

Life Style Care plc

The Grange Care Centre

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?

Inadequate 

Summary of findings

Overall summary

About the service

The Grange Care Centre is a residential care home providing accommodation and nursing care for up to 160 people with general nursing needs and end of life care. The service had eight separate units, each of which have individual bedrooms with en-suite facilities and communal living, dining, bath, shower and toilet facilities. Support was provided for older people including those with dementia care needs, younger adults with a physical disability and/or mental health needs and people requiring care at the end of their lives. At the time of the inspection there were 150 people living at the care home.

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

Medicines were administered appropriately but guidance for when some medicines should be administered was not provided. We also saw there were issues in the management of medicines to ensure they were in date and kept at the correct temperature.

Risk management plans were not always in place when a specific risk had been identified to provide staff with guidance as to how they could reduce possible risks.

People's dignity and privacy was not always maintained and there was a lack of interaction between staff and people in some units. Notwithstanding our observations, people we spoke with felt staff treated them with dignity and respect when they received care.

Records relating to people using the service did not always provide accurate information relating to the care and support they needed, so staff had all the information they needed to care for people. The activities provided around the home were not always meaningful for the people living there.

The provider had a range of audits in place but the ones relating to care plans and medicines were not robust to identify where actions were required.

Some people we spoke with said they were not happy with the choice of food and people's nutritional plans were not always followed. We have made a recommendation about the provision of food at the care home.

People using the service, relatives and staff told us they felt there were times when there were not enough staff on duty.

The environment around the home did not always support people to be as independent as possible.

The provider had systems to investigate safeguarding concerns and incidents and accidents with any lessons learned identified. There was a robust recruitment process in place. The provider had appropriate

procedures for preventing and controlling infection.

Staff completed a range of training and had regular supervision with their manager. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Peoples religious and cultural needs were identified. People were aware of how to raise a complaint or concern.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 12 December 2018) and there were two breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the inspection in August 2017.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grange Care Centre on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to person centred care, dignity and respect, safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan from 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 well-led.

Details are in our well-Led findings below.

Inadequate ●

The Grange Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by three inspectors, a member of the medicines team, a dementia specialist nurse and two Experts 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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at all the information we held about the service. This included the last inspection report and notifications received from the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and seven relatives about their experience of the care provided. We spoke with 24 members of staff including the registered manager, the nominated individual, two deputy managers, nurses, care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two visiting healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included 19 people's care plans and 12 medicine administration record (MAR) charts. We looked at five staff files in relation to recruitment and the supervision and training records for all staff. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at training data following the inspection.

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 requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had not made improvements.

- People had been prescribed medicines to be administered as required (PRN). We saw not everyone that had PRN medicines had a protocol in place to provide guidance for staff as to when they should be administered.
- We saw checks were carried out daily on the medicines, but this did not always identify issues. We found a liquid pain relief medicine in the controlled drug cupboard on one unit was out of date by more than two months but had not been destroyed in line with the provider's policy. This meant there was a risk it could still be administered if the staff member did not check the use by date. This meant there was a risk it could still be administered if the staff member did not check the use by date.
- Staff recorded the temperature of the medicine fridge but were not aware of how to read and reset the thermometers to provide an accurate reading, for next time they were going to check the temperature. This meant the temperatures could not be accurately monitored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine administration record (MAR) charts were clear and there were no missing signatures for the administering of medicines. We checked the stock levels of medicines including controlled drugs and PRN medicines and the balance records were accurate.

Assessing risk, safety monitoring and management

- We saw risk assessments and risk management plans had been completed but where a person had been identified as having a specific risk there was not always guidance for staff on how to reduce that risk. For example, we saw one person had been identified as living with diabetes and they had a diabetic foot care plan but no risk management plan in relation to their diabetes. We also saw people with Parkinson's Disease did not always have a risk management plan providing guidance for staff on how to support the person.
- Where a risk management plan was in place for a specific risk such as diabetes the information did not relate to the person's own experience and support needs.

- We saw one person had been given access to a kitchen area to enable them to maintain their independence but there was no risk assessment in place to ensure the person and other people's safety. We saw the kitchen area was not clean and was a falls risk as it could be accessed by other people living in the unit who had mobility needs.

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

- Risk assessments and risk management plans were in place for moving and handling, skin management and nutrition. These were reviewed monthly or when there had been a change in the person's support needs.

Staffing and recruitment

At our last inspection we recommended the provider review best practice guidance in relation to the deployment of staff to meet the needs of people using the service. The provider had made some improvements but there were still times when staff were not deployed appropriately.

- During the inspection we received mixed feedback from people and relatives regarding the staffing levels at the home. Most people we spoke with said they felt there were enough staff but one person commented "Less staff than there should be. If I have to go to the toilet, I'd have to shout for someone."
- Staff we spoke with told us they felt there were times when there were not enough staff to support people. Their comments included, "Yes, we have four people. It's enough. Sometimes maybe we need one more because we start breakfast a 9 am. We try to do everything quickly to start breakfast on time" and "No. We are six in the morning but sometimes it gets busy and there is not enough staff. Especially Monday because all of the residents want to take showers and we need to take people upstairs to the hair dresser."
- The registered manager explained the staffing levels were based upon an assessment of each person's needs and demonstrated that each unit had a specific number of nurses and care workers allocated depending on the number of people. During the inspection we saw, there were times, when people had to wait for enough staff to be available to receive support as they were busy elsewhere on the unit.
- The provider had a robust recruitment processes in place. During the inspection we looked at the recruitment records for seven staff including nurses and care workers. We saw three references were requested including one from a previous employer, a full employment history and a criminal record check.

Learning lessons when things go wrong

- The provider had a system to review and learn when incidents and accidents occurred to reduce the risk of reoccurrence. We saw a monthly analysis sheet was completed reviewing the time of the incident, on which unit it occurred and who it involved. This information was used to identify any trends and if actions were required.
- We did notice that if a person, who was already identified as having a high risk of falls, experienced another fall, the risk assessment and care plan were not always updated to reflect another fall had occurred, so this information could be used as part of the monthly review. This meant staff may not be able to identify if a person required a referral to the falls service due to an increase in the number of falls.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at the home and when they received care and support. The provider had a clear process to investigate and respond to any concerns about care which had been raised. During the inspection we reviewed three safeguarding concerns which had been raised in 2019. We saw safeguarding concerns were investigated, and records included all relevant information and

correspondence.

- Care workers completed training on safeguarding adults as part of their mandatory training and the care workers we spoke with demonstrated a good understanding of the principles of safeguarding and how to contact the local authority.

Preventing and controlling infection

- The provider had appropriate procedures for preventing and controlling infection. Records showed staff completed infection control training.
- We saw there were housekeeping staff on duty around the home throughout the day and a member of staff explained the carpets in the lounges and wood floors in each unit were deep cleaned once a week.

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.

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

- Some people we spoke with were unhappy with the food options and as a result family members brought food in or people had food delivered to the home. People were not happy about having to do this as they felt it was expensive and most of the food had to be microwaved and this wasn't very healthy. Comments included, "The food is alright but sometimes I can ask them for my own choice though I keep my own spices in my room", "Sometime food is okay. My relative buys Chinese food for me once a week" and "I've eaten worse, but it's fairly uninspired, but I've not been here long enough to make a solid decision."
- The home had a chef who told us they provided seasonal menus. However, despite there being two seasonal menus, people told us they felt there was not enough variety in the meal options on offer. One person told us, "It's always a stew but sometimes they call it a casserole."
- People had a nutritional plan completed as part of their support plan however people's plans were not always adhered to. For example, in one person's nutritional plan, we read they had been seen by a dietician as a result of weight loss. Their plan stated that they needed 'milkshakes and smoothies in between meals' however, we could see no evidence in this person's daily notes that they were offered a smoothie. We spoke to the chef and they told us they rarely prepared smoothies.
- In some people's nutritional plan, it stated that they needed to be weighed weekly, but we could only see evidence of these people being weighed monthly.
- In other people's nutritional plans, we read that people needed support and encouragement to eat however, we could see no evidence in people's daily notes that they been encouraged. We saw that staff did not always talk with people who they were supporting during meal times.

We recommend the provider reviews good practice guidance on nutrition in care homes.

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

- The home's environment did not always support people to be as independent as possible. Signage was not clear to show people where rooms were located. The corridors in the units looked similar and did not support people with finding their way with a minimum level of support.
- Some people's room were personalised with photos and possessions that were important to them. However, in other rooms this had not been completed.
- People who lived in the young person's service liked to sit outside but the area was not inviting. There was an activities room which was football themed, but it was not designed to meet the interests of the majority of people living in the unit.
- We discussed this with the registered manager and the nominated individual who explained they had been

advised by a consultancy company on providing a dementia friendly environment.

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

- The care and support needs of people were assessed before they moved into The Grange Care Centre. The registered manager explained when a referral was received it was reviewed to ensure the home could meet the person's needs. If this was the case the person and/or their relative would be visited or invited to the home to complete a detailed assessment of their health and care needs. This information from both the referral and needs assessment was used to develop the person's care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff completed a range of training and had regular supervision from their line manager. New staff completed an induction and shadowed an experienced staff member before being able to provide care on their own.
- Staff completed courses including safeguarding adults, moving and handling and dementia awareness every year with first aid, infection control and nutrition every three years. We saw records which showed staff were up to date with their training and staff confirmed they completed regular training. Care workers also completed the Care Certificate as part of their training. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- The registered manager confirmed staff should have five supervision meetings with their line manager and an appraisal each year which records demonstrated

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 access healthcare to help them live healthier lives. People confirmed the GP, the chiropodist and dentist visited the home regularly. We also saw records as part of the care plan which showed these visits occurred.
- During the inspection we spoke with the GP who confirmed they were given a list of people that needed to be seen when they visited as well as people that required a review of their medicines or a follow up visit. They confirmed they worked closely with the staff to ensure people received appropriate care in a timely manner.

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.

- We saw mental capacity assessments had been completed in relation to specific aspects of the person's care and support. If the person was assessed as not having the ability to consent to their care a best interest decision was recorded.
- DoLS application had been made where a person had been identified as lacking capacity. There was a folder containing all the applications and the registered manager confirmed they contacted the various

authorising local authorities regularly to monitor the progress of the applications.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We saw that people's dignity and privacy was not always maintained. During the inspection we saw a person was brought out of a shower room in a shower chair, but they were not dressed. The care worker had covered the person in two towels, but their dignity was not maintained when they were taken along the corridor to their room. We raised this with the unit manager and the registered manager who spoke with the care worker and they explained this had happened as they thought it would be quicker to help the person dress in their bedroom.
- During the inspection we saw a lack of interaction between staff and people on some of the units. We saw care workers sat in a chair placed in the doorway of the lounge, so they could see into the lounge and down the corridor when they updated the records of care using a hand-held device. The care workers did not interact with people in the lounge. We saw one person was sitting in a reclining armchair in a lounge and a care worker gave them a drink and biscuits, but these were left on a table out of their reach. The person had to rock back and forth to enable them to reach their drink. Care workers walked past the person whilst they were doing this but did not assist the person.
- We saw one person became distressed when sitting in a lounge and the care workers told the person it would be alright, but they explained to us that they did not speak the person's preferred language. We asked the care workers if there were any staff that spoke the person's preferred language, but the care workers said "there was no point" as the person could not communicate verbally. The person was still able to hear, and a member of the inspection team spoke with the person in their preferred language and they became less distressed. This meant the person's support needs were not taken into account when care was provided.
- Relatives we spoke with told us they felt the care workers were task focused and care was not always provided as planned. They commented that there were some good staff at the home who worked hard but they lacked direction.
- We spoke with the registered manager who told us they had been working with staff to improve interaction and how they supported people, but this was an ongoing process.

This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Nevertheless, people we spoke with felt staff treated them with dignity and respect when they received care. People also told us they were happy with the care they received and were supported to be as independent as possible.

- People's religious and cultural needs were identified in their care plan. The registered manager told us there was a rota for weekly visits to the home by representatives of the local Catholic, Methodist and Pentecostal communities. People could also arrange to be visited by a local Imam and the representatives from the Sikh community. People were provided meal options that met their religious and cultural preferences.
- The registered manager told us staff completed training on equality and diversity. Guidance produced by CQC relating to supporting people with relationships and sexuality in adult social care services was available in the nurse's office in each unit.

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

- Most of the people we spoke with told us staff asked them how they wanted their care provided and their preferences with care was being provided in line with their wishes. People also said they had been asked if they preferred if their care was provided by a male or female care worker.
- People we spoke with were not familiar with their care plan, but relatives told us they felt they were involved in the care of their family member and were kept well informed by the staff. One relative said, "I am aware of my family member's care plan, overall I mark 9/10 and can recommend this home to other people."
- Relatives of people using the service were able to access the care plans and records of the care provided each day remotely through the computerised records system.

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 requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had not ensured the care plans contained detailed and up to date information to reflect how people wished their care to be provided and how to meet the person's care needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- During the previous inspection we reviewed the electronic records completed by care staff using a system of picture icons to record the type of care and support and the time provided. We found these had not been completed in a timely manner which meant the times shown were not accurate, so the provider could not ensure care was provided to meet people's wishes and needs. At the July 2019 inspection we saw there had been some improvements, but records were still not recorded at the time care was given to provide accurate information of support.
- The care plans included information about the care a person required but the information was focused on the care tasks to be completed and did not provide information on how the person wanted their care provided.
- The care plan for one person stated the Speech and Language Therapy team identified they required a "fork mashable" soft fortified diet. We looked at the food intake records which showed the person regularly had a full English breakfast which does not reflect the nutritional requirements in the care plan. We spoke with staff who confirmed the person did not require the soft diet following a recent assessment, so the guidance provided for staff was not accurate.
- We saw the care plan for one person stated care workers should support the person to reposition in bed every two to three hours. The records of the care provided each shift which were completed by care workers did not indicate that the person was repositioned in line with the care plan. We also saw this was the case for other people who required to be repositioned. This could increase the risk of a person developing issues with their skin.
- The mobility care plan for one person indicated they should be supported to leave their bedroom three times a week for at least two to three hours, but records of the care provided each day did not show this happened and if the person was offered the opportunity to choose to leave their bedroom.
- We saw where an action had been identified and agreed as the outcome of an investigation of a complaint information had not always been added to the person's care plan. For example, the action identified to

resolve a complaint made by the relatives of one person regarding fluid intake stated a specific care worker would undertake hourly checks of their fluid intake and it would be recorded on a fluid chart. When we reviewed the person's care plan there was no indication that this action had been added to the care plan and fluid intake levels were not recorded.

- At the previous inspection we saw there was limited guidance for staff as to how they should support people who could be agitated or confused. During the July 2019 inspection we saw the care plans still did not identify the causes for people's behaviour and how they could be supported by staff. For example, we saw an incident and accident report relating to a person whose behaviour was challenging but there was limited guidance in the care plan. The care plan stated the person could be resistant to care and could be reassured but the person did not speak English and there was no guidance on how the staff could communicate with them to provide reassurance.

This was a continued breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- People told us they felt the activities were not engaging and the home could do more to develop an activities programme that supported people's interests and aspirations. One person told us, "The activities are boring, and the days are long and lack purpose."
- In one person's care plan we read, 'Person enjoys arts and crafts'. We spoke with the unit manager about how they were supporting this person to engage in this activity. They told us that, "To date we have not been able to support [Person]with this task". The activity schedule advertised hairdressing as an option for people to attend. Hair dressing is usually a service in a care home rather than an activity.
- The home had activities rooms throughout the building, but they were not being utilised. People told us that they wanted more activities, and this was particularly evident within the young person's unit. In the young person's unit there was an activities room which had a snooker table and two computers. The room was not accessible for people who had disabilities and there was not a strong enough internet connection.
- People told us that they had suggested outings and staff had arranged this however some people were unable to attend the outing as the bus was not accessible.
- During the day people sat in the communal lounge but often the television or the radio was not appropriate to people's interest. For example, in one lounge staff were listening to RAP music while people were also in the lounge.

This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People we spoke with told us they had not needed to make a complaint and some people said if they had a concern they would speak with their care worker or the manager.
- The provider had a process for reviewing and investigating complaints. During the inspection we reviewed the records for three 2019 complaints relating to issues raised regarding the care of three different people. Each record included information from any investigation which had been undertaken.

End of life care and support

- People were supported to ensure their wishes as to how they wanted their care provided at the end of their life were met. The care plan included a section identifying the person's end of life care plans. For example, we saw the care plans identify if the person wanted to be visited by a representative of their faith community or if they had a burial plan in place. However, this information was not always easy to locate in the care plan.

- One relative told us that the staff had been excellent when their relative had died. "The end of life care was amazing; the care staff made their last month's meaningful."

Meeting people's communication needs

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

- The registered manager explained a system had been introduced to provide a reminder for staff about the person's preferences and care needs. A board was displayed in each person's room and there was a list of information about the person with text and pictures.
- This information included if the person wore glasses, what time they preferred to get up, favourite food and drink, how the person showed they were in pain and what mobility support was required. The information on the board was written in the person's preferred language so they could understand the information. A version in English was provided for staff if required. The board had a picture on one side, so the information faced the wall to protect the persons privacy when not in use.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

At our last inspection the provider had a range of quality assurance processes in place but the ones in relation to the monitoring of care plans and risk assessments were not robust to ensure the information was complete and accurate. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- During this inspection we found that whilst there had been some improvements, the provider had not made significant improvements at the service to ensure people were not placed at risk of receiving unsafe care and support. The home has been rated as Requires Improvement since the inspection in August 2017 and we noted that the provider was again breaching a number of regulations which had been in place since that inspection. This demonstrates the provider has been unable to make the appropriate improvements to the service required to meet the regulations.
- An example of this was the care plan audits. During the inspection we were informed the practice was for one care plan per unit to be audited per month. This meant that only eight care plans were audited per month in a home with more than 150 people. Following the inspection, the provider clarified the process and informed us 117 audits had been carried out in the month before the inspection. We were not shown any evidence of these audits during the inspection. During the inspection we saw where issues had been identified in the audits the action plan for the audit had not always been completed to indicate identified shortfalls had been addressed. A sample of care plans were reviewed monthly, but this check did not identify when the information was not accurate or up to date so this could be updated. We did review the care plans for three audits which were completed by the nominated individual that had been completed and saw where any issues had been identified these had been rectified but our findings during the inspection, demonstrate that the audit systems were not always that robust.
- The provider did not always ensure risk assessments and risk management plans were in place to provide staff with appropriate guidance to mitigate possible risks.
- An audit of 10% of medicine administration records (MAR) charts was completed each month but this audit did not identify issues with the storage of medicines. This meant any issues with out of date medicines were not identified.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager completed a monthly quality monitoring summary which included information from a range of other checks carried out. The summary included information on the number of admissions, discharges, complaints, incidents and accidents and staff sickness.
- Monthly weight checks were completed, and the records identified if a person had experienced significant weight loss and required a referral to the GP or dietician.

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

- People who lived at the home we spoke with told us they felt the management team was generally visible around the home and were approachable. We received mixed feedback from relatives when we asked them about the management of the home. Some relatives told us they were kept informed of any concerns relating to the care of their family member. One person said, "The managers come down and they look around and ask how we are." Other relatives told us they felt there was a lack of communication from the management with relatives and staff.
- Staff we spoke with told us they felt all the managers and especially the registered manager were kind, caring and supportive. Staff members commented "All of the managers are all nice people. I would speak with the deputy manager if I had a concern. They listen very well. They always check on us if we are okay or if we need something" and "The registered manager is very good and very supportive toward the residents. They are on top of things. They are very supportive toward us whenever we have concerns. Any family want to talk, they are there."

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

- We saw the provider had a range of suitable policies and procedures, which were regularly reviewed and updated. When an incident and accident, complaints or safeguarding concern occurred they responded to it appropriately.

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

- We saw each unit had a nurse or senior care worker in charge and there were three deputy managers and a clinical service manager supporting the registered manager.
- The registered manager told us care workers in each unit were allocated champion roles each day. There were champions identified for dignity, fluid intake, meal times and infection control.
- There were daily meetings with the registered manager involving senior staff from each unit, housekeeping, maintenance and the chef. They discussed any issues on the unit and around the home and any action required.

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

- An annual survey was carried out with people using the service and relatives to obtain feedback on the care provided. The survey included questions on the quality of care provided, communication, activities and food. The results of the most recent survey from February 2019 had been analysed were displayed in the main reception and the responses shown were positive.
- We saw the minutes from a residents and relatives meeting which was held in February 2019 and the registered manager explained a further meeting had been held in May 2019 but only two relatives attended so they were trying to identifying ways to increase attendance.

- There were regular meetings with people living in each unit and meetings with staff. Staff we spoke with told us they felt supported by their manager.

Working in partnership with others

- The registered manager told us they had worked closely with a number of organisations to develop the skills and knowledge of staff. Macmillan nurses from a local hospice have worked with the staff at the home. They have also visited the home to speak with people using the service and relatives about care options at the end of a person's life.
- A project to improve hydration levels had been implemented in partnership with a local university which included training for staff.
- The registered manager also told us they were involved in a trial of video consultations with the GP being run by the Clinical Commissioning Group. This was in addition to the regular GP visits to the home.
- During the inspection we spoke with two visiting healthcare professionals who spoke positively about their interaction with the home. One healthcare professional told us "Yes the care is good, the person I visit is improving and the staff are kind and supportive."

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	<p>The registered person had not supported the autonomy, independence and involvement in the community of the service user.</p> <p>Regulation 10 (2)(b)</p>

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences. Regulation 9 (1) (a) (b) (c)

The enforcement action we took:

We have imposed a condition on the provider's registration to provide monthly updates on quality improvements to the CQC.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks. The registered person did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g)

The enforcement action we took:

We have imposed a condition on the provider's registration to provide monthly updates on quality improvements to the CQC.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity

The provider did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.

Regulation 17 (1)(2) (a) (b)

The enforcement action we took:

We have imposed a condition on the provider's registration to provide monthly updates on quality improvements to the CQC.