

Bupa Care Homes (AKW) Limited

Brunswick Court Care Home

Inspection report

62 Stratford Road
Watford
Hertfordshire
WD17 4JB

Tel: 01923218333

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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

About the service

Brunswick is a residential care home providing personal and nursing care to 90 older people. At the time of the inspection the service supported 85 people.

The building consisted of three floors and a basement. The three floors had living facilities which included people's individual bedrooms with en-suite, dining rooms and lounges.

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

People were not consistently being supported in a safe way. People's risk assessments gave conflicting information which placed some people at risk.

We recommend the registered provider uses best practice guidance and staff training to ensure the environment meets the needs of the people living at the service.

People felt staff were kind and caring, however there was evidence that due to staffing levels, staff were not always prompt to respond to people when they needed support. Staff said that they did not always get the support they needed with in the home when it came to the induction or the procedures around the home such as fire procedure.

We recommend that people's preference, cultural and religious needs are explored in more detail when completing their care plans.

Staff had not identified trends and completed analysis on what was happening in the home. For example, people had acquired a number of infections in a short space of time and this had not been managed effectively by the staff.

On the whole, the staff felt supported. However, some staff felt they did not receive all the relevant training to meet the needs of the people living at the service for example, dementia training.

People were complimentary about the food, however there were gaps in recordings in how the staff were managing people's nutritional needs.

People felt they were able to speak to the staff and management if they were unhappy about something and that they would be listened to.

On the ground floor, it was clear that a lack of leadership had an effect on the running of the service which affected outcomes for people. Following the inspection, the manager put measures in place to rectify this.

Quality monitoring was in place. However, audits were not completed effectively and did not show outcomes, trends and what improvements were made. The management did not always notify CQC when

reportable incidents occurred.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 29 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and infection management. A decision was made for us to inspect and examine those risks and we completed a comprehensive inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The manager has offered information that confirms they are putting in steps to mitigate the risks found at the time of the inspection.

Enforcement

We have identified breaches in relation to people's safety of their care, safeguarding people from abuse, not meeting nutritional needs, management of infections and the management of the quality of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Brunswick Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team was made up of three inspectors and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service should have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the manager was going through the application to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. The provider was not asked to complete a provider information return prior to 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 took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with 11 people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including nurses, care workers and the chef. We spoke with four health professionals who visited on the day of the inspection.

We looked at a range of records. This included 11 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place. However, these gave conflicting information and did not always describe how to safely provide care for people. For example, staff identified people were at risk of falls and required help to transfer, however the care plans and risk assessments did not identify how to support people with this. This placed people at risk of harm through unsafe moving and handling practice.
- Where care plans were in place, the instructions to mitigate the risk of harm to people were not always followed. For example, one person had a pressure wound when they moved into the home. Staff were instructed to reposition the person two hourly; however, we found in the recordings on several occasions during nights when this guidance was not followed. One person did not receive protective cream as prescribed. This resulted in them developing a further pressure area on their heel around this time.
- Another example of this was where some people had been assessed by the SALT team, they were not always kept safe by staff who were not consistently adhering to the professional's recommendations. For example, a person had been assessed as needing their fluid thickened when reviewing the records and speaking to staff they were not following the correct guidance and thickening the fluid incorrectly.
- People identified as having mental health needs, such as depression or anxiety, did not always have an appropriate assessment or plan of care to manage this. One person who lived with depression and anxiety said, "The staff do their best, but I get lonely with no one to see or talk to. I like staff to leave the door open, so I can feel part of everything, but I do feel low."
- People had pressure equipment to prevent them from developing pressure wounds. There were a number of people's mattress settings that were not consistently adjusted correctly and were set incorrectly. At the time of the inspection this was reported to the manager.
- People's individual evacuation plans (PEEPS) required further development in regard to evacuation from the first floor. For example, PEEPS did not explain how to get a person down the stairs and stated that people preferred to use their wheelchairs, however the lift would be out of use at the time of the evacuations.
- Risk assessments were not consistently reviewed when people's needs changed. For example, one person was found on the floor of their bedroom on four occasions. This did not trigger a review of the person's risk of falls.

Preventing and controlling infection

- Staff did not demonstrate a proactive approach to managing infections within the home.
- Prior to this inspection two people had been admitted to hospital with sepsis. Although we were told one admission was unavoidable, staff had not learned lessons from the first admission. Since that admission, a further 40 infections of different kinds had been reported by staff.

- We reviewed the infections people developed over the seven weeks prior to the inspection. We found 19 people had a form of wound, for example, skin tear or pressure wound. Of these, five people had sustained an infection.

- Twelve people during this period had developed a urine infection. During the inspection, we observed water was out of reach for people, and fluid charts did not contain daily targets to maximise people's fluid intake. Where fluid records were maintained, staff did not review the daily amount. For example, one person was offered 2920 millilitres of water, but consumed 390 millilitres in a twenty-four-hour period. A similar pattern was evident in daily records for other people.

Due to people's safety not consistently being promoted and placing people at risk, this was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Following on from the inspection the manager has informed us that a representative of the provider had been at the home to carry out an analysis of infections in the home as well as being contacted by Public Health of England to start an infection control pilot and a deep clean is scheduled to be completed.

- Staff were observed to be following infection control practice when providing personal care. Staff wore appropriate protective equipment, which was readily available. Staff told us they were supported by a domestic team who kept the home clean and fresh

- People who had bedrails in place had the protective bumpers on to help prevent them from injury and bedrail checks were in a place.

- Staff had a good knowledge of what to do in case of a fire, however new staff were unsure about the equipment used and how to evacuate people. Fire drills were completed intermittently throughout the home.

Systems and processes to safeguard people from the risk of abuse

- Staff's safeguarding knowledge varied depending on the length of experience, and policies and procedures were not fully embedded. Newly employed staff told us they would report concerns internally but were not aware of the whistleblowing procedures or if there were external authorities they could contact. Staff who had worked in care for a number of years said they received training and they would report their concerns externally and internally.

- There were a number of incidents found which had not been investigated and/or reported to the local authority. Safeguarding concerns were not always reported following the right procedures internally or through notifying safeguarding authorities

- When reviewing care records we found details of bruising and injury that had not been reported to the management team. Staff had in some cases completed a body map, but not an incident report. Where reports were completed, these did not all consistently appear on the manager's overview. This meant people were at risk of harm because incidents were not sufficiently reported, investigated and responded to.

- People gave us mixed views about whether they felt safe. One person said, "Yes, I am safe because there are always people around. My medicines are well looked after. But I'm not sure there are enough staff." Another person said, "I am certainly safe. I know that staff are around. They are well trained. Very proficient. They do my medicines well."

Due to the concerns found in relation to unexplained injuries and the lack of proper investigations or reporting, this was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People and relatives gave mixed views to whether there were sufficient staff. One relative said, "There are always people about. There are enough staff. They seem well trained."
- People had call bells in their rooms, however when reviewing call bell records staff were not always responding to their needs promptly. The local policy states the call bells should be answered within 10 minutes of being pressed. Over a three-week period, there were 52 occasions this exceeded 10 minutes. When speaking with people there was a mixed view of how responsive the staff were, one person said, "I feel safe, but response to my buzzer can be variable. But I know they are busy." Another person said, "They come quickly if I press my buzzer." One professional said, "Sometimes it can take a while for call bells to be answered if the staff are seeing someone else."
- Staff had mixed views about the staffing levels. One staff member said, "Recently we don't get time to do the checks and monitoring. Weekends are better, there are less GPs, physios etc. It's been since we had a unit manager leave it has been difficult."
- We spoke with the manager about the lack of leadership on the ground floor. They told us they would review this immediately.
- The management team used dependency tools to assess staffing levels based on people's support needs. Rotas confirmed that from this assessment the correct amount of staff were on duty. However, where people's need changed, or new people moved in, staff numbers were not consistently reviewed to ensure staffing levels remained sufficient to support people.
- People were supported by staff who had been through a thorough recruitment and selection process. This included all pre-employment checks, such as references and a disclosure and barring check (DBS).
- Following the inspection, the manager explained plans to put management staff in for the ground floor.

Using medicines safely

- People's medicines were administered, stored and recorded safely. We counted a random sample of medicines and found that the records and quantities were correct. MAR charts were signed, and staff followed best practice guidelines when administering people's medicines. Protocols for when people needed additional medicines were present.
- In one instance, it was found that staff had not followed the appropriate guidance when administering a person's medicines covertly. The GP had agreed to one medicine being crushed. However, staff had then crushed all medicines and administered this covertly. Staff had also not sought pharmacist advice to ensure this was safe to do.
- The manager provided evidence of two staff having competency assessments relating to managing medicines. Some records were missing for staff dealing with medicines to confirm they had been assessed.
- Regular checks and audits were completed. This included counts of boxed medicines.

Learning lessons when things go wrong

- Staff said they would have informal discussions with their team through handover and reviewing the handover documents completed by the shift before. However, one staff member said, "I can't think where we talk about incidents and look at how we could have done things different."
- We reviewed some staff meeting notes and found that they had discussed some areas of practice, such as moving and handling. However, they had not addressed all of the concerns we found during this inspection, which demonstrated the management team had not identified the shortfalls.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training records showed gaps in training because some refresher training had not been completed when required. Some staff felt they had not had all of the training needed for their roles.
- Staff had mixed views on how they felt about the training, long standing staff felt they had received the training relevant to their role. However, newly employed staff members told us the induction was good and helped them understand the job requirements, however the practical fire training and their competency assessments whilst working in the home were not carried out and they were unsure where to find equipment in the home or how to care for people who lived with dementia.
- Most staff told us they felt supported by their manager, through supervision and were able to openly discuss concerns and areas of development. One staff member said, "With the lack of nurses they were ahead of the game getting the nurse practitioner in place. [Provider] are good at developing you. If they see there is potential, they will train you. I started as a carer, but they have developed me into the practitioner role. With dementia, they [Provider] know we need more support, so they sent the trainer in yesterday to start providing us with training. It was really good."

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

- People who needed their food and fluid intake monitored because they were at risk of not eating or drinking enough, had not had this recorded effectively. There was no target to indicate how much people should drink, and the amount people drank in 24 hours was not totalled.
- People who were in the bedrooms did not have drinks in easy reach.
- Assessments of people's nutritional needs were not consistently completed or reviewed. For example, one person's malnutrition assessment notes said they were not at risk. However, their food records, and observation of what they ate on the day demonstrated their food intake was poor. Their weight had gradually declined over the previous two months. This placed them at risk of further weight loss as staff had not ensured accurate information was given to the dietician.
- We saw on the ground floor that staff did not spend time with people to encourage them to eat. Two people were seen to leave most of their meal. Staff were heard to say, "Do you not want anymore, okay I'll take it away." These people were not offered alternative food and were then presented with their dessert.

Due to the concerns found in relation to management of food and fluid records, as well as not always meeting people's nutritional needs, this was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People were complimentary about the food experience. One person said, "I had a lovely meal yesterday. If you do not like what is on the menu, they will give you something different."
- People's weights were being monitored regularly and where people were on specialist diets, for example, pureed, the appropriate health care professionals had been involved. Where people lost weight, this was mainly monitored. Dietician and GP referrals were made to support staff with appropriate advice on how to manage this effectively.
- The chef was aware of people's dietary requirements this included peoples cultural and religious and at every meal time, would go to the dining areas to check people were happy with the food.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's care plans had a consent document relating to their care and how people would receive the support they needed. Where people were unable to sign care plans, these were at times signed by relatives without evidencing if they had the right to do so and if people had or lacked capacity.
- The manager had applied for DoLS for people living there, however in some cases DoLS were in place, but a mental capacity assessment had not been completed to coincide with the DoLS.
- People said that staff asked them for consent before they supported them. One person said, "Without a doubt they asked me for consent to do things. And they encourage me to be independent."

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

- Peoples needs were assessed before moving into the home. People told us staff supported them to meet their needs and were given choices. One person said, "They understand my needs well. They look after me well. They get me up in the morning, but otherwise respect my independence."
- One relative said, "The quality of the health care is superb. They are now back on their feet. [Relative]'s weight has increased. Generally, [relative] is much healthier since they came here."

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

- People were supported to have access to other health care professionals.
- One person told us, "I get my hair done, I have had it done today, the chiropodist comes every six weeks or so, and if you need a doctor they will call one, but I think the doctor visits here every week."
- The health care professionals we spoke with were complimentary about the care provided. One professional said, "I don't think there is any concerns, everyone has been very helpful. I visit a lot of homes. They understand the mental health side effects. I feel they know what they are doing. They help with the blood tests to say that they can do it for us." However, two professionals felt there was a delay in getting information they needed.

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

- Some bedrooms were personalised, and people had their personal items in them.
- There were communal spaces which were well maintained, people were spending time in the main lounges, dining room and activity room throughout the day.
- People used the garden area, which was well maintained and a pleasant area to use.
- The home lacked signposting and sensory items for people living with dementia to be able to navigate around the home.

We recommend the registered provider uses best practice guidance and staff training to ensure the environment meets the needs of the people living at the service.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has remained the same. This meant people did not always feel well-supported. Cared for or treated with dignity and respect.

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

- People had mixed views and experiences on the care they had received by the staff. For example, on the ground floor when speaking to people about their care, one person became distressed as they felt staff did not respond to them in a timely manner. They required assistance with using the toilet and wished to remain independent, staff did not respond quick enough which resulted them having to use an incontinent pad.
- However, other people in different parts of the home felt staff were kind and caring. One person said, "It is marvellous here. I have never seen anyone being treated unkindly. It's a lovely atmosphere here." Another person said, "They treat me with dignity. They are very good. They are all very kind. They are very good at respecting my privacy."
- We observed staff to be mostly kind and caring towards people, with one staff member telling us, "This place is special to me, I lost my [relative] here, and wanted to give something back. Now I work here, I want others to have the same care [relative] got and its why I come to work." We observed one staff member who did not demonstrate this attitude throughout the day which we reported to the manager.
- There was little evidence in care plans on how staff were meeting people's preference, cultural and religious needs. However, staff were able to tell us about people's cultural and religious needs. One staff member told us that some staff could speak a person's language and the person enjoyed this.
- People's communications needs were assessed and known by staff. We saw staff adjusting one person's hearing aid as they had difficulty understanding what staff were saying. Another person was hard of hearing and staff had put basic sign language signage on their door, so staff could communicate with them when they walked in.
- We saw staff knocking on people's doors when entering their rooms. We saw friendly and warm interactions with people.
- People were dressed in clean and appropriate clothing. Staff complimented people on their clothes and how they looked, which we saw made people smile and feel valued.

We recommend that people's preference, cultural and religious needs are explored in more detail when completing their care plans.

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

- People were mostly involved in planning their care, along with their relatives where appropriate. In some instances, there was no evidence that people were involved in decisions about their care plan, however we

saw staff asking people if they wanted to attend hospital appointments and if people wanted them to help with organising this.

- We heard staff asking for people's choices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans were personalised in places, however others lacked details about people's needs. For example, people who were supposed to spend only six to eight weeks in the home for rehabilitation to then return home or go to other services had not been assessed by staff, resulting in them staying over that time period. Their care plans were not developed fully although they were in the home for three to four months. There were no risk assessments in place or their likes, dislikes and preferences were not captured. This meant that staff had limited information to be able to support these people in a personalised way.
- People's care plans detailed information which were not being followed. For example, one person in a short-term bed had their expected departure date extended as they were not progressing with getting out of bed, spending time sitting in their recliner. Staff were not encouraging the person to get out of bed and were supporting them to have daily bed baths, however the person's preference was to have a bath or a shower as part of their routine, which if supported according to this preference would have encouraged the person to mobilise out of bed. This would have resulted in the outcome of the person returning home.
- A high number of people were bedbound because of their health issues. There were limited opportunities for them to join in any activities and they were at risk of social isolation. Some staff told us they were trying to make time in the afternoons to spend time with these people, however this was not enough to ensure people had meaningful interactions throughout the day. One person said, "I don't want to leave my room, I feel safe here, but it would be nice to hear the goings on like when I used to go to the activity."

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

- There were no aids available to support people with communication when they were unable to verbalise their choices. Although within the home there were people who were deaf and used British sign language, staff had only got pictures of basic signs to communicate with the person about their immediate needs.

Due to care not being delivered in a person-centred way, improvements required to the way people were supported to communicate and a need to further develop activities so that they met everyone's needs, this was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People were given the option to be involved in activities if they were able to visit the activities room. We saw activities taking place for people on the first floor. Some of the people living at the home were happily engaged with word games and discussions. In this activity there were interactions between staff and people and all involved appeared to be engaged and having a good time. A regular schedule of group activities was in place. One person said, "The activities programme is very good. I cannot fault it at all. There is a good variety of entertainment."

We recommend the provider uses best practice guidance and staff training to help inform them of how to develop individualised, meaningful activities. Particularly for those people who are living with dementia.

Improving care quality in response to complaints or concerns

- People were involved in resident meetings where they could express any concerns, although they had mixed views about how they felt complaints would be dealt with.
- One person said, "We have residents' meetings. On the whole, they listen. However, they could be more forthcoming about staff changes." Another person said, "I have never complained. There is a residents' forum, and the manager either follows up, or explains why it cannot be done."
- A relative said, "I have raised a concern about the food – it is often cold by the time it reaches [relative's] room. They said that they would do better, but I am not sure what happens when I am not here."
- Complaints were recorded and responded to, however responses to the complaints did not include advice to the complainant on how to complain further if they were unhappy with the outcome.

End of life care and support

- The service was providing end of life care for people. People's care plans had limited information about their wishes at the end of their life and did not consider people's care wishes for their last days.
- People had 'Do not attempt cardiopulmonary resuscitation' [DNACPR] forms which instructed staff to not resuscitate, but these had not been reviewed following published guidance.
- Where people's health had improved, or they had been transferred between care settings, staff had not revisited this with the person. When these were completed in hospital, we saw examples where people were significantly unwell, and therefore the decision, although supported by a doctor, had been instigated by people's relatives. There is a risk that by not reviewing the decision, people who may then wish to be resuscitated may not be.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed regularly by both the manager and the provider. However, the manager had not analysed this information collated to highlight where improvements were needed and what the actions would be. For example, the audits did not identify particular areas of risk such as infection management, food and fluid monitoring, overall food experience, care planning and pressure care.
- In addition, the manager did not review key indicators for themes and trends to support the delivery of high quality, safe care. The manager had not looked at the infection rates in the home, or the number of incidents, injuries, falls to determine patterns emerging. This was discussed at length with the manager, who acknowledged our feedback. Following the inspection, the manager has put in steps to ensure they have further analysis of what is happening in the home.
- There had been recent management changes within the home. The registered manager had left, and the deputy manager was promoted to that role. They were going through the application process to become the registered manager. The unit manager had been promoted to the role of clinical manager. This had left gaps in the leadership and management of the ground floor. The manager was asked where they felt the greatest improvements were required, to which they responded it was the ground floor. However, at that time they had not identified the resources required to support the day to day care and leadership delivery. Following on from the inspection, the manager has confirmed they have put in a unit manager for the ground floor.
- Staff had mixed views about the requirements and responsibilities that link to their role. New staff were not aware of some key details of the safety of the home. For example, how to safely evacuate someone. In addition, new staff had not received supervisions since they had started.
- During our inspection the manager, clinical manager and representatives of the provider were open with us and they displayed a general willingness to make any improvements they could.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others.

- The registered manager had not ensured that other agencies were informed of all issues arising. They had reported some concerns in relation to allegations of abuse and reported serious injuries appropriately. However, where people had unexplained injuries, this was not reported to the local authority, nor was it reported to the CQC.

Due to the shortfall of quality assurance and breaches found as part of this inspection, this was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Following on from the inspection, the local authority improvement team and Public Health of England agreed to be involved in supporting the improvements in the home. Also, the provider's quality team and other support for the manager has been put in place to address the concerns in the home.
- People and their relatives had opportunities to discuss the support being given and the service as a whole. Through meetings and yearly surveys. People said they were able to speak to the manager if they were unhappy with the care. The resident meetings looked at activities and menus and gave some information about the home.
- A staff member spoke about when they attended a staff meeting. They said, "I reported an issue and they listened to me and action was taken."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour.

- People and relatives felt the manager was approachable and was available if anyone needed anything and were aware of who to contact if they needed to. One person said, "[Manager] is very approachable. This place is well organised. On the whole I am very satisfied."
- A relative said, "The manager is very approachable, very easy to talk to. We are very happy."
- Feedback from staff about the manager was mixed. Some staff felt they were approachable and supportive. One staff member said, "[Manager] is very approachable, I know I can go to them or any of the managers and ask about anything I like, and they will give me an answer, I think they are very open and supportive." However, a second staff member said, "I don't really feel that we have a voice. If it is for the residents then it is always yes. If it is for the staff team, perhaps not. There are also issues such as when we tell management things in confidence, then it comes out in general conversation. So, we do not say things much now."
- Staff had expressed mixed views about the service as a whole some staff felt the morale was low but gradually improving, others felt supported in their current role and were helped to improve in their role. One staff member said, "I received feedback from the nurses in a constructive way, like they told me in the beginning not to leave the rooms with gloves on."
- As part of their monitoring systems the management team had not identified or addressed the concerns in the way some people were treated or that care was not person centred, or in some cases, unsafe. This did not demonstrate that the provider was committed to providing high quality or person-centred care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Where there were people moving into for short stay care plans were not in place. Care plans were not person centred and missed some key information to peoples needs. A number of people did not have meaningful activities with in the home.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed consistently assess the risks relating to the health safety and welfare of people.</p> <p>.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Incidents and accidents were not reported through internal processes as well as notifying external agencies.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>People's nutritional needs were not being met through lack of recording and staff not being aware of how much fluid people should be</p>

having on a daily basis.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

Quality monitoring did not highlight risks identified at the time of the inspection. There was lack of management on the ground floor which affected the care. There was not any analysis available on the overall trends of the service or how this is to be improved.