

Townsend Life Care Ltd

# Port Regis

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 19 March 2018 and was unannounced.

Port Regis is a 'care home'. People in care homes receive accommodation and nursing 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.

Port Regis accommodates up to 70 older people who may be living with dementia, across two units, each of which have separate adapted facilities. The West Wing unit provided support for people living with dementia who had complex needs. The House provided support to people who may be living with dementia. At the time of the inspection there were 59 people living at the service.

We carried out a comprehensive inspection on 8 and 9 February 2017 and the service was rated Good. This inspection was prompted by information from the local authority, other health professionals and relatives that they had concerns about staff skills, increased risk to people's safety and about the leadership within the service.

There was a registered manager leading the service. 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.

Potential risks to people's health and welfare had been identified, but had not been assessed and there was a lack of detailed guidance for staff to mitigate the risks. Checks had been completed on the environment and equipment used by staff to keep people safe. However, not all staff had completed a fire drill and practised using the evacuation equipment available. People had personal emergency evacuation plans (PEEPS) but these did not contain photos of people and detailed information about how to support them in an emergency.

Medicines were not always managed safely. Records were not accurately completed including how many medicines were available. Without accurate records, there was a risk that people would not receive their medicines as prescribed.

The registered manager and provider did not always understand their regulatory responsibility. The registered manager had not informed the Care Quality Commission of incidents that had happened between people, as required by the regulations. Staff were not recruited safely. The registered manager had not obtained a full employment history for all staff and had not taken appropriate action when issues had been identified with staff criminal records checks. The rating for the service had not been displayed on the provider's website.

The registered manager completed audits to check the quality of the service provided. These audits did not include all areas of the service such as care plans and recruitment. The audits completed had not identified the shortfalls found at this inspection. Accidents and incidents had been recorded and action had been taken, however, the recording of what had happened following an incident was not all recorded in one place. This made oversight of all incidents, action taken and learning difficult.

People's needs were assessed before they moved into the service to ensure staff were able to meet people's needs. The assessment covered all aspects of people's physical and mental health, social and cultural needs. Each person had a care plan, however, the care plan did not always reflect the care and support the person was receiving. This did not impact on people as staff knew them well and understood their needs, choices and preferences. People were not consistently asked about their end of life wishes. The registered manager told us that they were going to make this part of the assessment process.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, records did not always support this practice. When required Deprivation of Liberty Safeguards had been applied for and authorised.

Staff received training appropriate to their role. The training used for staff however, could be improved so that staff were skilled in current best practice in basic subjects, as well as in subjects related to people's needs including diabetes, catheter care and dementia. We have made a recommendation about staff training. Staff received infection control training and we observed staff putting this into practice during the inspection.

New staff completed an induction and were assessed as competent before they worked independently. Staff received regular supervision and appraisal to discuss their development and training needs. Staff told us they felt supported by the registered manager and were able to raise any concerns they may have and these would be acted on.

The provider had a policy about safeguarding people from harm and abuse that staff could refer to for guidance. Staff we spoke with were clear about what abuse was and how to report any concerns and they would not hesitate to report any concerns to the registered manager or to the Care Quality Commission.

Staff monitored people's health and referred them to healthcare professionals when changes occurred. People had access to opticians, dentists and chiropodists to help keep them healthy. People were encouraged to eat a healthy diet, people who required a special diet or assistance with their meals were supported by staff. People had enough to eat and drink, there were snacks and drinks available throughout the day.

People were able to take part in activities they enjoyed. People were supported to continue with hobbies such as knitting, that they had enjoyed before they moved into the service. People were treated with dignity and respect by staff. Staff had built relationships with people and their families, and understood people's needs. People were supported to maintain relationships with people who were important to them. Staff supported people to be as independent as possible and to plan their care.

There had been three complaints in the last year. The registered manager had investigated and responded to the complaints following the procedure. Changes that had been made in response to the complaints had been recorded.

The registered manager and provider wanted the service to be homely and for people to feel that it was their

home from home. Staff shared this vision and felt it was important that they should be surrounded by things that made them feel at home. However, the registered manager was unable to show how they empowered people and achieved good outcomes for them individually.

People, relatives and staff were asked for their opinions on the quality of the service. The results of the surveys were analysed and an action plan was put in place, the registered manager had taken action to address issues raised.

The registered manager worked with outside agencies such as commissioning and the local safeguarding team. The service had links to the community including local scout groups, who had meetings in the grounds of the service.

The registered manager attended local forums such as the care home forum to keep up to date with developments; however, the lack of systems for recording evidence meant that improvements had not always been evidenced.

The building had been adapted to meet people's needs and there was signage in place appropriate to help people living with dementia to understand.

At this inspection breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. You can see what action we have asked the provider to take at the end of the report.

## 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.

Potential risks to people had been identified but had not been consistently assessed and there was not detailed guidance for staff to mitigate risks.

Medicines were not managed safely.

Staff were not recruited safely. There was enough staff to meet people's needs.

Accidents and incidents were recorded but had not been analysed to show trends and lessons learnt.

Staff understood how to protect people from abuse.

People were protected from the risk of infection.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff worked within the principles of the Mental Capacity Act 2005, but records did not always support this.

Staff received training and supervision to support them in their role. Training in subjects such as diabetes and dementia needs improvement.

People's needs were assessed to ensure staff could meet people's needs.

People had enough to eat and drink.

People were supported to access healthcare professionals. People were encouraged to live healthier lives.

The building had been adapted to meet people's needs.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring.

People were treated with kindness, respect and compassion.

People were supported to express their views about their care.

People were supported to be as independent as possible.

### **Is the service responsive?**

The service was not always responsive.

People's care plans did not always reflect the care and support they were receiving.

People were able to take in activities they enjoyed.

People's end of life wishes were not always discussed and recorded.

Complaints were investigated in line with the provider's policy.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The registered manager and provider did not always understand their regulatory responsibilities.

Checks and audits were completed but had not identified the shortfalls found at this inspection.

The registered manager and staff shared a vision for the service.

The registered manager attended local forums to keep up to date with best practice but this was not evidence at the inspection.

The service worked with outside agencies.

**Requires Improvement** ●

# Port Regis

## 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 checked 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.

The inspection was prompted by notifications from the local authority and healthcare professionals about incidents that were being investigated. Relatives had contacted us with concerns about the care that their relatives had received. The information shared with CQC indicated potential concerns about staff being skilled to provide the support people needed, increased risks to people's safety and leadership within the service. This inspection examined those risks.

The inspection took place on 19 March 2018 and was unannounced. The inspection team consisted of three inspectors.

The inspection was completed in response to risk; the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information received from relatives telling us about poor care being provided. We considered information from a number of professionals about incidents that had occurred with the service. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like serious injury.

During our inspection we spoke with six people living at the service and two relatives. We spoke with the provider, registered manager, deputy manager, unit manager, activities co-ordinator and six care staff.

We looked around areas of the service. 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 cannot talk to us about their experience of care.

We reviewed records including seven care plans and risk assessments. We looked at a range of other

records, staff rotas, medicines, quality assurance surveys and audits.



# Is the service safe?

## Our findings

People we spoke with said they felt safe, comments included "Yes, I feel safe, I rolled out of bed once, staff came quickly to help me, I was fine." "Oh yes, I definitely feel safe here." Despite these positive comments, we found that the people were not always kept safe at the service.

Potential risks to people were identified before they moved in and recorded in people's care plans. Guidance about how to manage and mitigate risks was limited. For example, the use of catheters (tubes inserted into the bladder to help drain urine) poses risks to people of infection and need specific care. The instructions in one care plan instructed staff to 'give twice daily catheter care.' No further detail was given about what that care was and what support the person needed, what signs to look for in case of infection and what action to take. Staff described to us how they supported people with a catheter and the district nurse had been contacted when the staff had identified issues.

Some people needed support to move around and some people needed to use a hoist to move. We would expect to see clear step by step guidance for staff about how to move people safely, including what sling to use, how to attach the sling safely to the hoist arms and how many staff are needed. People's physical health needs should also be considered, for example one sided weakness, as this might impact on people's ability to move. Guidelines we saw lacked this detail and some were sparse giving limited information. Although we observed people being moved safely by staff, agency or temporary staff were used on occasions so clear guidance was needed to prevent the risk of harm or injury.

Some people displayed behaviours that may challenge. People's behaviour had been identified in their care plans, however, there was no detailed guidance for staff about how to manage the behaviours and minimise the risk of the behaviours happening. Care plans contained information about the behaviour people may display. One person's care plan stated they may shout and swear, guidance for staff was limited to use distraction methods and they may need to separate them from the problem when they became angry. There was no information about what distraction methods were to be used and what to do if staff were unable to separate the person from other people. Staff were able to describe how they supported the person when they began to display behaviours and how they maintained other people's safety but a lack of clear recorded guidance posed a risk of inconsistent support.

The provider had failed to assess, monitor and mitigate risks relating to the health and welfare of service users and to provide staff with clear records about people's care and support needs. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Equipment, including hoists was stored safely and was available when needed. Hoists we looked at had been serviced. There was a fire safety system and call bell system for people to use to call for staff. We checked the fire log book which showed the fire system including emergency lighting, extinguishers and the alarm were checked regularly. Most staff had taken part in a practice evacuation but not all. The records of fire drills for staff only noted who attended, there was no record of how long the evacuation took and whether there were any issues that might need addressing. People had not been involved in a practice fire

drill or evacuation so people could not be assured that staff would evacuate them safely in the event of an emergency.

Each person has a personal emergency evacuation plan (PEEP). Some PEEPs noted that staff should use a 'rescue mat' to help people to evacuate. We asked whether staff had practiced using the rescue mat to evacuate people and the registered manager said staff had not practised using the equipment. The PEEPs did not include a photograph of each person and did not include additional needs the person might have, for example confusion or mobility issues. The PEEPs were not clear about where the person might be in the building during the day and at night.

Medicines were not always managed safely. People's medicines were ordered monthly. Some medicines were prescribed 'when required.' These included pain relief and medicines for anxiety. These medicines may not be ordered each month if they have not been used. There was no record of how much of these medicines were available at the end of month. Without an accurate record, staff would not know when to order more medicines and there was a risk that people would run out of medicines.

Some prescriptions had been hand written by staff on the MAR charts. These prescriptions had not been signed by two staff to ensure the instructions were correct. Some staff had not signed the MAR chart to confirm that medicines had been given, however, the medicines were not in blister packs so had been dispensed. Some medicines have a limited time that they are effective once opened. Staff had not consistently recorded the date when bottles of medicines were opened to ensure they were used while they remained effective. Staff had not consistently recorded the reason why medicines had not been given to people; there was a risk that people would not receive their medicines as prescribed.

The provider had failed to do all that is reasonably practical to mitigate risks. The provider had ensured that medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not recruited safely. The registered manager had not obtained a full employment history for staff and their application form and audit tool stated that people needed to provide an employment history for the previous 10 years, not a full employment history as stated in the regulations. This was discussed with the registered manager who confirmed that they were not aware that a full employment history was required and therefore had not completed it for all staff, not just the three reviewed during the inspection. Part of the interview process was to discuss any past employment and gaps in employment however the only comments documented for people were "Yes all was discussed" and did not record the content of the discussion or the exact dates.

Disclosures and Barring Service (DBS) criminal records checks had been completed before staff began working at the service. Along with references, the DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. When an issue is identified during the recruitment process the provider should have a risk assessment in place and record why they have decided to still employ the person, for future reference. The registered manager had not recorded a risk assessment or what action they had taken when issues had been identified, to mitigate risks.

The provider had not ensured that recruitment procedures were operated effectively to ensure people employed were of good character. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Domestic staff were employed to keep the service clean. A relative commented that the only improvement

they would say was needed was the 'domestic side.' Some parts of the service did not smell fresh and other areas looked dirty. For example a wall and radiator cover in the dining room was heavily stained with what appeared to be tea stains and splash marks up and down the wall. The registered manager told us that they would ensure the areas identified would be deep cleaned. We will check this at our next inspection.

People told us that their rooms and bedding was clean and they generally received their clothes back from the laundry. One person said items went missing occasionally but they had always been found.

There were enough staff to meet people's needs. People said that the staff were there when they needed them and that they responded quickly to call bells during the day and at night. Feedback from relatives was that they thought there were enough staff. Staff commented that although they felt additional staff would be very welcome; they had enough staff to meet people's needs. We observed that there was always a member of staff in the lounge where most people were and staff responded to people when they needed support. The rota showed that the staffing levels were consistent, there had been occasions at weekends when the optimum level of five care staff had dropped to four and sometimes agency staff had been used to cover shortfalls. Any shortfalls during weekdays were covered by the registered manager or deputy manager. Domestic, maintenance, administration and kitchen staff were employed so that care staff could spend time with people.

Accident and incidents were recorded. Additional information such as body maps were kept in the person's file and all further information was recorded in the person's daily notes, which made it difficult to track what had happened following an incident as it was not all recorded in one place. This made oversight of all incidents, action taken and learning difficult.

Before the inspection, there had been an incident when staff thought they had faxed a prescription to the pharmacist. Staff had not realised that the fax machine was not working and staff had not realised that the medicines had not arrived when expected. This had led to a delay in the person receiving their medicines. The registered manager had put a new system in place where the staff who faxes the prescription checks after 15 minutes that the prescription has been received by the pharmacy. The registered manager told us that the system was working well and there had been no further incidents.

The provider had a policy about safeguarding people from harm and abuse that staff could refer to for guidance. Staff we spoke with were clear about what abuse was and how to report any concerns. Staff spoke passionately about the need to safeguard people from harm and said they would not hesitate to report any concerns to the registered manager or to the Care Quality Commission.

There had been some concerns raised about a lack of safeguarding of people's personal property. The concerns were being investigated. The registered manager told us they recommended that people did not bring valuables into the service and that they could not always be sure about what valuables each person had. Some inventory lists of personal possessions in some of the care plans we looked at were not filled in so there was no record of what people had brought into the service. We recommend that the registered manager review how they record what personal property people bring into the service so they can help safeguard people's belongings.

## Is the service effective?

### Our findings

People and their relatives met with the provider or registered manager before they came to live at Port Regis. An assessment was completed to ensure that staff would be able to meet people's needs. The assessment covered all areas of people's lives including their social, cultural and religious needs.

The registered manager assessed people's health care needs, using recommended tools such as Waterlow score to assess people's risk of skin damage, following guidance from the National Institute of Clinical Excellence. These assessments were used to decide the equipment and care required to keep people as healthy as possible.

The staff we spoke with had worked at the service for some time and had a good understanding of people's needs and conditions. The training used for staff however, could be improved so that staff are skilled in current best practice in basic subjects as well as in subjects related to people's needs including diabetes, catheter care and dementia. Staff relied on watching DVD's and answering questions. There was limited face to face training which allows staff to debate and ask questions and practice for example, practice using a hoist or practice using emergency evacuation equipment. Some staff told us they had not watched the DVD's but just answered the questions. We observed staff move people safely using equipment.

Staff received an induction when they started at the service. It consisted of an introduction to the home and existing clients. Other areas of the induction covered including communication, how to use the call system correctly, confidentiality and recording events. Staff were shown moving and handling techniques and encouraged to complete training. Each section was signed off by the carer and a senior member of staff once it had been completed. Staff also shadowed other staff before working unsupervised. The induction for new staff was not based on the Governments recommend Care Certificate supported by Skills for Care. The Care Certificate is a nationally recognised system for ensuring that new care staff have the knowledge and skills they need to care for people in the right way.

We recommend that the registered manager finds out more about training for staff, based on current best practice.

Staff told us they felt supported by the management team. Staff received supervision monthly and an annual appraisal. Staff were able to discuss their training and development needs. Staff also received clinical supervision where they were observed supporting people, however, the record of clinical supervision for all staff in November 2017 regarding pressure area care was identical with only the name of the carer changed on the form. When discussed with the registered manager she said that everyone had been assessed and observed and had competent so it was relevant for all.

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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff knew about capacity and consent, they knew that they should offer choices in a way that people could understand and knew that any decisions made for people who lacked capacity should be made in their best interests. Staff knew people's capacity and supported people to make day to day decisions. This was not always recorded accurately in people's care plans, but did have impact on people's lives.

There are currently eight DoLS authorisations in place. The registered manager had a list of them along with the date that they expire, so that the applications for renewal were sent when required. The registered manager said that capacity was assessed as part of the admissions process and DoLS applications are considered as part of that.

Staff worked with other organisations when people transferred between services for example, when people had to attend appointments or were admitted to hospital. Staff completed handover information for people to take with them. Outcomes of appointments and any changes to care or medicines was recorded and followed by staff.

People's health needs were recorded in their care plans. Some concerns had been raised about delays in calling for medical advice. However, people told us that staff called a doctor or district nurse when they needed them and records supported this. A relative told us that staff always noticed when their loved one was unwell and there had been times when they told the staff that they were concerned about their loved one to find staff had already noticed and called the doctor. People were supported to see the optician, dentist and chiropodist when required.

Healthy eating was encouraged and everyone we spoke with was positive about the food. One person told us "You have a choice at breakfast and two choices at lunchtime; you can always have more if you want it. They do a good job of cooking here." People were encouraged to eat a healthy diet.

People said they had a choice, that meals were served hot and there was enough food with snacks available in between meals. We observed the staff serving the lunchtime meal. There was a choice of two different meats with potatoes and two vegetables served. Most people ate in the dining room and the tables were laid and condiments offered. There was a relaxed atmosphere and people were given the support and time they needed. Hot and cold drinks were served throughout the day with biscuits. The menu was displayed on a noticed board in the dining room. It was written in standard text and displayed too high for people in wheelchairs to see it. We spoke with the registered manager about displaying the meal options in a way that everyone could see and understand, especially people living with dementia and they agreed to do this.

There was opportunity to make the service more suitable for people living with dementia including signage to help orientate people and we sign posted the registered manager to guidance and support. The registered manager agreed this was an area for improvement.

People had access to all parts of the service including the gardens. People told us they were happy with their bedrooms and a relative said that the amount of space to move around in suited their loved one.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One person told us, "The girls are wonderful." Relatives wrote on the quality assurance survey that they wanted to comment on the 'kindness and care received to residents and visitors.'

Staff knew people well and spoke with them in a kind and compassionate way. Staff had built strong relationships with people. People were encouraged to make choices about their care and how they spent their time. Staff supported people when they were unable to make choices by using their knowledge about their likes and dislikes.

People's dignity was respected. We observed staff knocking on people's doors and waiting to be asked in. Staff told us how they promoted people's dignity by ensuring the curtains were closed and people were covered during personal care. During the inspection, staff spoke to people discreetly, when asking them if they wanted to use the bathroom.

We observed staff showing concern for people and their comfort. One person had fallen asleep in a dining room chair. A member of staff noticed them and woke them as they were concerned that they were uncomfortable. They asked if they would like to be helped back to their room, which they said they would like. They tried to stand however their legs buckled and they stumbled. The member of staff helped them to sit back down. Staff asked them if they wanted a wheelchair as they seemed distressed and unsteady. As the person seemed confused and distressed the senior carer came and checked the person and reassured the person. Staff supported the person to sit in a comfy chair to read their book.

One person told us how staff had supported them to be as independent as possible when they wanted to go outside and smoke. They were not restricted and were able to go out when they wanted. Staff had worked with them to find a system that gave them the independence they wanted, by having a doorbell fitted so the person could let staff know when they wanted to come in.

Staff were patient with people who had memory loss, they spent time explaining things to them as many times as the person asked. Staff reassured people when they became anxious especially when they were unsure of their environment. People were encouraged to personalise their rooms with photos and ornaments to help people feel comfortable. People were shown the photos in their rooms to help reassure them that they were safe.

People were supported to maintain relationships with people who were important to them. People were able to use skype to keep in contact with their relatives and posters were displayed advertising this to people and their families. Visitors were welcome at any time.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that

they can communicate effectively. Information was displayed around the service but not all had been displayed in a way that people with dementia or a disability were able to understand. This is an area for improvement.

Some people were unable to express their views about their care, so staff ensured that decisions were made involving people who were important to them. Some people had nominated a person to represent them, however, some people had not. When this was the case, staff knew how to refer people to advocacy services when they needed support. A poster was displayed in the service. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.



## Is the service responsive?

### Our findings

Before the inspection, concerns had been raised by relatives and healthcare professionals that staff had not responded to people's changes in health needs quickly enough. Staff told us action they had taken when people became unwell. Records we reviewed showed that staff had taken appropriate action and people had been referred to emergency services when required.

Each person had a care plan that contained information about their life before they came to live at Port Regis and people who were important to them. The care plans, including information about how people liked to spend their leisure time, cultural and physical needs. However, the information was not always detailed, person centred and reflected the care the person was receiving.

Some care plans contained detailed information about how people liked their drinks, when they wanted to get up and go to bed and their likes and dislikes. However, other care plans contained information that was contradictory and did not reflect the current needs of the person. Care plans had been reviewed regularly by staff and any changes had been made, but not always through the whole of the care plan, leading to contradictory guidance for staff.

Parts of one person's care plan had been changed when they became unwell in October 2017, when the person had improved in November 2017 the change in needs had been recorded in some of the records. The person's mobility care plan stated they could walk short distances with a zimmer frame and needed two carers to help them stand, the mobility assessment did not reflect this guidance. During the inspection the person was walking independently. Staff told us they were now well and were able to walk around without staff support. Another care plan stated the person should only consume 1500mls of fluid each day, the person did not have a fluid chart to record how much fluid they had drunk. Staff told us that this had been stopped by the GP as the person had improved; this information had not been recorded.

Staff knew people well and agency staff worked with experienced staff, the lack of accurate information in care plans did not impact on people's health and welfare, so this was an issue with the records and staff recording.

The provider had failed to an accurate, complete and contemporaneous record in respect of each person. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were able to take part in activities. There was an activities co-ordinator who knew people's likes and previous hobbies and encouraged them to continue with these. One person was supported to knit and sew and another to complete art. People were supported by staff to sing and reminisce about the memories that the music brought back to them.

The service was not supporting anyone with end of life care during the inspection. The registered manager told us that when it was recognised that a person was coming to the end of their life, they would involve the



family and GP to devise a care plan for the person. Staff arranged for medicines to be prescribed and these were stored at the service. When needed staff worked with the district nurses to ensure people were comfortable.

The registered manager told us that they recognised that end of life care planning should be started as soon as possible. However, many people and their families did not like to discuss end of life care but staff would ask about end of life care when people were admitted.

The complaints procedure was displayed on notice boards around the home which set out how to complain, how it will be investigated and responded to (within 28 days) and where to refer the complaint if unhappy with the outcome. There was also a larger print summarised version for people. People were also reminded how to complain and encouraged to raise any concerns they had during residents and relatives meetings which were held every one to two months.

There had been three complaints in the last year. The registered manager had investigated and responded to the complaints following the procedure. Changes that had been made in response to the complaints had been recorded. For example, changes had been to the serving of food so that a member of staff was in the lounge at all times during the meal. This was observed during the inspection.

## Is the service well-led?

### Our findings

Before the inspection concerns had been raised by relatives and healthcare professionals that the registered manager and provider had not responded to concerns about the quality of care being delivered to people.

Monthly audits were carried out for dignity, medication, domestic, infection control, health and safety and first impressions. Each month, once the audits had been carried out, a front sheet was written out which picked out any actions being taken forward. Audits were fairly basic and there was not much detail or elaborations on them, for example, answers were mainly yes or no, however there were comments added to the front sheet. The audits had not identified the shortfalls found at this inspection.

The two medicines audits before the inspection did not identify any issues, however, during the inspection shortfalls were found in the recording of medicines. The health and safety audit had been completed and recorded that the windows were in good condition; however, windows in the dining room had holes and cracks in them that made the room draughty. Audits had not been completed on staff recruitment and care plans where shortfalls were identified.

Records for each person were not accurate; people's care plans did not reflect the care they were receiving. Medicines records had not fully and accurately completed. Accidents and incidents had been recorded but there was limited analysis and any action was not clearly recorded.

The risks to people's health, welfare and safety had not always been assessed and detailed guidance had not been given to staff to mitigate risks. For example, how to support people with their mobility and behaviours that may challenge.

Records lacked detail, were not up to date meaning that it made it difficult to identify risks and continually improve.

The provider had failed to assess, monitor and improve the quality of the service. The provider had failed to assess, monitor and mitigate the risks relating to health, safety and welfare of people. The provider failed to maintain an accurate, complete and contemporaneous record in respect of each person. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed the rating in the reception area of the service. However, the rating was not displayed on their website. We discussed this with the provider and they agreed to ensure that the rating was displayed. Following the inspection the rating is written on the website but was not conspicuously displayed as required by the regulations.

The provider had failed to display the rating for the service on the provider's website. This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and provider wanted the service to be homely and that people felt it was their home from home. Staff shared this vision and felt it was important that they should be surrounded by things that made them feel at home. Due to the shortfalls found in the recording of all aspects of people's care and quality monitoring of the service, the registered manager was unable to show how they empowered people and achieved good outcomes for them individually.

Residents and staff meetings were held every couple of months. The dates for the meetings were advertised on the notice board. The registered manager reminded people and staff that they had an open door policy and they could be contacted with any concerns comments or suggestions. People had made suggestions and these had been actioned. People had asked if they could make their own cakes, staff told us this had happened and people really enjoyed it. People had raised that the doorbell on the garden door was broken in October 2017 and the minutes from the January meeting confirmed it had been repaired. We observed people using the doorbell to let staff know they were ready to come in from the garden.

Relatives, people and staff had been asked for their views about the quality of the service. The provider had analysed the results and produced an action plan. Some relatives had suggested that when they first visit it would be helpful if staff could show them round the service, this had been introduced for all people moving to the service. Staff had identified that there was a lot of paperwork and some was duplicated, the provider was working with senior staff to identify what paperwork could be reduced.

The registered manager worked with other agencies including the local safeguarding authority and commissioning groups. The registered manager attended forums held by the local care home nurse specialist to keep up to date with practice and guidance. The service had links to the local community including the local scout group that used the grounds for some of their activities.

Health Watch had recently completed a visit, the registered manager told us that they had not received the outcomes from the visit.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they needed to inform CQC of important events in a timely manner and had informed us.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service. The provider had failed to assess, monitor and mitigate the risks relating to health, safety and welfare of people. The provider failed to maintain an accurate, complete and contemporaneous record in respect of each person.</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that recruitment procedures were operated effectively to ensure people employed were of good character.</p>   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had failed to display the rating for the service on the provider's website.</p>   |