were advised a fulltime maintenance man needed to be recruited and appointed specifically for the service.

During the inspection we found that the Kent wing required an additional electric heater to warm up a communal seating area located within the corridor. The radiators which all had fitted guards to prevent scalds, generally appeared to be working however, the wing remained noticeably cold. The electric heater had a hot surface without any guard to prevent potential burns. This was bought to the attention of management on day one of the inspection. We found that by day four of the inspection, the electric heater remained without a guard, exposing people to possible risk.

Internal fire exit and emergency lighting checks had not been completed monthly, as per the provider's audit timeframe. These were last completed in October 2015. The monthly fire exit check scheduled for 21 November had not been completed. We found conflicting information in relation to this with one document stating flushing of hot water systems in unused outlets and toilets and fire alarm test and fire exit checks should be completed weekly. However, these were being signed off as completed monthly.

The medicine records for 18 people were viewed during the course of the inspection. We found that records contained people's photos and room numbers so staff were clear they were administering medication to the correct person. Medicines were dispensed in individual blister packs by the local pharmacy, promoting safe practice for the administration of medicines. These were kept generally

securely, although evidence was found in one bedroom of prescriptive cream being left in the en suite, irrespective of this being raised during the audit completed by the Quality Assurance Manager on 3 November, and requested to be removed. We found that not all people who were on 'as required' medicines had protocols in place to illustrate when these medicines should be given. This therefore meant that people were not always being kept safe from the potential of medical restraint or over medication, as staff did not have adequate guidance to ensure proper use of PRN medicines. We found that one person, who was not prescribed 'as required' medication was being given Paracetamol as required. The homely remedies policy was requested, however the copy provided had not been reviewed since 2008.

One person who was being administered medicines covertly had best interest documentation and application to the local authority in place to illustrate the need for this. However, we found that a further two people had documentation related to covert medicines in place, which contradicted their care and support plans. We spoke with the clinical manager regarding this, and were advised that the guidelines for covert medicines were in place as a "back up", should these need to be used in the future. We raised concerns regarding pre-created back up best interest decisions being made for people. Further the contradicting advice on conflicting documentation within people's care files could lead to unsafe medicine administration, as well as taking the person's right to make choice away from them, when they had capacity to make decisions.

Topical cream application records were found to be kept separately to all other medicines. These were applied by health care assistants, often after personal care. Records showed that these were not being appropriately recorded or signed for. These in most cases should have been applied three times a day (once in the morning, once in the afternoon and once in the evening). However these were being applied only twice.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured the premises were always safe, for people to use. The provider had not done all that was necessary to mitigate any such risks related to the safe administration of medicines.

Berkshire wing had 16 people residing along both the ground and first floor, whilst 12 people were accommodated on the Kent wing. The staffing ratio was observed to be sufficient to meet people's needs. There were four health care assistants working on the Kent wing with five health care assistants in the Berkshire wing. Two RGNs were rota'd to work alongside the health care staff, specifically in relation to the administration of medicines, daily review of documentation and review of care plans to ensure they remained up to date in relation to meeting people's changing health care needs.

People were not protected from the risk of being cared for by unsuitable staff. Staff were vetted to ensure they were suitable to work with vulnerable people, through a Disclosure and Barring Service Check (DBS). A DBS enables employers to verify an applicant has no criminal convictions at the time of employment that may make them unsuitable to work with vulnerable people. Whilst reference checks were requested, these were not necessarily for the last employment the person had been in that was a health and social care place of work. Further gaps in employment or education were not accounted for. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not operated effectively recruitment procedures, in line with regulatory schedule 3.

Inadequate

# Is the service effective?

## Our findings

At our inspection of February 2015 the provider was not meeting the requirements of the then Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This regulation is related to having sufficient number of suitably qualified staff being deployed and is now Regulation 18 of the Health and Social care Act 2008 (regulated Activities) 2014 . Whilst we found there were sufficient number of staff working on shift, the remainder of the requirement regarding suitably qualified staff was not met.

The February 2015 inspection also identified breaches in areas of meeting nutritional needs (Regulation 14 HSCA RA 2010) and need for consent (Regulation 11 HSCA RA 2010). At this inspection we found the provider was not meeting all the requirements of these regulations irrespective of the action plan stating that all documentation to illustrate consent would be completed by the end of July 2015.

End of life care plans were not included in all files that were case tracked. Most files contained a section within the care plan that was being developed to focus on this area. In one file we found a care directive that had been signed by the person's daughter. This stated that they had Lasting Power of Attorney (LPA). An LPA is granted by an agency of the Ministry of Justice, namely the Office of the Public Guardian (OPG); when a person is deemed not to have capacity to make decision in their best interest. The person who then holds the LPA is able to make decisions pertaining to the person's health and welfare needs and/or their property and finance, depending on which has been granted. When we checked to see the documentation to evidence this, it was established that the person had mental capacity. The daughter had been asked to sign a document regarding the end of life care directive, when they had no legal power to do so. This was raised with the clinical manager, as a serious concern. An investigation was completed, and it was established that the daughter had wished to apply for an LPA however had not done so.

People's rights to make their own decisions, were not always protected. Four staff had not received training in the Mental Capacity Act 2005, as the provider did not perceive this to be mandatory training. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the metal capacity to so for themselves. The Act requires that as far as possible people who can make their own decisions 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. We found evidence that families were being consulted about care, when the person had full capacity to make decisions, irrespective of whether the person had agreed to this.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were not always being met. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. We found that whilst DoLS applications had been made for some people, others who were being restricted in bed by bedrails, did not have DoLS applications in place when they did not have the capacity to consent, and neither had best interest meetings taken place nor risk assessments written.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by a staff team that told us they had undertaken a comprehensive induction process that involved completion of the provider's mandatory training and additional supportive training. We checked the training matrix for the home and found that 10 staff had not completed their manadatory training. This included Safeguarding of Vulnerable Adults, Infection Control and Health and Safety. Staff who had missed training included Registered General Nurses (RGNs), one of whom had been working at the service for over seven years. The potential impact of this was that staff would not know what was considered as safeguarding and what action to take. There was also a risk that staff would not know how to ensure people were encouraged to make their own choices.

We were told that training in medicine administration was only offered to RGNs as they were the staff involved in this task. However, we found that health care assistants (HCA's) were expected to apply topical creams after personal care. Medical administration records (MARs) for these illustrated significant errors in recording. The creams were not applied as frequently as prescribed by the GP or signed for appropriately, stating am and pm as opposed to a signature. This showed there was a need for HCA's to have the appropriate medicines training.

Staff told us they felt they were supported by the management team, although they recognised that there

# Is the service effective?

had been significant changes and instability within the last 12 months. Staff said that supervisions and appraisals had not taken place as frequently as they should have done, but felt these offered a positive opportunity to learn and raise any issues. According to the provider's policy team meetings were meant to take place monthly, however these were infrequent. Records showed that team meetings had taken place only in November and August 2015 . In October 2015, clinical meetings had been introduced for the nursing staff. We asked how information was shared and were told through meetings, however the evidence clearly illustrated the infrequency of these was causing confusion. For example there were several documentation for monitoring and staff were unsure of which to use.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff still did not receive appropriate training or professional development to support them to carry out their job effectively.

People received some effective health care and support. People were able to see their GP and other health professionals such as Community Mental Health Teams as and when required. Contact sheets illustrated that specialists were consulted. The advice provided by the professionals was not always adhered to, which could lead to the possibility of ineffective care being received. For example, creams not being applied as frequently as prescribed by the GP.

Some of the people who we case tracked had documentation in place to monitor food and fluid intake as they were at risk of malnutrition and dehydration. However, whilst this was recorded, there were concerns about the accuracy of recordings, and their purpose when no targets had been set. We observed that one person had been asleep during the course of the morning, the fluid charts were checked at 11.22am and showed no entry since 10.00am. The person was visited again 12.03pm after we had seen an assistant with a tea trolley at approximately. 11.53am. The charts indicated the person had been offered and drunk 200ml of tea, within the space of 10 minutes. However, no beaker or cup was in the bedroom. The person was asleep, lying flat on their back. The recording had been entered in as 11.00am.This person was also receiving supplementary prescriptive nutritional drinks three times a day, due to weight loss. Records indicated that they had taken their nutritional drink at 09.00hrs. When breakfast was served and a drink was offered at 08.35hrs, the person was asleep. This person's weight had continued to fall. There was no evidence that any action was planned or had been taken to address this and no guidance for staff should the person's fluid intake drop below a certain level.

Another person's records also illustrated concerns related to food consumption and monitoring. We noted that the person had refused main meals, having eaten only ice cream and one biscuit on several days within one week. There was no evidence of alternative food being offered. This person had lost 2.1kilograms in weight within one month. A relative told us they had concerns related to the current food supply at the home. Meals were pre-cooked, meaning they could not be reheated once they had been served. We were told this often meant that their relative went without a meal, or they were offered a boiled egg or lemon curd sandwiches as an alternative. We raised this with the manager who advised us that he was planning to introduce a chef to the home, who would be able to make "homely meals".

The breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remained present. Nutritional and hydration needs of people were not being met.

The Kent wing offers specialist care in dementia. We found that whilst the unit was purpose built to cater to these needs, personalised bedrooms contained empty memory boxes on doors. Signage although used, was positioned too high on the wall for most people using the service to be able to read or see. Toilet seats for communal facilities were not colour coded, although the signage indicated a red toilet seat on the door. The lounge did not lend itself to the specialism. Seats were arranged along the perimeters, heightening the potential for poor socialisation. People when not being engaged by the activities co-ordinator or family members remained seated without conversing with one another. People appeared isolated when sat within a communal setting. The corridors did offer historical interest information, as well as focal points. We found one seat had been placed at one end of the corridor allowing a person to sit and reminisce. However the home was generally not

Inadequate

# Is the service effective?

making relevant alterations to accommodate the changing needs of people and there was no evidence of guidance on best practice for people living with dementia having been sought.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The premises were not suitable for the purpose for which they are being used.

Requires improvement

# Is the service caring?

## Our findings

Staff were able to correctly describe how they would preserve people's dignity when assisting them with personal care. Staff would knock before entering the room, and explain what task they were going to complete. They would check that the person was okay with this before proceeding. In one instance, a person did not want to receive personal care. Staff gave the person space, before trying again. Staff returned several times to offer assistance. When personal care was being delivered, the door was closed and a sign placed on the door advising this. The service had met the action plan in relation to Regulation 10 of the Health and Social Care Act (Regulated Activities) 2014, specifically ensuring that people were treated with dignity and respect, but improvements were still required in some areas.

A SOFI was completed during day one of the inspection in the Berkshire Wing lounge. We focused on five people, two of whom required support with eating. The staff who were assisting offered exceptional support. They explained what food was on the plate, checked before offering another mouthful, and conversed about general topics, smiling and laughing to minimise the focus on the task. However, the three independent people were left unattended. We also observed practice that illustrated poor care for people's wellbeing. One person had their food placed to the side of them. This meant that they were eating in an unnatural position, having to turn to their right each time they wanted to take a mouthful of food. Further the other two people were not assisted or checked upon. One person appeared anxious. They were speaking to themselves, becoming agitated. They poured their tea into the food. Staff did not notice. They then took a couple of mouthfuls of food, and left the remainder. No alternative was offered.

Families of people reported that staff were caring to their relatives. This was observed over the course of the four day inspection. Staff were treating people with kindness and approaching them with care. For example, we found that when one person was becoming distressed during the day, a member of staff offered them reassurance. They sat with the person until they became settled talking to them and using diversion techniques to change their train of thought. They smiled throughout the interaction and used touch appropriately as reassurance.

Relatives told us they had not been directly consulted about their family member's care plan, although where appropriate they had been asked to read and agree to the content of the document. Where they felt amendments were required, these had been made. We found evidence to support this. However, although care plans were reviewed monthly, we found they were not necessarily reflective of people's changing needs.

In general people's right to confidentiality was maintained. We found that staff spoke with respect and privacy regarding people. They would go to an empty room, office or stand to the side of the corridor and speak in a low tone when discussing people. However, we found that the nurse's station in Berkshire Wing, was left open. During the four day inspection we found confidential files had been left on the desk unattended, the cabinet containing access to the remainder of files was left unlocked. This was in contrast to the Kent Wing, where files were securely locked away. We spoke to the manager regarding this, who reassured us that the cabinets would be secured.

Personal history, likes and dislikes were being obtained and recorded in people's files. This information was being used to arrange activities with the co-ordinator. Hospital passports had been created for all people. These provided an overview of the person, with medical history for them to take with them should they require hospital treatment. They were detailed, well presented and easy to read.

Inadequate

# Is the service responsive?

## Our findings

People had their needs assessed prior to them moving into the service. However care plans did not accurately record how to meet people's needs. They were also not updated to address changing needs, irrespective of being reviewed monthly. For example we found that in one care plan it stated that the person's bed needed to be positioned at the lowest level and without the bedrails up. The care plan was written in July 2015, and had been reviewed three times, most recently on 22 November 2015. The review stated the care plan was accurate, and no changes were required. However, upon observation it was found that the person was positioned in the bed with the rails up. We spoke with the clinical manager regarding the conflicting information, and were told that the rails were meant to be up, and had been so for the past three months. We raised concerns about the conflicting information in the care plan. We found the person on day two of the inspection attempting to climb over the bedrail. The care plan was amended on 3 December 2015 to state that the bedrails should be up, however there was no risk assessment or mental capacity assessment to state or record the care plan was appropriate and met the needs of the person.

A common theme found in the care plans was conflicting information related to how often a person needed to be checked, repositioned and have personal care needs met. In one person's file, one document stated they required to be checked every 30 minutes when awake at night, whilst another document stated every hour. Daily records illustrated that checks were completed every hour, even when the person was awake at night. Another person had a care plan that stated they required incontinence pad checks every three to four hours and repositioning when asleep every four hours. Records indicated that on several nights in November their pad was not checked for nine hours, and they had not been repositioned.

People's pressure mattresses were not set at the right weight. Records held in people's files in their bedroom neither recorded the person's weight nor the weight setting. In one file where this was recorded, the weight was inaccurate by almost five kilograms, when compared to the weight chart held in the main file. We spoke with the clinical manager regarding this. No explanation was offered as to the reason for the error. We completed another observation with the clinical manager on a separate day and found three mattresses were still set inaccurately.

Call bells were not always located within easy access of people. We found that in several bedrooms the cables were left at the foot of the bed when the person was lying down. In another room it had been tied to the bed rail, within reach should the person be in bed, however out of reach if they chose to sit in their chair. In some rooms call bells had been removed entirely. We spoke to staff regarding this and how they managed to respond to people's needs should they need assistance. We were told that this was incorporated into the hourly checks. This was a serious concern as it was not taking into account that a person may have required assistance at other times. Whilst it was understood that the people could not use call bells according to the service, the home had not looked at alternative means to minimise the potential risk associated with being unable to respond to immediate needs.

For one person the care plan stated a Malnutrition Universal Screening Tool (MUST) needed to be completed every month, to ensure the service responded to the person's changing health care needs. We found the MUST was last completed in August 2015. There was a risk the person had not had their health care needs responded to appropriately for three months. In another person's record it was found that a person had lost 2.1kilograms in one month. This was not picked up in the monthly health review, nor correlated with the reduction in food consumption. Records for this person did not indicate what measures were being taken to prevent further weight loss.

In another care plan we found reference to the importance of maintaining the person's room temperature between 21ºC and 26ºC. Daily records illustrated the temperature had reached 28ºC however no action had been taken to rectify this.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not have their personal care needs met and responded to appropriately.

Families reported they were aware of how to make a complaint and who they would raise concerns with should the need arise. We found that in September 2015, the service had received five complaints. These were recorded

Inadequate

# Is the service responsive?

appropriately. However no documentation related to the investigation of these could be located in the file. We requested further evidence of the investigations, however this could not be found. Management were unable to confirm or provide further evidence on how the complaints had been dealt with. One family member stated that they had complained on numerous occasions, and felt that the home had not resolved issues appropriately. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had recently appointed an activity co-ordinator who arranged group activities twice daily as well as providing individual activities for people in their rooms. We observed people interacting positively with the guest entertainers and with the co-ordinator on a one to one basis. Relatives told us the activity co-ordinator had a depth of enthusiasm which helped their family members engage with others. They stated that the interests of people was being targeted so to encourage people to interact and reduce the possibility of social isolation. An activity timetable was located near the entrance hall. This was presented in pictorial and written format, to help ensure everyone could understand what was being offered.

The home was creating a hairdressing salon within the Berkshire wing. This aimed to provide a service to people across all wings, where they could have their hair and nails done as and when they required. We saw that the provider had undertaken necessary alterations to the room, however some additional items were awaited to complete the salon appropriately.

People were supported to maintain relationships with their family and friends. We saw that visitors were welcomed warmly during their visit. People were able to have visitors at any time during the day. One person had a family member who would visit before 7am, and remain with the person during the morning. Another person had family visit several times during the day. Family members reported that they would not advise the home when they would be visiting, however always found the staff to be polite and welcoming.

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## Our findings

We found that whilst staff knew how to provide care to people, accurate records were not always maintained to show this. This was therefore neither reflective of good care nor did it illustrate how changes to people's needs were being managed. There was a risk that any new staff coming to work at the service could provide ineffective and unresponsive care, by following inaccurate care plans and assessments. We were told that audits of care plans and clinical documentation were completed daily and monthly. These were not working effectively, as errors had not been identified. Neither the manager nor the clinical manager completed checks on the work of the clinical staff or completed internal audits of systems and paperwork. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and remained in place since the last inspection. The action plan that was forwarded to us after our February 2015 inspection stated this would be resolved by the end of May 2015.

Quality assurance processes were not effectively monitoring other safety issues such as water temperatures. Whilst water temperatures were being recorded, for all taps, showers and baths, we found that on day one and two of the inspection, there were three different recording documentation being used, as these had been accumulated over time. We were advised by the clinical manager that only one had been finalised and authorised for use. Staff were not required to record which shower or bathroom the recording was relevant to, as this information was not requested on the form. This was a concern as should the temperature be too high, staff would be unable to determine which bathroom this was related to, should the records be moved. By day four of the inspection the paperwork had been amended to include the bathroom number.

We found that health and safety checks related to the premises had been completed. Each person whose files were looked at had a personalised emergency plan in place (PEP) that was appropriate to their needs. The service had a thorough risk assessment for prevention and control of infection. Audits were completed every three months, with the November audit currently underway. The service was clean and free of unpleasant odours. Monthly infection audits were completed which focused on identifying trends in infections developing within the service. For example the number of people with chest infections, number of urinary tract infections, length of time before medical intervention was sought etc. The falls analysis is a document that was meant to be completed monthly. We found in the last eight months only four analyses had been completed. It is possible that this may be linked to the number of falls within the service, however this could not be fully established due to the poor documentation maintained.

As part of regulations, services are required to notify CQC of any safeguarding alerts. Although staff were able to correctly describe how they would report a safeguarding, since the last inspection whilst CQC had been informed of a number of safeguardings, we were not alerted of two incidents, that the local authority had advised the home to notify us of. These were brought to our attention by the local authority. It was established that the provider had been told to inform CQC, however had failed to do so, stating that they had not had time. This was a breach of Regulation 18 of the Registration Regulations 2009.

At the time of the inspection the new manager had only been in post for two weeks. However his experience of working within the care setting as a registered nurse and manager spanned several decades. The manager had introduced an open door policy. People who use the service, staff, relatives or other professionals had the opportunity to raise any concerns or questions with the manager at any time. Staff stated they were able to speak with management and raise concerns. Family members felt more comfortable speaking with the new management, however raised that there had been inconsistency with numerous changes in management, which they felt caused disruption to the service. Families reported they had seen the new manager complete rounds of the service introducing himself and observing staff practice.

Staff felt they were able to speak to management and voice their opinions, seek guidance and advice at any time. Relatives of people reported that whilst historically there had been issues prevalent with the management of the home, this had improved.

During the inspection we found that the manager was unable to answer many questions related to the service. It was recognised that he was new to the establishment, however it is important for the manager to have a thorough overview of the provision. It was apparent that the manager did not have a complete understanding of the service's

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shortcomings. The manager was unaware that many of the documents related to care were either inaccurate or misunderstood. Further, he was unaware of the various documents that existed to monitor the same thing, for example water temperatures. It was unclear whether the manager had seen the action plan generated from the last CQC inspection requirements and was unaware of the actions that were required. However he was able to identify some of the changes he wished to incorporate, for example introduce a chef, so to provide “homely foods”.

The manager had introduced a positive communication book, and was encouraging all staff to read this. Located in the lounge, it aimed to provide information that was of relevance to care, but provided positive feedback and experiences. The hope was that this would boost morale and would in turn improve practice.

There was strong evidence of working in partnership with external professionals. Documentation and records illustrated how professionals were contacted and involved in the care of people. The GP visited weekly to see people who were unwell and to maintain an overview of the health care needs of others.

This section is primarily information for the provider

# Enforcement actions

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>The registered provider did not ensure that they had taken all reasonably practicable measures to mitigate risk in relation to premises, safe administration of medicines. Regulation 12(2)(b)(g). |

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br>The registered provider did not ensure that persons employed for the purpose of carrying out the regulated activity had the necessary skills, qualifications and knowledge. Regulation 19 (1)(b). |

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints<br><br>The registered provider did not evidence investigation of complaints. Regulation 16(1). |

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Enforcement actions

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br><br>The registered provider did not meet best practice guidelines in relation to the designing and suitability of the premises and the purpose for which they were being used. Regulation 15(1)(c). |

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>The registered person did not ensure that care and treatment was appropriate and met the care needs of the people to whom care was provided. Regulation 9(1)(a)(b). |

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents<br><br>The registered provider did not notify the commission without delay of any abuse or allegations of abuse in relation to a service user. Regulation 18(2)(e). |

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing |

This section is primarily information for the provider

# Enforcement actions

The provider had not ensured suitably qualified, competent, skilled and experienced staff were deployed. Staff had not received appropriate training and personal development to enable them to carry out the duties they are employed to perform. Regulation 18(1)(2)(a).

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The provider did not have systems or processes in place to effectively ensure compliance. The provider did not assess, monitor, mitigate risk, or improve the quality of the service in carrying out the regulated activity. Complete, accurate and contemporaneous records were not maintained in respect of each service user. The provider did not evaluate or improve their practice in respect of the processing of information. Regulation 17(1)(2)(a)(b)(c)(f). |

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br>The provider did not ensure the care and treatment of service users was provided with the consent of the relevant person. Regulation 11(1). |

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.

| Regulated activity | Regulation |
|---|---|

This section is primarily information for the provider

# Enforcement actions

Accommodation for persons who require nursing or personal care

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

**The provider did not ensure the nutritional and hydration needs of service users was met which was adequate to sustain life and good health. Regulation 14(1)(4)(a).**

**The enforcement action we took:**
The Care Quality Commission is currently considering the appropriate regulatory response to resolve the problems we found.