

Fountain Lodge Care Home Limited

# Fountain Lodge Care Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

An unannounced comprehensive inspection visit took place on 07 January 2019.

Fountain Lodge Care Home is registered to provide personal care to older people including people living with dementia. Fountain Lodge Care Home is a nursing home, which provides care for up to 30 people across two floors. At the time of our inspection there were 28 people living at Fountain Lodge Care Home. People had their own bedroom and four bedrooms were allocated for shared use, although only one of these rooms was occupied with two people. All bedrooms had a basin, but no toilet or shower facilities. People had the use of shared communal lounges, a dining room, toilets and bathrooms on each floor. To aid people's movement around the home, a passenger lift, stair lift and stairs helped people move between floors.

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

At our last inspection we rated the service Requires Improvement overall, and in each key area. We found risks associated with people's care were not always managed safely and certain medicines were not being given as prescribed. This meant there was a breach of the Health and Social Care Regulations for safe care and treatment. The provider sent us an action plan telling us how they would improve the quality of care people received. We completed this inspection visit to check improvements had been made.

At this inspection visit we continued to find risks to people were not effectively managed and the breach continued. People with a diagnosis of epilepsy, diabetes or people who were known to display behaviours that challenged as a result of their mental ill health, did not have associated risks assessments to match their complexity of need. This put people at potential risk, because there was no consistent approach or records to tell staff, how to consistently manage those associated risks.

The service had a registered manager. 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.

People received consistent care from staff who they found were kind, caring and patient. Our observations during this inspection, were mostly of positive and friendly interactions between staff and people. There was limited engagement for people who spent time in their own bedrooms due to their health condition. Staff did not always treat people with dignity and respect because they did not always ask for people's permission to enter their bedroom. When we needed to speak with staff confidentially, they wanted us to go into a person's unoccupied room without the person's permission which was not acceptable. At lunchtime, staff assisted some people to eat their meal but there was limited conversation with the person and staff did

not maintain people's dignity when they spilt food on them.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern.

People's care plans provided information about the person's preferences and included some knowledge staff had gained about the persons interests and life history. Care records were reviewed and evaluated to ensure they remained up to date. However, some care plans for people who had been at the home a short period of time, required more specific information about people's health and emotional needs to ensure staff provided safe and consistent care. People's needs changed over time and staff were kept informed. Staff felt communication of people's needs was good.

A process was in place which ensured people could raise any complaints or concerns.

The provider had systems to monitor the quality of the service. During our visit, the registered manager had taken action to make some improvements and was committed to drive improvements. There were examples of completed audits and checks that gave the provider confidence people received a safe, responsive and effective service. However, some of these audits had not identified the issues we found.

Training records showed staff training was provided and refreshed when needed. Staff were equipped with the skills and knowledge to look after those in their care.

Staff worked within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff for the majority of time, sought people's consent before any care and support or choices were provided but there was inconsistency in staff practice, especially for people who had limited or no communication.

People received support from nursing staff and other health care professionals. People were registered with a GP practice who visited people when needed. If people required other healthcare support in an emergency, staff were available 24 hours a day to seek that help or medical intervention.

People received their medicines safely by trained staff and regular checks on administration and storage ensured medicines were given safely. However, improvements were required for specific medicines to ensure they continued to be given as prescribed.

The environment did not compliment good dementia care. There was limited signage to help people easily navigate different areas of the home. Each person's bedroom had a number but no name or personal possessions to indicate whose room it was. Rooms, corridors and communal areas were similarly decorated so it was not obvious which part of the home people were in. Some people's private room and communal bathroom areas required updating in terms of décor and in some cases, posed a potential infection control risk, coupled with a lack of liquid gel, soap or paper towels. Storage of linen goods had potential to cause an infection control risks and environmental risks such as poor quality flooring and unsafe window restrictors, meant people were exposed to unnecessary risk.

Changes in the management of the home and the staff team in the last seven months meant some of those changes needed to become embedded within the care practices of the home to become more successful. Some staff practice continued not to promote the values and principles the registered manager expected. Since the registered managers appointment in June 2018 they had made some positive changes and knew people's needs well. People were complimentary of the registered manager. It was clear the registered

manager wanted to drive improvements and for them and their staff team to deliver good care outcomes for people.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Requires Improvement.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service remains Requires Improvement.	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service remains Requires Improvement.	<b>Requires Improvement</b> ●
<b>Is the service responsive?</b> The service remains Requires Improvement.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service remains Requires Improvement.	<b>Requires Improvement</b> ●

# Fountain Lodge Care Home Limited

## **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 unannounced comprehensive inspection visit took place on 7 January 2019. This visit was conducted by one inspector, a specialist nurse who experience of nursing older people and an expert by experience. The expert by experience, had experience of caring for someone in this type of setting.

Prior to this inspection, we looked at information received from statutory notifications the provider had sent to us and from commissioners of the service. A statutory notification is information about important events which the provider is required to send us by law. Commissioners are representatives from the local authority who work to find appropriate care and support services, which are paid for by the local authority. We had not received any information of concern from the commissioners.

The registered manager had completed a Provider Information Return (PIR) before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR during our visit. We found the information reflected some of how the service operated and provided us with an evidence based picture of their service.

During our inspection visit we spoke with six people living at Fountain Lodge Nursing Home. We spoke with the registered manager, a regional manager, the owner of the home, three care staff, an activity coordinator and a nurse. We also spoke with a visiting social worker.

We reviewed five people's care plans, daily logs and medicines records to see how their support was

planned and delivered. We reviewed records of quality assurance such as fire safety records, medicine audits, health and safety audits and people's feedback of the service.

# Is the service safe?

## Our findings

At our last inspection, we rated this area as 'Requires Improvement' because risks around managing people's care needs safely, were not effectively managed and some medicines were not always given safely and as prescribed. This was a breach of the regulations and the provider was asked to send us an action plan setting out how they would improve and by when. At this inspection visit, we found some improvements were made regarding safer medicines management, although some improvement was still needed. The management of identified risks of harm to people had not improved. We found environmental hazards posed risks of infection to people and presented trip hazards in the home. We found a continued breach and the rating continued to be 'Requires Improvement'.

Risks to how people received their care continued not to be managed consistently. Some people had risk management plans however others did not. For example, one person had a falls risk assessment and care plan completed on 8 February 2018. This person sustained a fractured neck of femur following a fall on the 18 April 2018. This person returned to the home seven days later and their fall risk assessment was not reviewed until 6 June 2018.

Another person had behaviours that could place them and vulnerable people at risk. There were some records that showed some risk reduction methods were in place, however there was no evidence that wider risks had been considered that would include the potential risk to vulnerable people visiting the home or the potential risks when this person went out into the wider community.

The provider had not ensured people's full needs had been assessed. One person did not have a management plan or risk assessment for their diagnosed epilepsy or diabetes. Staff could not consistently tell us the signs to look out for if a person was to experience a seizure or a hypo/hyper episode. Staff said they would always ask a nurse for advice, however limited information in their care plan meant staff did not always have the information they needed about people's health conditions.

People who had been living at the home for less than three months had a limited care plan. This meant there was no completed risk assessments and minimal information to manage their known health conditions. For example, one person at the home chose to smoke cigarettes, however risks to their safety had not been assessed and consideration had not been given to the person being able to wear fire retardant clothing, aprons or firefighting equipment located nearby. Staff said they watched the person whilst the person smoked outside but we did not see this happen. The registered manager had not considered the risks if there was a fire incident and assured us, they would address this and the other areas mentioned promptly. Following our inspection when we requested details of actions taken, the registered manager considered purchasing additional fire fighting equipment to keep people safe.

At the last inspection, people identified at being at risk of not eating and drinking enough, did not have their food and fluid intake accurately monitored. Improvement in important records to monitor how much people had eaten or drunk had not been made by staff. One person's records showed they had eaten 'Weetabix and tea', but failed to record quantities. Inaccurate records meant staff might not recognise when



people needed to be encouraged to eat more which could put their health at risk. Some people had a low BMI and accurate records of consumption is important to accurately show staff and other health professionals what people had consumed and what things people ate more than others to encourage weight gain. The registered manager told us they had reminded staff of the importance to keep accurate records prior to our visit but had not been effective in making the desired improvement.

Environmental risks posed risks to people's safety. We found window restrictors in some people's first floor bedrooms were not effective and allowed windows to be opened wider than allowed. One window accessed from a staircase did not have a suitable window restrictor. If opened, people could gain access to a flat roof and as a result, could have a potential fall from height. Following our inspection visit, these were ordered and due to be fitted by end January 2019. A projector in the communal dining room was located above a door way led to other parts of the home and to people's rooms. The cables were hanging down and had potential to become a ligature risk. No one had identified this risk, even though daily walk arounds to check the premises were safe were completed. We ensured that the cables were removed by the end of the inspection visit.

Improvements in infection control prevention and control were 'work in progress'. However, we identified people were not sufficiently protected from risks of infection due to risks of cross contamination. Staff wore appropriate Personal Protective Equipment (PPE) when giving personal care, but PPE was not available in all bathroom areas. One ground floor bathroom did not have any PPE, hand sanitiser or hand towels. In this bathroom the flooring was not properly sealed around the basin or toilet and there was tape around the base of the bath hoist which posed a potential risk. An upstairs bathroom also had no hand sanitiser or soap to wash hands. Bedding was found to be stored on the floor in the linen room preventing thorough cleaning. Some areas of the home were malodorous and some carpets were worn or had tears which had been covered with tape, in some cases was lifting up. The carpet joining strip in the corridor on the first floor was not flush to the floor which created an unnecessary trip hazard. One linen room was found to be unlocked and housed the electrical switches which were not housed within a metal cabinet. This posed a health and safety risk. The registered manager had an action plan to make the required improvements and was working towards completing some of this work as part of their ongoing refurbishment plans throughout the home. People's bedrooms and communal bathrooms were identified as a priority, but some of what we feedback had not been identified.

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

People received their medicines safely, but some improvements were needed. Most medicines including liquid medicines were stored safely and within safe temperature ranges, however thickeners (used to reduce the potential for choking) were not stored appropriately. We saw a thickener prescribed for one person was left in their bedroom in view, on top of table. The registered manager told us anyone who has a thickener, its left in the person's room, out of sight, but not locked away. NHS England issued a safety alert in February 2015 of the need for proper storage and management of thickening powders; this was in response to an incident where a person in a care home died following the accidental ingestion of thickening powder. The registered manager was aware of this safety alert but had not ensured the potential risks were managed safely. They told us they would use a lockable cupboard/device and was planning to purchase these without delay.

Where people had been prescribed medication on an as and when needed basis (PRN), for example pain relief, there were clear and comprehensive protocols for staff to follow. Some improvements were needed to improve medicines management such as ensuring medicines given before food and drink were given at the

right times and daily checks needed to be completed for people with patch medicines to ensure the patch medicine remained in place. The nurse agreed to make daily checks.

People felt safe living at the home. A typical comment was, "I feel safe here as there is no nastiness and no problems." Staff continued to protect people from abuse and poor practice because they knew the actions they should take if they had any concerns about people's welfare or safety. Staff told us any safeguarding issues would be reported to the management team or the provider. A whistleblowing policy was displayed in the communal hallway explaining how important information could be shared confidentially. The registered manager was clear what their responsibilities were to report and investigate poor practice.

There were enough staff. Staff did not raise any concerns about staffing levels and staff said they had enough time to meet people's needs, without delay. Call alarm bells were answered quite quickly. However, throughout our visit we saw some people's call alarm bells were out of reach, so if people needed to call for help, they were unable to raise the alarm. The registered manager and regional manager were confident staffing levels were right because they had assessed people's dependency levels and if needs changed, staffing levels were reviewed.

The registered manager ensured regular fire tests were completed at the necessary intervals. Records showed fire tests, fire drills and emergency lighting were checked to ensure staff knew what to do and fire equipment was fit for use. There was an oxygen alert on the clinic room door. The home did not currently have any oxygen in stock. This could be misleading to the fire services in the event of an emergency so we discussed this with the registered manager to find a solution.

When accident and incidents occurred, completed forms describing the incidents were given to the registered manager to monitor. They completed a monthly analysis to identify any trends or patterns, such as who the person was, location and times the incidents happened. The registered manager was confident they had taken the necessary action to prevent further incidents and accidents from reoccurring.

## Is the service effective?

### Our findings

At our last inspection, we rated this area as 'Requires Improvement' because people were not always supported by staff who put their training and knowledge into practice. At this inspection we found staff training was being completed, however people's mealtime experience, food and fluid monitoring and the environment meant improvements were still required. Therefore, the rating continues to be Requires Improvement.

At our last inspection we discussed the worn décor with the provider. Some refurbishment had commenced. However, improvement had not been made to create a dementia care friendly environment. For some people with a cognitive impairment, there continued to be a lack of signage around the home, or visual references to help people identify communal areas such as different colours associated to associate with different areas. Bedrooms were numbered but there were no names on doors to help people orientate to their own room. The home layout presented some challenges for people given the different levels and floors and this made it difficult for staff to have 'eyes and ears' across all areas of the home. The regional manager agreed they would look into the environment décor to ensure it supported good dementia care principles.

Staff received training and updates to maintain their skills and knowledge. Staff said they used their training in every day practice, such as moving people with specialist hoist equipment and the right number of staff to ensure this was done safely and effectively. The registered manager maintained a training schedule to ensure staff training was regularly updated.

However, not all staff followed what they had been taught which meant some care practices and techniques used were not effective or consistently safe and some care outcomes were not managed effectively. We looked at a person who had a catheter. There was a detailed care plan for the care/management which included early signs of infection and blockage with guidance on what action should be taken should problems occur. Urine output was monitored and recorded on a chart and the catheter should be checked every two hours when the person is repositioned to ensure there are no restrictions to affect the flow of urine. The person's chart for 7 January 2018 was checked by us at 12.10pm and showed an output was last recorded at 9.30 am of 100 mls. We visited the person again at 15.45 and the catheter bag was almost empty. Owing to concern that the catheter was blocked, we called the nurse. They spoke with the staff to ascertain whether they had recorded all outputs on the chart. Because of our intervention, the catheter was found to be wrapped around the person's hand affecting the flow of urine. The registered manager had queried with staff why the catheter had been bypassing for some time but although they reminded staff to check, it was not known why. The registered manager said to us, this explanation helped them to possibly understand why. The nurse said they would speak to the staff to remind them of the importance of effective checks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. 12 people had authorised DoLS and these were followed by staff and reapplied for when required.

Staff understood the principles of the MCA for their practice. Examples were seen that showed mental capacity assessments in relation to specific decisions were followed. Staff were able to explain why they made decisions that provided the best outcomes for the person that were in their best interests. Consent was sought before most care and support was provided and records showed people had signed to give their consent for photographs, but not other things such as holding cigarettes or lighters for those people who smoked or that they had agreed to the care provided.

People had their main meal at lunch time and they enjoyed the food. One person said, "Food is lovely, if you want something different then they will get it for you, we never have the same thing day after day. The quantities are good as the plate is not piled high which would put me off." Two choices were prepared and people who had specialist diets such as soft, pureed or vegetarian, had their needs met and their choices respected. Staff told us people's choice was asked for during the morning, but there was no pictorial references or visual plated options to show those who would benefit from visual stimulation to better aid choice. Some people could not communicate but staff told us they knew what food choices the person liked. They did not provide them visual choices to give the person some independence.

People had access to other healthcare organisations. A GP surgery completed regular visits and other health professionals such as district nurses, speech and language therapist and dieticians supported people's care needs. Social workers and advocacy services were involved in getting the best support for the person.

## Is the service caring?

### Our findings

At our last inspection, we rated this area as 'Requires Improvement' and at this inspection, we continued to find inconsistencies in how people were treated. Therefore, the rating continues to be Requires Improvement.

People's comments to us were complimentary of the staff and they felt the home had a good atmosphere, with everyone getting on well. One person described to us why they felt cared for. They said, "I love it here, it's lovely, it's like being in a big family, everyone looks after each other, family and friends can come in when they want to and they join in with the bingo if they want to. The staff are thoughtful to people, they will do anything you want them to, nothing is too much trouble for them. My friend cannot believe the change in me since I have been here, I have started smiling again and I am laughing with the other people here."

Whilst people were pleased with the service they received we saw the quality of interactions between staff and people using the service was mixed. For example, some staff were task orientated. At times the care staff appeared rushed and did not take time to complete important and accurate records for people who needed more support, such as repositioning charts and food and fluid charts. A lack of compassion and dignity was experienced at lunchtime. We saw a staff member assisting someone to eat. The person was asleep at the dining table, but the staff member spoke loudly into their face by calling their name. There was no conversation following, the staff member got a heaped fork and began to assist the person to eat. Food immediately dropped off the fork onto the person's apron cover, but there was no attempt to clean the person or remove the food debris. This continued until the person had finished their meal. At one point, the staff member was talking with other staff across the room and not the person. When the staff member had finished, they did not ask if the person wanted their face washed/cleaned, they got a dry napkin and roughly rubbed this around the person's face. We discussed this with the regional manager who said they had observed the lunchtime experiences before with no issues, but said they were disappointed to hear what we found.

Staff were inconsistent in respecting people's privacy, dignity and respect because they did not always ask for people's permission to enter their room. We saw occasions staff went into people's rooms without knocking, introducing themselves or waiting to be asked in. Yet, other occasions staff were seen to knock and wait, before being asked in. When we needed to speak with staff confidentially, those staff wanted us to go into a person's unoccupied room without the person's permission which was not acceptable. This showed us a lack of disregard by some staff to the person's private space.

Yet, we saw some staff provide good caring interactions. Some staff naturally responded kindly and caringly to people, smiling, saying hello, how are you and calling people by their preferred names. Some staff stopped for a chat whilst other staff stayed with people in communal areas and engaged them in activities. Staff joined in to help some people who needed help to play a game which made people happy.

We saw one person being supported to have their lunch by a member of staff. The member of staff raised the bed head up so the person was correctly positioned to eat. The staff member then sat next to the

person, describing the food being offered, enquired as to the temperature of the food and whether they liked what they were being given. Throughout this, the staff member gently stroked the person's hand to keep their attention and coaxed them gently to eat more. The staff member gave the person plenty of time to finish each mouthful and after the meal the person was given a drink.

Speaking with some staff we could see how they wanted to provide the best care they could and they explained the qualities that was important to provide a caring service. One staff member said, "We do the best we can...I wouldn't work anywhere else. They said, "I am compassionate – it's natural to me and I don't force anything on people. I care for them like my family." This staff member also told us they became attached to people (but respecting professional boundaries) and got upset whenever a person passed away.

People's independence continued to be promoted and staff encouraged people to do as much for themselves as possible. Staff understood the importance of supporting people to do what they could, such as getting dressed, eating their meals and choosing to take part in a range of activities within the home.

Information was available on advocacy services. Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. The registered manager confirmed at the time of the inspection that a person was utilising this service. The advocate representative was present during this visit but we did not get an opportunity to speak with them.

People's important, personal and confidential information was protected. Written care plans were stored securely in the registered managers office. Other sensitive information specifically related to people's care and personal information was considered carefully by the registered manager. This helped to maintain people's rights to privacy and confidentiality.

## Is the service responsive?

### Our findings

At our last inspection we rated this area as 'Requires Improvement' because people and their relatives were not fully involved in care planning or reviews of their care. At this inspection, we found these areas were not fully addressed so the rating remains Requires Improvement.

Care plans did not consistently contain all the information staff needed about people to provide personalised care responsive to their individual needs. For example, one person had a pressure area. The wound was photographed regularly and the size of the wound was recorded on the wound assessment but not formally measured on the photograph which is good practice and supports accurate evaluation of the effectiveness of the treatment/ intervention plan. Care plans for people who were diabetic or had epilepsy did not include sufficient information to ensure people received consistent care. In some cases, staff's knowledge of people was detailed and staff spoke about people in a person-centred way, however when we discussed what signs to look for if people were diabetic, epileptic and had a seizure, they were not consistent in their responses. Staff said they would get the nurse, but symptoms and signs were not known because the information was not recorded.

Care reviews and evaluations took place monthly but people or families views were not always included. For people living with a cognitive impairment, staff and the registered manager knew people's personal backgrounds but some of this information was not always included within the person's care plan. Assessments identified areas requiring nursing intervention. People at risk of developing pressure areas had appropriate pressure relieving equipment in place and the care plans detailed the pressure care required and regular checks of equipment ensured the care remained responsive to need.

The registered manager was changing their system so people would become involved and so everyone living at the home, had a more complete care plan. We discussed a person-centred approach to care planning with the registered manager and they and the nurse were going to write all care plans to ensure important and essential information was included.

The registered manager told us that all staff had received training in dementia care, and the training records also confirmed this. However, our observations indicated that some staff had a lack of awareness of how to communicate and engage in a meaningful way with people living with dementia or those that could not communicate.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We did not see any evidence to demonstrate how the provider made sure people had access to the information they needed in a way they could understand it, to comply with the AIS.

For example, we were told one person did not communicate at all with staff or their own family. The registered manager had a folder called 'sign language' but said they nor staff used this to communicate with

people. We asked if they used pictures, signs, or other methods to communicate with this person. We were told the person could not understand, yet staff told us they spoke their first language. Staff said there were two staff who spoke their language, but the registered manager said this was not true. There was no guidance for staff on what communication aids could be used or other methods that could be tried. We could not be confident this person was included in making choices because there was no evidence to show what communication methods had been tried and what was/was not successful. We did not see any evidence to demonstrate the provider had considered the AIS on how they were to provide individualised care for people with sensory or communication difficulties.

There was some information in people's care plans about their wishes for end of life care. For example, care records recorded whether people wanted treatment in the event of a cardiac arrest. No one at the time of our visit was receiving end of life care. People's records included next of kin details that showed family members were involved in the decision and end of life plan had been developed around people's wishes. The registered manager said this was a home for life and staff worked alongside other health professionals to ensure the right medicines and treatment were available when needed to ensure a pain free and dignified death. One staff member described how when a person had recently passed away, staff lined the corridor to pay their respects as the person left the home.

Activities staff planned hobbies and interests for people to participate in. One person said, "For a long time no-one spent time with me. The activities co-ordinator has come in and played bingo with me and read to me since they started working here and I really enjoy that. The vicar comes in and chats with me which I like." Improvements were being made to increase the quality and participation for everyone, whether by individual pamper sessions or group outings. The activity coordinator was working with the local church and community to raise funds so people go out on more trips and have more things to interact with such as games and arts and crafts.

People knew how to complain and what to do, if they were unhappy. The regional manager told us there had been two complaints since their appointment in June 2018. In each of those complaints, actions were taken to prevent further complaints being received. Information was displayed in the communal hallway about how to make a complaint, what to expect and expected timescales and what to do if they remained unsatisfied. One person told us, "I have no complaints about this home, if I did I would certainly mention them to the manager (name) who is lovely. My room is cleaned every day. I had a flickering light in my room, I mentioned it to the handyman and the next day it was fixed."



## Is the service well-led?

### Our findings

At the previous inspection we rated this area as Requires Improvement because recent managerial changes had not always ensured some aspects of the service provided, was to the expected standards. At this inspection, there had been a change in registered manager and some improvements had been made. However, since 2015, this provider has been requires improvement in well led. We continued to find similar concerns identified at the last inspection visit, around limited monitoring of risks and effective records so the rating therefore, remains Requires Improvement.

During this visit, we looked at audit records that were available for us to review. Some of the audits we saw fed into clinical audits so the manager had information to show how people's health conditions were being managed. The regional manager completed further checks on the registered manager's audits to ensure improvement actions had been taken. The registered manager completed other checks on medicines, fire safety and personnel files. These audits were completed regularly. These, plus water quality and utility checks ensured people were kept safe.

However, some of these completed audits had not identified some of the issues we have included within this report. For example, care plan audits were completed monthly. The registered manager scored the latest audit as 96 – 99%, however they had not identified key care plans for health conditions and risk assessments were not completed. Infection control audits completed June and December 2018 had not identified the infection control risks we found. Medicine audits had not identified patch medicines were not being checked daily to ensure they remained intact and on people's skin.

The provider displayed 'What CQC told us, what we did' for people to see. This stated food and fluid charts 'would be completed correctly by staff who knew what to do and they would be regularly checked'. We continued to find this was not being done and no evidence to show, when checks were made.

The provider was not meeting all their regulatory requirements. Providers tell us what service types they want to provide upon registration and this can be updated as needed. At the time of this inspection visit, they were registered to provide care to only people living with dementia and older people. However, at this visit we found people were being supported with mental health illness and younger adults. The provider had not notified us of these changes which means we cannot effectively manage risks if we were not made aware. We told the regional manager who was not aware we were not informed. They agreed to look into this as a matter of urgency to ensure our CQC register correctly recorded the types of care they provided.

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

The registered manager was clear and focussed in what they wanted their staff team to provide to enrich people's lives. The registered manager told us of examples in how they had personally fought for people to ensure they continued to live at the home, which was their wish to do so. The registered manager was clearly passionate in supporting people and had begun to raise standards within the home, such as the

refurbishment programme and they had begun to improve care plans. When we gave recommendations to them, they either took immediate action to remedy, or made plans to address. The regional manager and the owner were extremely complimentary of the registered manager, describing how they had improved and motivated the staff team to be more cohesive. They told us and we saw, how knowledgeable they were of people's health conditions and the support they needed.

Staff were positive in their comments of the registered manager. A typical comment was, "The manager is very supportive, the working environment has improved, the atmosphere is much better and team working has improved." Staff felt more valued, they had supervision meetings and could speak with the registered manager whenever required. Staff said the registered manager was approachable, supportive and listened.

The registered manager acknowledged improvements were needed and they described their journey since they took up their position. This included making difficult decisions such as staff dismissals if they did not improve their practice. Improvements to the dining area following an audit in September 2018, resulted in changes to reduce staff access to limit noise and disruption so people had a better lunchtime experience.

Providers are legally required to display the ratings we give them, within the home and on their website, within 21 days of receiving our final inspection report. We saw the provider had displayed their last inspection report, however during our visit they displayed a rating poster. The registered manager assured us, the rating poster would be displayed publicly and regularly checked. The provider did not have a website. The provider submitted statutory notifications to inform us of events that happened at the home in line with the legal responsibility.

This was the registered managers first experience of a CQC inspection and they saw this as a positive step to continue to drive the improvements they wanted to make to improve people's experiences.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not always do all that was reasonable to mitigate the risks in relation to people's health and welfare. Regulation 12 (1)(2)(a)(b).

**The enforcement action we took:**

NOP to impose a positive condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes were not robust, established and operated effectively to ensure risks to people were reduced and to provide a good quality service to people. Regulation 17 (1)(2)(a)(b)(e).

**The enforcement action we took:**

NOP to impose a positive condition