

Sentimental Care Limited

Hamilton Park Nursing Home

Inspection report

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Somerset
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hamilton Park Nursing Home provides accommodation and nursing care for up to 34 people. Accommodation is arranged over three floors and all bedrooms are single occupancy. The home is staffed 24 hours a day and a registered nurse is always on duty. The service provides 14 Home First pathway places, which are commissioned by Somerset County Council and Clinical Commissioning Group (CCG.) There is a full team of NHS therapists based at the home from Monday to Friday. The therapy team consists of a physiotherapist, occupational therapist, social worker and reablement assistants. The Home First pathway provides a period of rehabilitation and reablement with the aim of the individual returning home. 24 people were using the service at the time of the inspection, including seven people who were using the Home First Pathway.

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

The provider's current systems to monitor the quality and safety of the service people received, had not been effective at identifying issues and driving improvement. Some records requested during the inspection were not available.

The management of medicines did not always adhere to best practice guidelines published by the National Institute for Health and Social Care (NICE). Improvements were required to ensure medicines were safely managed.

Risks to people's health and wellbeing were not always managed safely, for example risks relating to the prevention of pressure ulcers, weight loss and certain health conditions. Care records lacked specific details to guide staff on how to meet people's needs.

People's feedback was mixed in relation to staffing levels. The current arrangements for determining staffing levels did not reflect the need for nursing staff or other factors to ensure staffing consistently met people's needs. Not all staff had received core training or updated their training to ensure they worked safely.

People had mixed views about the quality and variety of the meals provided.

Parts of the environment required redecoration and refreshment to ensure it was homely.

We received mixed feedback from people about staff's attitude and approach. Some people found some staff to be abrupt and unfriendly. Observations during the inspection showed some staff had developed positive and friendly relationships with people. Some staff were exceptional in their approach.

People were offered opportunities to take part in regular activities, however relatives and staff felt activities were an area for further improvement.

People felt they were protected from the risk of abuse and told us they felt safe. People had access to various health care professionals, except for a domiciliary dentist. The registered manager was working to find an appropriate service for those people who would not be able to visit a dental practice.

Improved information was being developed for people using the Home First service, to ensure they fully understood the nature of this service.

Systems were in place to ensure equipment was safe and in good working order. The premises were clean and free from odours.

The registered manager was motivated to improve partnership working with other health and social care professionals for the benefit of people using the service.

People were supported to have 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.

Rating at last inspection: Good (Report published April 2017)

Why we inspected

The inspection was prompted in part due to concerns received about the safe management and prevention of pressure ulcers; the management of people's medicines; staff attitude and approach; staffing levels; the quality of food; record keeping; cleanliness and the governance and management of the service. A decision was made for us to inspect and examine those risks.

Due to the number and nature of the concerns raised about the quality and safety of the service, especially those relating to people using the Home first initiative, admissions to the Home First service were reduced and monitored by Somerset County Council. People with complex needs were not being admitted to the service.

Somerset County Council were working through the quality improvement process with the registered manager to support improvements at the service.

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

We have identified breaches in relation to the safe care and treatment provided and how the quality and safety of the service is monitored, and improvements made.

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.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hamilton Park Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors, a specialist nurse advisor, a specialist medicines advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people and dementia care.

Service and service type

Hamilton Park Nursing Home 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

We used the information the provider sent us in the Provider Information Return (PIR.) This is information providers are required to send us with key information about the service, what it does well and

improvements they plan to make. We took this into account in making our judgements in this report.

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We sought feedback from the local authority quality improvement and contracts team, and other professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We met most people using the service and spoke with 10 people in more depth. We also spoke with eight relatives and one advocate. We spoke with the registered manager, two nurses, the cook, care and ancillary staff and four healthcare professionals working to support the Home First Pathway.

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. This included nine people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from eight professionals following the inspection and received a response from three.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Problems with the supply of medicines put people at increased risk of harm when they moved from one healthcare setting to another. Medicines were not always available as prescribed. The registered manager explained the arrangements between the doctors' surgery, pharmacist and the service were not always effective for people on the Home First Pathway. People had a limited supply of medicines on discharge from hospital. Staff ordered medicines without delay, however, there were delays in receiving medicines. This meant people did not always receive their medicines in a timely way.
- One person had been without their prescribed medicine for up to four days. The registered manager was working with the Clinical Commissioning Group and local GP surgeries to resolve the issues.
- Staff had made several handwritten additions or changes to some medicines administration record (MAR). For example, when a medicine had been added, stopped or the dose changed. Staff had not signed or dated these records to show who had made the change and when. There was no record of who had authorised any changes made to a prescription. This increased the risk of mistakes being made.
- Medicines with a limited effectiveness once opened had not been labelled to ensure they were used within the manufacturer's guidelines. Protocols for 'as required medicines' were not always in place and staff had failed to record the actual dose given where a variable dose was prescribed. This meant the prescriber would not be assured the maximum dose was not exceeded in a day.
- The stock of some medicines had not been well controlled and resulted in a build up of medicines such as insulin. Some medicines had not been disposed of in a timely way once they were no longer needed. This increased the risk of the wrong medicine or an out of date medicine being administered.
- The quantity of medicines received by the service was not always recorded. This meant there was no accurate record of what medicines the service had received.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risks to people's health and wellbeing were not always managed safely. Risk assessments were in place relating to the prevention of pressure ulcers; falls and nutritional risk. However, they did not provide sufficient detail for staff to reduce risks. This meant people were at risk of avoidable harm.
- Prior to the inspection, professionals reported the early signs of skin damage were not always being recognised and adequately managed to reduce the risk of more serious damage developing. They reported some people had developed pressure ulcers at the service. The registered manager confirmed no one using the service at the time of the inspection had a pressure ulcer.
- Pressure relieving equipment was used to reduce risks, however, there was no guidance in care records

about the inflation setting for each mattress. Staff were unsure of the appropriate settings to be used or who was responsible for setting the mattresses. We observed a member of staff setting a mattress to a high setting when the person's weight indicated a lower setting should be used. There was no system in place to ensure mattress settings were regularly checked and appropriate for each person.

- Several people had repositioning charts in place as they required staff assistance to relieve pressure. Repositioning charts and care plans did not always state how often a person should be moved and staff gave us differing answers. There were several gaps within repositioning charts, meaning it was difficult to monitor how often a person's position was changed. The repositioning charts were generally used as a continence recording tool.
- During the second day of the inspection two people remained at the dining table in their wheelchairs two and a half hours. Although sitting on a pressure cushion their position was not changed. We discussed our concerns with the nurse in charge and people were moved to comfortable easy chairs. A relative told us, "The only thing that worries me is they don't put Mum in her (easy) chair. She loves her chair. At 9.45 a.m. this morning she was still in her wheelchair."
- The daily records for one person showed their behaviour could be a challenge for staff and they were aggressive at times. There was no risk assessment or information in the care plan to guide staff about how to deal with or reduce the behaviour. This presented a risk of an inconsistent approach by staff.
- Nutritional assessments had been completed for those people at risk of weight loss. However, the dietary needs record and nutrition support care plan did not contain detailed information of how to support one person. For example, the dietary needs record dated January 2019 relating to supplements said, "requirements need to be monitored" but no information about how often or what the outcome was of any monitoring. The record had not been updated since January 2019. Staff were unable to confirm if the person required supplements. A dietary intake and weekly food first prescription chart also contained gaps. For example, nothing was recorded for some supper times; there was no detailed description of the food or supplements offered or what was eaten. Records showed the person had lost a considerable amount of weight in the past six months, in part due to an underlying condition. However, we could not be assured the person was receiving appropriate support to reduce their risk.
- The registered manager monitored reported accidents and incidents, such as falls, to ensure steps were taken to address any trends. However incident forms were not completed when a person did not receive their medicines as prescribed. The registered manager said they did not consider this to be an untoward incident.
- Environmental risk assessments were old, most dated 2005. They had not been reviewed or updated in a meaningful way. The last review was recorded as 2017. There was no risk assessment in relation to risks identified for staff working in the laundry environment and the storage of equipment.

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- Systems were in place to ensure equipment at the service was safe and in good working order. For example, fire safety equipment was checked and serviced; hoists were serviced regularly, as was the passenger lift. Gas and electrical checks were carried out at the required intervals.
- Some potential environmental hazards had been addressed. For example, radiator covers were fitted to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Windows checked on the first and second floor had been restricted to reduce the risk of people falling.

Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. The majority of staff had received training to

ensure they worked safely, and they had access to appropriate protective clothing, such as gloves and aprons.

- People reported the cleanliness of the service had improved, except for some soft furnishings. For example, several easy chairs were stained and dirty. A relative said, "Her (relative's) room is kept clean. Everything I see is fine [clean]." Visiting professionals also said the standard of cleanliness had improved. We found the service was free from offensive odour, apart from one bedroom, which the registered manager was aware of and had taken steps to address.
- Since the last inspection the head of housekeeping had been employed, along with additional cleaners and a laundry person. Regular cleaning schedules were in place and the registered manager completed quarterly infection control audits.
- The laundry room was small and housed an industrial washing machine and drier. The room was very hot and did not provide a pleasant working environment.
- Bed linen and towels were sent out to a laundry twice a week, which meant only people's personal items were laundered at the service. However, there were not clear workflow systems to separate clean and dirty laundry to reduce the risk of contamination due to the size of the room. We made a referral to the local environmental health department to advise the service and ensure the laundry room was safe.
- The kitchen was clean and had achieved a five-star rating from environmental health in 2017.

Staffing and recruitment

- We received mixed feedback from people about whether staffing levels were sufficient to meet their needs. Some people said response times to call bells was "pretty good" and they didn't wait for attention for more than a few minutes. Others described longer waiting times. Comments included, "I use the bell, but they don't come very quickly..."; "I have to wait. Sometimes causes a problem, but I don't say anything" and "It's generally fine... There can sometimes be no staff in the sitting room or dining room. I have actually had to jump up and put someone back in their chair."
- During the inspection staff responded quickly to call bells and an emergency bell. Care and support provided was unrushed and staff worked at each person's pace. Staff said planned staffing levels were adequate unless there was unexpected illness or absence. Regular agency staff were used whenever possible to cover any absences. A review of the staffing rotas showed preferred staffing levels were generally maintained.
- The registered manager used a basic dependency tool to help determine staffing levels. However, this did not include the nursing staff required or consider the lay out of the building. The registered manager explained the aim was to have two registered nurses on each morning as she acknowledged this was a particularly busy time. Recruitment was underway to fill two nurse vacancies and care staff vacancies.
- Recruitment procedures helped to ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe. A relative said, "She is safe..." People said they would speak with the manager or staff if they had any concerns. One person said the registered manager was "easy to talk to". Another said they would be happy to speak with staff and added, "I have no worries".
- The registered manager understood safeguarding issues and was clear about when to report incidents and safeguarding concerns to other agencies. Staff were aware of their responsibility to report any concerns or poor practice to the registered manager. They were not aware of the external agencies they could contact should they need to report concerns outside of the service. The training matrix confirmed staff had reviewed the safeguarding policy, but several staff had not completed safeguarding training. The registered manager explained this was planned.
- Four safeguarding alerts had been raised in the past 12 months including by professionals in relation to

the development of pressure ulcers. Two concerns were not substantiated following investigation. Two concerns investigated were substantiated, relating to the development of pressure ulcers. Since these incidents all staff had received training relating to the prevention of pressure ulcers, to reduce the risk of occurrence in the future.

- The registered manager confirmed there had been no incidents of pressure damage occurring at the service since March 2019.

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.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager met with people considering a permanent move to the service prior to their admission to assess their needs. Information from these assessments helped to ensure needs and preferences were known and could be met.
- People using the Home First pathway were referred from the local hospital and the registered manager did not have an opportunity to assess their needs. The registered manager and Home First therapy team explained it was difficult to manage some people's expectations when admitted as part of the Home First initiative. As a result, new guidelines were being agreed with the hospital to ensure people better understood the service being offered.
- A relative explained their family member was not given a choice about their placement following discharge from hospital. They said, "The hospital sent him here to Hamilton Park. We had no say in it." The person and their relative were also unsure of the arrangements to support the person to return home. The relative said, "I know very little. We haven't been told..."

Staff support: induction, training, skills and experience

- People said most staff were trained and competent to meet their needs. Comments included, "I have to be hoisted every time. I know I'm in safe hands" and "They are not bad. I never feel that they don't know what they are doing."
- Some professionals said staff would benefit from additional training and support. One said, "We have tried to support Hamilton...their staff were originally trained at Musgrove in reablement, however with new staff now this has been offered again and we have not had any take up of this offer." The training record provided to us did not confirm that any staff had received reablement training.
- Not all staff had received core training or updated their training according to the provider's training records. For example, staff involved in the preparation or handling of food had not completed food hygiene training. Only five staff had attained a first aid certificate and the registered manager could not confirm that a competent first aider was always on duty. All staff had read the safeguarding policy but not all staff had received safeguarding training.
- Some staff had not completed the provider's equality and diversity training and not all staff had received training relating to people's health conditions. For example, Parkinson's disease and diabetes. Only 10 staff had received training relating to end of life care.
- The registered manager said there was a training programme for the year to address training deficits.

However, despite requesting a copy of the training programme several times, one has not been shared with us.

- All nursing and care staff had attended training in relation to the management and prevention of pressure ulcers.
- New staff completed an induction, to help them prepare to carry out their duties effectively and safely. Staff explained, this included working with experienced staff to learn about the service and their roles. However, the records were not available during the inspection as the member of staff overseeing induction was on leave. The registered manager confirmed staff new to care work would be supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that staff should follow when providing care to people.
- Staff received supervision every three months. Supervisions provided an opportunity to identify staff learning needs, and to set goals and actions to improve staff performance.

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

- People had mixed views about the quality and variety of the meals provided. Comments included, "It's nice..."; "It's alright. Plenty to eat"; "It varies... We all have the same..."; "The food is not to my liking...not like home cooked food" and "When it's [staff's name] cooking it's good. When she's not, it's touch and go"
- The cook planned the meals on a weekly basis. However, no menus were displayed or shared with people. The cook spoke with people daily about the main meal of the day and whether people wanted an alternative. Alternatives offered were baked potato or salad.
- Some people were unaware of what the main meal was; one person said, "We take what comes..."
- From the records we reviewed, we could not be assured people were receiving the recommended five portions of fruits and vegetables a day. On the first day of the inspection the main meal was sausages, chips and beans; no fresh vegetables were served. The meal on the second day was fish and chips served with broccoli.
- Some people required a pureed diet. The items had been presented separately on the plate however a member of staff had mixed the components of the meal together, which meant it looked very unappetising.
- Staff were available to support people at mealtimes, however, on occasion staff stood over the person they were assisting, rather than sitting with the person. This did not promote a very sociable mealtime.

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

- People had access to various health care professionals, apart from a domiciliary dentist.
- The registered manager explained most people would not be able to visit the dentist and the domiciliary dental service had ceased sometime ago. The registered manager was trying to source another dental service which would visit people at the home. The registered manager explained the lack of a visiting dental service was a county wide issue
- We received mixed feedback about the service from health and social care professionals. Some provided positive comments, for example about appropriate equipment being in place and the delivery of care. However, others expressed concerns about the skills and knowledge of staff; the attitude of some staff and staff not always responding quickly enough when someone's condition changed.

Adapting service, design, decoration to meet people's needs (E6 this KLOE is for providers

- Some parts of the premises needed redecoration and refurbishment. Several walls and woodwork in halls and bedrooms were scuffed and chipped. Some of the bedroom curtains were no longer hanging properly, with hooks either missing or not attached.
- The communal sitting room and dining room had been redecorated and the flooring had been replaced

since the last inspection. In addition, some bedrooms had been redecorated. These areas were bright and homely.

- Staff and relatives identified the general environment as an area for improvement.
- The layout of communal areas had an institutional appearance. Easy chairs were situated around the walls of the room rather than being placed in small groups to encourage activities and conversations.
- There was limited storage space which meant equipment used for several people was stored in one person's bedroom; bathrooms and the shower room. This made access to these areas difficult. We asked that equipment stored in a person's bedroom be removed immediately.

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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed staff asking people for their consent and offering them a choice before supporting them. People confirmed staff involved them in day to day decisions. One person said, "They say 'what do you want to do today?'. If I want a nightdress, I tell them, or I get dressed. I chose not to get dressed today."
- Records were inconsistent. Some people's capacity to consent to aspect of care or treatment had been assessed. However, there were blank mental capacity forms in two of the care records we reviewed. The capacity to agree to the use of bed rails had not been completed for two people and no best interest decisions could be found. The registered manager said mental capacity assessment had been completed but the records could not be located.
- A visiting advocate said they found staff knowledgeable about their client's needs and had no concerns about the person's restricted liberty, which had been applied for correctly. However, they explained the person had requested to go out shopping more often. They had not been out of the service for a month. We discussed this with the registered manager to ensure the person's requested was supported.
- Appropriate applications for DoLS had been made to the supervisory body when necessary. An advocate confirmed the service was working within the conditions of the DoLS.

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.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated as individuals. At lunchtime all those people having lunch in the dining area were wearing single use plastic clothes protectors. Staff did not always seek people's permission or explain what they were doing when using the protectors.
- We received mixed feedback from people about staff's attitude and approach. Comments included, "They (staff) are all alright, just a bit rough at times..."; "Some of them (staff) can be nice and some a bit snippy. I have mentioned it to (staff member) and then she has a word with them. Things improve for a while. At the moment, it's lovely"; "They are fine (staff) mostly. Some you get on better with than others"; and "Some can be a bit abrupt...some are more friendly than others, that's life."
- Other people had a more positive experience of staff. Comments included, "In the main staff are helpful"; "I do feel stressed sometimes and they (staff) talk to me. The girls are ever so good" and "She likes the staff and they have got to know her. It's homely. The staff are really nice."
- Observations showed some staff had developed positive and friendly relationships with people. Some staff were exceptional in their approach. People and some professionals made specific comments about certain staff, including "(Staff's member name) is wonderful...so kind and caring" and "Nothing is ever too much trouble for (staff's name). She is the best."
- Staff regularly checked on people's welfare in communal areas and asked if they needed a drink and ensured they were warm and comfortable.
- Some staff went "the extra mile" by assisted people with activities on their day off. For example, taking people out shopping; to the garden centre or cinema. One member of staff regularly spent their break with a person living at the service. We observed them chatting contentedly.
- Some people expressed a religious preference. Others explained they did not wish to attend services or need staff support with their spiritual needs. People were able to maintain their faith and religious services took place regularly at the service.

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

- The registered manager explained 'resident's meetings' were not held. The manager preferred to meet with people individually to hear their feedback about the service. However, these discussions were not recorded. Any improvements suggested were not captured in a way to demonstrate that people's views had been heard and improvements made as a result.
- Daily routines generally suited people's preferences and considered their choices. One person said, "It's

not too bad. I think you can have a cup of tea when you want one. We do as we are told."

- Two people said they would prefer to get up earlier in the morning. One person said they liked to be up at 7am. This was reflected in their care plan. However, we spoke with them at 9.30am and they were still in bed and beginning to get anxious.
- People were usually offered a bath or shower once a week, but one person said they would like to shower two or three times a week. They said they had told staff about their preference but continued to be showered once a week.
- During the inspection we observed staff encouraging people to make every day decisions about their care when they could. For example, what they had to eat, what they wanted to wear and where they spent their time.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. People using the Home First pathway were supported by the local authority therapy team to regain independence. Each person had set goals to achieve and these were monitored by the team. One relative commented, "The physios are brilliant, trying to get mum motivated."
- We observed staff encouraging people to do as much for themselves as possible. One person said, "They give me flannels and sponges and let me get on with it. They ask permission before doing anything."
- When assisting people to move, staff were unrushed and explained to each person what they were doing.
- When staff assisted people with their personal care, privacy notices were used on bedroom and bathroom doors to ensure people's privacy and dignity was maintained and they were not disturbed.
- Care and consideration had been taken when supporting people with personal care. People's clothes were clean, and their hair styled. This supported people's sense of well-being and self-esteem.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: 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

- Some people's care plans did not provide clear, consistent information about their needs and risks. This meant staff may not have access to accurate information to support people effectively.
- Care plans did not contain specific information relating communication, cognition, or social care needs and preferences, or how to ensure these needs were met. One person became very anxious and distressed as they had to wait for assistance to use the toilet. The care plan explained the person exhibited anxiety but did not consider the triggers and how best to reduce these.
- The daily notes described occasions when another person had become aggressive but there was no care plan in place to ensure staff had a consistent approach when responding.
- Daily notes completed by staff were sometimes judgemental. For example, "(Person's name) in a bad mood this morning." There was no description of what this meant or how staff should deal with a person in a low mood. On another occasion staff had recorded, "Agitated today..." Nothing else was recorded to show why the person was agitated or what staff did to comfort them.
- Information on supporting people living with specific health conditions was not always detailed. Some people were living with diabetes. Although this was mentioned in care records there was no specific care plan to guide staff in relation to the person's expected blood glucose range; what to do if readings were outside of that range or what foot care or eye care they might need. The nursing staff were aware of the person's preferred blood glucose range and what to do should readings be outside of the usual range. Blood glucose levels were monitored regularly. However, the records were not detailed enough to ensure new or agency staff had the information they would need to provide person-centred care or to keep people safe.
- The registered manager said the provider was considering using an electronic care planning system to improve the quality of information provided to staff.

The above demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the lack of detailed information in some people's care records, several people were happy with the care provided and felt staff knew them well. Comments included, "It does seem to be a happy home" and "I like living here, all the people, all the friends. I like the staff, I think everything is alright."

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

- An enthusiastic activities co-ordinator had been employed since the last inspection and several people spoke positively about them. Comments included, "(Staff name) is lovely. Always interested in us. Trying to find things for us to enjoy." However, relatives and staff felt activities were an area for further improvement. A relative said, "I would like to see more meaningful activity for people".
- Records showed most people were offered opportunities to take part in regular activities. However, the activity record for one person had no activities recorded since January 2019. On the second day of the inspection the activities co-ordinator was unable to attend work. We observed no activities or opportunities for people to receive stimulation or to engage in meaningful occupation. People were largely unengaged throughout the day.
- There were planned activities most days, for example, one to one time, music and exercise sessions, cooking, games and coffee mornings. Two people had recently enjoyed a visit to the Somerset Cricket ground for a match and enjoyed showing us their cricket bats.
- Another person enjoyed visits to the local pub with a staff member on occasion. One person attended a support group and coffee morning outside of the service on a weekly basis, which they said they enjoyed very much.
- Activities were advertised on a piece of A4 paper and displayed in the hallway, which most people did not access. This meant people did not always know what activities were available.
- Some people expressed a wish to be able to enjoy more trips out for shopping or meals.
- People's visitors were welcome at any time. This helped people to maintain relationships that were important to them. Relatives said they felt welcome at the service and were offered refreshments.

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.

- Care plans provided information about people's sensory or hearing impairment. For example, whether they needed a hearing aid or glasses to improve communication.
- A large board with visual prompts of the date, season and weather was displayed in the lounge as a gentle reminder for people.

Improving care quality in response to complaints or concerns

- People and their relatives were aware how to raise concerns and most said they would speak with the registered manager or staff. Comments included, "The manager is easy to talk to..." However, one person when asked if they could raise concerns told us, "It all depends who is on. Most of them (staff) listen and I know the ones that don't."
- Complaints information was available in people's bedrooms. Some information was out of date about the role of the Care Quality Commission and the Local Government and Social Care Ombudsman. This was pointed out the registered manager to ensure it was amended.
- 16 concerns, complaints or safeguarding issues had been raised about the service since the last inspection. All but one had been in relation to people using the Home First initiative. The registered manager had worked with other professionals to investigate and respond to most complaints. Four complaints were on-going and awaiting conclusion.
- The registered manager said a written response was sent to people once the investigation was completed.

End of life care and support

- The service had achieved the Gold Standard Framework (GSF) for end of life care. The GSF is a model that enables good practice to be available to people nearing the end of their lives.
- A key component of the GSF includes staff training. The Provider Information Return (PIR) stated "all staff have received end of life awareness training" However, the staff training record showed 10 of the 24 nursing and care staff had completed end of life training. The registered manager explained this was a result of staff turnover and that staff would be offered training prior to re-accrediting with the GSF.
- No one was receiving end of life care during the inspection. Each person had a Treatment Escalation Plan (TEP) in place. This recorded important decisions about how they wanted to be treated if their health deteriorated. This meant the person's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to monitor the service were not always effective, did not drive improvement and the registered manager and provider had not identified this.
- The provider did not have sufficient oversight of the service. Although they visited monthly to carry out quality checks, the checks did not identify shortfalls found at this inspection.
- The quality monitoring reports from October 2018 to March 2019 showed no concerns in relation to the management of medicines; care planning records (they stated the standard of recording was high); the environment (described as being to a high standard) and deficits in staff training were not identified (report stated staff are properly trained).
- The quality monitoring reports stated any minor concerns/complaints had been dealt with promptly and none had required formal action. However, the registered manager had dealt with and was dealing with several serious concerns.
- The quality monitoring reports demonstrated the provider did not have a good understanding of the concerns raised by health and social care professionals over the past months.
- The Provider Information Return (PIR) stated weekly medication audits were completed to ensure medications were managed safely and consistently. However, we found several concerns in relation to the management of medicines, which had not been identified and addressed.
- People's records in relation to their care were not always accurate, up to date or contemporaneous as described in the safe and responsive sections of this report.
- There were several documents we could not access during the inspection. For example, staff induction records, the staff learning and development programme for 2019 and some mental capacity assessments.
- The provider had not ensured environmental risk assessments were reviewed and up-dated to promote safe working practices.
- Internal audits completed by the registered manager between October 2018 and January 2019 highlighted areas for improvement. For example, some bedroom carpets needed to be replaced. The registered manager confirmed this work was on-going and no target had been set for completion.
- The registered manager had developed an action plan to address the concerns raised by the quality improvement process. Several of the actions had been completed. However, the registered manager explained other issues within the action plan were "on-going", with no completion date to aim for. For example, the redecoration and refurbishment of bedrooms and other areas, including painting dark wood.

Without a completion date it would be difficult to measure whether objectives had been met in a timely way.

- Not all staff were clear about their roles. Staff were unsure who was responsible for ensuring the settings on pressure relieving mattresses were appropriate. Due to a lack of formal training, some staff were unsure about external agencies to be contacted should they have concerns about people's wellbeing or safety.

Continuous learning and improving care

- Improvements had not been made following safeguarding concerns raised from January 2019. One investigating social worker described the paperwork overall as "very disorganised and inconsistent". Their report, completed in May 2019, showed repositioning charts and diet and fluid records were poorly completed. This reflected what was found at this inspection and showed lessons had not always been learnt or continuous improvements made.

The provider failed to ensure effective systems and processes were established to monitor and assess the safety and quality of the service, drive improvement and maintain accurate and contemporaneous records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Annual satisfaction surveys were used to gather feedback about people's experience of the service. Results from the October 2018 shows overall people rated the service as good, with some aspects rated as excellent. There had been several changes at the service since October 2018 and the results of the survey did not reflect the experiences shared by people with us during the inspection. People had mixed views about staffing levels, the attitude of staff, and the quality of the food. This had not been identified by the provider during their regular quality checks.

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.

- The registered manager had been working with the Somerset County Council quality improvement team and other health and social care professionals to investigate and respond to the complaints and safeguarding concerns and concerns raised by the registered manager.
- The registered manager had taken action to ensure health and social care professionals were informed of untoward events. The registered manager had a clear understanding of when to notify both the Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC) of events or incidents.
- One relative expressed communication could be improved. They said they were not always informed of changes to their loved one's condition. They added, "They (staff) don't phone. It's not until I come in... When I first came in I gave them all my details."

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

- A new manager had been appointed since the last inspection. They were registered with the Care Quality Commission in January 2019. They explained they had inherited some problems but were keen to develop an open and inclusive culture.
- Many staff spoke positively about the registered manager's approach and style. Staff said they had seen improvements under their leadership, such as a cleaner, fresher environment; more domestic staff including a laundry person and the service felt better organised.
- People using the service said they could speak with the registered manager should they have any worries or concerns.
- The registered manager was aware of concerns about some staff's approach and attitude, which could

impact on the development of a positive culture that was open and inclusive. Where issues of performance had been identified, they had been discussed during staff supervision. The registered manager often worked on the floor with staff, which enabled her to support staff and monitor their approach.

Working in partnership with others

- The registered manager was working to improve partnership working with other health and social care professionals. For example, working more closely with the specialist community Tissue Viability team, to ensure staff's knowledge and practice was up to date.
- To ensure people's discharge from hospital was managed without delay, the registered manager liaised with the local hospital and other professionals.
- The registered manager was trying to arrange a meeting with the CCG; local GPs and pharmacy to avoid some of the current delays in obtaining people's medicines.
- Some links with the community had been established for the benefit of people using the service. For example, one person regularly attended a local support group.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all risks to people health and well-being were being effectively managed. Improvements were required with regards to medicines; pressure ulcer prevention; and risk relating to health conditions.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems for ensuring good governance were poor. The internal quality improvement processes had not identified or address a number of issues.</p>