

Discovery Care Limited

Roxburgh House

Inspection report

29-31 Roxburgh Road
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Kent
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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?

Inadequate 

Summary of findings

Overall summary

About the service

Roxburgh House is a residential care home providing personal care to 18 older people and people living with a physical disability at the time of the inspection. The service can support up to 22 people.

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

People living at the service had a wide range of needs. Most people were happy living at the service but others felt areas of the service could improve. We found the service was not clean and people were not protected from the risk of infection.

The provider and registered manager did not have a good oversight of the service. They had not completed effective checks on the quality of the service and were unaware of shortfalls we found.

Staff were not always recruited safely and there were not always enough staff to meet people's needs. Staff had not been held accountable for the poor cleanliness at the service. New staff completed an induction.

The management of people's medicines required improvement. Guidance was not available to staff about some medicines and some records were not complete.

Risks to people had been identified and staff had been trained to provide the care people needed. However, on one occasion we noted staff did not move a person safely.

Assessments of people's needs were not always accurate, however people did receive the support they needed.

People were not protected from the risk of fire as an exit gate was locked and flammable items were not stored safely. Staff were confident to use evacuation equipment. Action had been taken after accidents and near misses to stop them from happening again.

People had not been offered the opportunity to discuss their end of life preferences. However, people did receive support to have a comfortable and pain free end of life.

People were protected from the risks of harm and abuse. Staff knew how to identify and raise concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to remain as healthy as possible. They had access to a dentist and guidance was in place about people's health care needs. Staff promptly contacted healthcare professionals when people's

needs changed.

People were referred to respectfully. They had been asked about their lifestyle and equality needs and choices. People had privacy and were treated with dignity. Staff treated people with caring and compassion and supported them to remain independent.

People knew how to complain about the service and complaints had been resolved.

People were supported to eat and drink enough.

Staff felt supported by the registered manager and worked as a team. People and staff were asked for their views, and these had been used to develop the service. The registered manager understood their legal responsibilities and had informed us about significant events that happened at the service.

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

Rating at last inspection (and update)

The last rating for this service was good (published 16 June 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the cleanliness of the service and infection control processes, staff recruitment and deployment, and checks on the quality of the service. We also identified breaches in relation to needs assessments, mitigating risks, medicines records and end of life planning.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Roxburgh House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by an inspector 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.

Service and service type

Roxburgh House 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, senior care workers, care workers and the cook. We also spoke with a dietician who was visiting the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training information.

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 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.

Preventing and controlling infection

- People were not protected from the risk of infection. One person told us, "It's filthy here, just filthy, you just need to look at my room and the stains and grime. I try to clean myself, but it gets too much". The building and equipment had not been kept clean and well maintained. Staff did not follow infection control procedures and checks on the cleanliness of the service had not been effective. We told the provider about this on the first day of our inspection. They had not identified the shortfalls but agreed the service was not clean. A team of staff cleaned the service over night. On the second day, the service was cleaner but was not free from infection risks.
- Staff were not following safe practices to move soiled laundry through the service. Staff had placed soiled items in open plastic bags on the laundry room floor. Special bags which dissolve in the washing machine were in stock. These had not been used to transfer soiled items through the home and into the washing machine. This increased the risk of the spread of infection through the building.
- All the sinks, baths and toilets were heavily stained with limescale. Limescale gives germs a place to multiply. Areas of the home were not in good repair. The laminate covering on the worksurface in the laundry room was broken and the wood underneath was damaged. A kitchen cupboard used to store dry goods and crockery smelled strongly of damp. Shelves in the cupboard were broken but still in use. The shower chair in the downstairs bathroom was rusty. It was not possible to keep these areas clean and hygienic.
- A cleaning schedule including how often rooms and equipment needed to be clean and by whom was not in place. The registered manager completed monthly infection control audits. These only covered outbreaks of infectious illnesses and did not note areas of the home were dirty. An annual infection control audit was completed in January 2019.

The building and equipment had not been maintained and kept clean. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not always enough staff to help people when they wanted. People told us, "There are never enough staff when I actually need them to help" and "Sometimes I just have to make do on my own as help just doesn't come". Staff deployment was not planned around people's needs and was not consistent. For example, on some mornings there were three staff and on others there were four. The registered manager had assessed four staff were needed. We observed staff there was sometimes a short delay in people receiving support however, staff responded quickly when necessary. During our inspection the registered

manager changed the rotas to make sure there were always four staff on in the morning. We will check this improvement has been maintained at our next inspection.

- There were vacancies for care staff and a weekend cook. The registered manager cooked every other weekend and was not regularly having days off. They frequently worked on the floor caring for people and told us they did not have time to fully complete their role. Care staff were also responsible for doing laundry and activities with people. They told us additional staff to complete these roles would give them more time to spend with people.
- The lift was broken on the first day of our inspection and was out of action for four days. Some people who usually spent their time in the lounge remained in their bedroom as they required the lift to get to other floors. Additional staff had not been deployed to spend time with people and support them in their bedrooms. One person told us, "I am stuck up in my room and the lift's not working".

Sufficient numbers of staff had not been deployed consistently to ensure there were always enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were not always recruited safely. Complete checks had not been completed on some staff's previous employment. A reference from the last social care employer had not been requested for one staff member. Action had not been taken to obtain another applicants full employment history with any gaps in employment. This information helps providers understand staff's skills, experience and character. Criminal record checks with the Disclosure and Barring Service had been completed. However, these had not always been received before new staff worked unsupervised with people.

Safe recruitment processes had not been followed to ensure staff were of good character. This placed people at risk. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People received their medicines when they needed them. Medicines records were not always detailed and the registered manager took action to improve these during our inspection.
- Some people were prescribed pain relief 'when required'. Everyone was able to tell staff when they needed pain relief and why. However, staff did not have guidance to follow about the signs people may need their medicine or the maximum dose in a 24 hour period. The registered manager put these in place during our inspection.
- Some people were prescribed pain relief patches. The position on the body where pain relief patches had been applied was not recorded. Placing the patch in the same place increases the risk of skin damage and the medicine not being effective. Staff told us they placed the patch in a different place each time and no one had any skin damage. The registered manager put patch charts in place during our inspection.

We found no evidence that people had been harmed however, detailed records had not been kept about some medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed training in medicines management and their competence was assessed following their training. Staff's knowledge, skills and competencies to manage medicines had not been reviewed annually as recommended by the National Institute for Health and Care Excellence. Medicines were ordered, stored, administered and disposed of safely.

Assessing risk, safety monitoring and management

- People had not been protected from the risk of fire. On the first day of our inspection we noted a fire exit route in the rear garden was locked. The smoking shelter people used was being used to store cardboard and paint, both of which were flammable. We informed the provider of these risks and they removed them. A visiting professional confirmed to us after the inspection the fire exit had remained unlocked. Staff knew what to do in the event of a fire and were confident to use evacuation equipment.
- Guidance was in place for staff about how to move people safely. This included the techniques to use. However, we observed staff not following the guidance on one occasion and use an unsafe lifting manoeuvre. This put the person at risk of harm. We informed the registered manager and provider who addressed the issue with staff immediately. We observed other staff moved people safely. People who needed had their own hoist sling to meet their needs.
- The risk of one person losing weight had not been identified. Records showed the person had gradually lost a large amount of weight over a year. Their weight was within a healthy range and they looked well. The staff and registered manager had not identified the loss and taken action to prevent further losses. The person told us, "I don't really like the food; I try not to eat it". The registered manager referred the person to the dietician during our inspection. Risks to other people had been identified and addressed.

We found no evidence that people had been harmed however, people had not always been protected from the risk of fire. Staff had not followed guidance about the safe moving of one person. Risk of one person losing weight had not been identified. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risk of people developing skin damage had been identified. People were supported to use equipment to keep their skin healthy, such as special mattresses and cushions. Staff knew how to set these correctly and completed regular checks to make sure equipment was being used safely. No one had developed skin damage.

Learning lessons when things go wrong

- Accidents at the service were rare. The last accident had occurred in May 2019.
- The registered manager reviewed accidents monthly but did not have a system in place to look for patterns and trends. This has not impacted on people and no one was having frequent accidents.

We found no evidence that people had been harmed however, a process was not in operation to review accidents and incidents to look for patterns and trends. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Near misses had been reviewed and action had been taken to prevent people having accidents in the future. For example, staff noted one person at high risk of falling tried to get out of bed. They used equipment to alert them that the person had moved and offer them support quickly. The person had not fallen.

Systems and processes to safeguard people from the risk of abuse

- People using the service and any visitors were protected from the risk of abuse.
- Any risks to people and visitors had been assessed and staff followed planned action to keep them safe.
- Staff had completed safeguarding training. They knew about different types of abuse and were comfortable to report any concerns to the manager. They knew how to whistle blow about any concerns they had outside of the service, if they needed to.
- The registered manager and provider had discussed any concerns about people's safety with the local

authority safeguarding team. When necessary action had been taken to prevent incidents occurring again. We had been notified of any safeguarding concerns raised.

Is the service effective?

Our findings

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

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

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

- People's needs had not been assessed using recognised tools. Assessments completed had not highlighted risks. One person's nutrition assessment showed they were at low risk of losing weight. They had lost weight and been referred to the dietician who had prescribed supplements and a high calorie diet. The registered manager agreed the assessment was inaccurate. However, they had not reviewed the outcomes of assessments and questioned if they were correct. During our inspection they accepted a dietician's offer to train staff to use the Malnutrition Universal Screening Tool (MUST). MUST meets guidance from the National Institute for Health and Care Excellence.
- The provider did not have a written pre-admission assessment process in operation to ensure important information was gathered and recorded. This had not impacted on people. The registered manager met with people and their relatives to discuss their needs before they began to use the service. They also reviewed information from health and social care professionals. They used this information to make sure staff had the skills to meet people's needs and develop a care plan. Following our inspection the registered manager put a written assessment process in place. We will check this is effective at our next inspection.
- People were given the opportunity to share information about any protected characteristics under the Equality Act 2010, such as race and gender. When people or their family were not able to share information about their life the registered manager worked with professionals who knew people well. During our inspection the registered manager met with two professionals to discuss one person's life history. They shared this with staff and used it to plan the person's care.

We found no evidence that people had been harmed however, a process was not in operation to record the assessment of people's needs before they began using the service. Recognised assessment tools had not been used to assess people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had the skills they needed to meet people's needs, including moving and handling training. One staff member told us they knew the unsafe technique they used was a risk to the person. They did not know why they had not followed the person's care plan guidance on the occasion we observed.
- New staff completed an induction which included shadowing experienced staff to get to know people. One staff member who was new to caring was completing a six week 'Introduction to adult social care' course.
- Staff completed training appropriate to their role including topics specific to the needs of the people they

support such as diabetes and Huntington's disease. Most staff had completed recognised qualifications in social care.

- Staff met with the registered manager regularly to discuss their practice and development. The registered manager arranged training for staff to meet identified areas for development. Staff had an annual appraisal to review their achievements and development over the year.

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

- People's views about the food at the service differed. Their comments included, "The food is disgusting", "The food is not bad, I like the meals", "I like my dinner, not enough of it but I like it" and "I like the food sometimes".
- Meals were prepared to people's preferences and needs. Staff offered people alternatives when they did not want what was on the menu. The cook prepared several different meals for people during our inspection. When people had a poor appetite staff offered them their favourite foods and encouraged them to eat. This was effective and we observed people eating things they liked.
- Before our inspection a clinical nurse specialist told us they had visited the service following concerns from GPs about people losing weight. They had supported staff to review their practice and told us people's weight loss had stabilised. People's weight records confirmed this, no one was losing weight at the time of our inspection. People who had lost weight were now gaining weight.
- A dietician told us staff were willing to learn and followed their advice. People at risk of losing weight were offered meals fortified with extra calories and had gained weight. Other people who wanted to, had lost weight eating a reduced calorie diet.

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

- People's rooms were personalised to their preferences. For example, one person liked a particular colour and their bedlinen and curtains were provided in that colour at their request. Staff noted when people's needs had changed and they required new furniture. A new bed had been ordered for one person as they were struggling to stand from their existing bed.
- The building was being decorated. Carpets in the hallways had been replaced with easy to clean, nonslip vinyl flooring. The provider had plans to extend this to other areas of the building including people's bedrooms.
- The rear garden was not accessible to most people as it was accessed by a few steep steps. People enjoyed sitting in the front garden where they chatted to passers by. Comfortable seating and tables were available for people to use and one person enjoyed doing some gardening.
- All areas of the home were accessible to people, including a dining room in the basement. People preferred to eat in their rooms or the lounge. The registered manager was considering other uses for the dining room, such as a games room. The lift had been broken for three days on the first day of our inspection. An engineer had visited and fitted a new part which fixed the fault during our inspection.

Supporting people to live healthier lives, access healthcare services and support;

- People were supported to meet their health care needs. Staff had a good relationship with the local GPs and community nurses. They told us the community matron was 'fantastic' and visited regularly. People were supported to see health care professionals when they needed to. Some people visited the local GP surgery or clinics, others had home visits.
- Staff supported people to manage their catheters and knew the signs of any infections. Staff followed recognised catheter care guidance. Records of the catheter changes were available for any visiting healthcare professionals to review.
- Everyone was registered with a dentist and appointments were booked for some people to have dental checks. Other people had had checks and been supported to have treatment if they wanted. The registered

manager was aware of the NICE guidance for oral health for adults in care homes and planned to complete oral health care assessments. This is an area for improvement. Guidance was available for staff in people's care plans around the support they needed to maintain their oral health.

- People had regular health checks including yearly eye tests. The registered manager had recently changed the optician, as the new optician also offered people a free hearing test.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with the diabetes nurse to support people to remain well. They monitored people's blood sugar levels and discussed any concerns with the nurse. The nurse's advice had been followed for one person and their blood sugar levels had reduced to a safer level.
- Some staff were trained to take basic observations of people's health and look for signs people's health was changing. They shared this information with people's doctors and community nurses. Health care professionals used this information to make decisions about the best professional to see and treat the person. For example, staff had noted one person had a temperature of 40°C. They told the person's GP, who asked them to visit the surgery immediately for treatment. This was effective and the person recovered from their illness.

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

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

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

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

- People were supported to make day to day decisions in ways which suited them best. For example, staff showed people items to support them to make a choice. They gave people time to consider their answer before responding. People's capacity to make specific decisions had been assessed. When people had capacity they had signed to agree they consented to different areas of their care. People's decisions to decline care and treatment were respected. For example, one person declined to have the dental treatment recommended.
- The registered manager knew how to make decisions in people's best interests.. They had made best interest decisions around the used of bedrails with people's families and community nurses.
- Applications for DoLS authorisations had been made in line with MCA. The registered manager had complied with any conditions on people's DoLS authorisations.
- People were not restricted and were free to move around the building and garden. People were supported to go out if they wanted to. Some people had mobility scooters which they used independently to go out when and where they wanted.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were cared for at Roxburgh House. Their comments included. "I do feel safe and cared for by the lovely staff", "I am safe and happy, and I love it here they look after me" and "The staff are very kind and want to help. They are friendly, and they chat with me".
- Staff treated people with respect and referred to them in positive ways. Staff praised one person on the way they stood when they were being supported to move. Another person was described as 'having a good sense of humour' and 'loving a joke'.
- Staff knew people's preferences and supported them to continue to be involved in these. People had held a minutes silence on remembrance Sunday and had watched the service on the television. Some people had chosen to wear a poppy in remembrance.
- People and their relatives had been asked about their lifestyle choices and these were respected. For example, some people liked to stay up late or go out a lot. Other people preferred to go to bed early and spend their time at the service. People were registered to vote. Plans were in place to support those who wanted, to vote in the up coming election.

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

- Staff took time to listen to people and understand what they wanted. The registered manager told us about one person whose speech was not always clear, "They know what they want and make their needs known". Staff supported us to chat to the person during our inspection. Detailed guidance was in place to support staff to understand how people communicated their needs and wishes.
- Staff supported people when they were anxious. We observed staff reassuring a person when they were supported to move around the service. This caused the person anxiety. Staff explained what they were doing and encouraged the person to be involved. They moved the person slowly and talked to them through out the move. This supported the person to remain calm.
- People were able to have a bath or shower regularly. One person declined a shower during our inspection saying staff were trying to "scrub me again". They had been supported to have two showers previously that week.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People had privacy and were treated with dignity. Staff identified when people may need support with their personal care. They asked people discreetly if they required any assistance and provided the support

promptly.

- Staff supported people at mealtimes and sat with them throughout the meal. We observed staff spoke with people quietly and chatted during the meal. They showed people what they were eating and encourage them to open their mouth. Staff checked people were enjoying their food.
- People were supported to remain independent in some areas of their life such as washing and dressing. Some people were able to prepare drinks and snacks for themselves. Further work was needed to make sure people were always supported to be as independent as possible with house hold tasks.
- People were supported to maintain relationships which were important to them. Visitors were welcomed and encouraged to continue to care for their relative when they wanted to. Staff supported people to maintain friendships with people they had lived with for a long time at other services.

Is the service responsive?

Our findings

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

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

Meeting people's communication needs

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

- The provider and registered manager were not aware of AIS. They had not made sure that information was accessible to people in ways they understood. Important information such as the complaints process was not available in other languages or in pictorial form.
- Information that people may wish to refer to, such as the menu for the day, was not available. People had to rely on asking staff and being told the information.

Information was not available to everyone in ways that meet their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had a broad range of needs and interests. Some people enjoyed playing games with staff while others wanted something with "more skill". People had a variety of views of the activities at the service. Their comments included, "What do I do all day, nothing, absolutely nothing. It's soul destroying" and "I don't know what I would like to do but I know we don't do it here". We observed other people enjoying games with the staff.
- It was staff's responsibility to engage people in activities. Some planned activities did not happen as staff were doing other things. People spent their time in the lounge watching one of the two televisions, showing different programmes. The registered manager had not considered both televisions could be heard at the same time and this was confusing. One person told us, "I watch my own DVD's and videos. I can't watch television because every time a train goes by I can't see the picture". The television signal was regularly interrupted and the provider was planning to install a new aerial.
- People were not always supported to continue with activities they enjoy. One person told us, "I want to go to the library and get some more books to read but they won't support me". Other people who did not require support continued to take part in pastimes they enjoyed, such as playing computer games and looking at the internet.
- We observed some people playing a game of cards with staff. The staff member involved everyone who wanted to play and supported them individually. One person asked if they were playing correctly and the staff reassured them they were. People were supportive of each other. One person was waiting for one card

to win. Another person told them, "I hope it comes up for you". Another person enjoyed dancing. Other people praised them and encouraged them to dance, which they did.

Some people had not been supported to remain active and occupied. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities)

End of life care and support

- People and their relatives had not been given the opportunity to discuss their end of life preferences. Important information such as people's cultural or spiritual preferences had not been discussed.
- People who wanted, were supported to remain at the service at the end of their life by community and hospice nurses. Pain relief and other end of life medicines were held at the service and community nurses administered these when they were required.
- People's relatives were able to stay with their loved one at the end of their life if they wished and were supported by staff. When people's families were not able to be with the person, staff remained with them and offered comfort and reassurance. It was the registered manager's policy that no one was ever alone at the end of their life. One relative had complimented the staff saying, 'Thank you so much for all the care, love and attention you so kindly gave to [our loved one]. They loved you all and always referred to you as My family and My home. They were happy with you and I'm so glad their final breath was taken at home and they were not alone'.
- People had been supported to make advanced decisions such as not to have cardiopulmonary resuscitation (CPR) with their relatives and health care professionals.

We found no evidence that people had been harmed however, people had not been asked about their end of life wishes. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff knew people well and spent time with them chatting about things they enjoyed. A staff member sat with one person and looked at a book about second world war planes. They chatted about the planes in the book and the models the person had in their bedroom. The person had enjoyed visits to a local museum to look at some of their favourite planes.
- One person received rehabilitation treatment from physiotherapists during our inspection. Staff knew the person wanted to be as independent as possible and would ask staff to continue the treatment. They discussed this with the physiotherapist, who agreed staff did not have the professional skills required. The physiotherapist informed the person at the end of their appointment that staff would not be able to assist them. This helped the person understand why staff were not supporting them and protected them from harm.
- People's care plans contained detailed guidance to staff about how to meet people's needs. This included their preferences, such as if the person found a shower more comfortable than a bath. Other information about people's preferences was recorded and followed by staff, including people's evening routines and of they preferred a cup or a mug.

Improving care quality in response to complaints or concerns

- People's relatives were confident to raise any concerns they had with the registered manager.
- A process to receive, investigate and respond to complaints had been followed. Complaints had been resolved to people's satisfaction.
- The registered manager had taken action as an outcome of complaints to make sure they did not happen

again. For example, one person had missed an appointment because staff had not checked the diary for the day. Night staff were now required to check the diary and hand over any appointments to the day staff. This had been effective and no one else had missed an appointment.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

- The provider and registered manager did not have a good over view of the service. A full programme of checks and audits was not in operation. The registered manager did the checks and audits they thought were necessary. Generally checking what they had done. This made it hard for them to be objective and identify shortfalls. They told us they needed support to have a good level of oversight. The provider did not complete any formal checks of their own.
- The checks the registered manager completed were not robust and had not identified the shortfalls and breaches in regulation we found. Regular checks of fire safety had been completed but had not identified risks. Medicines audits had been completed incorrectly and had not noted guidance around 'when required' medicines was missing.

The provider had not ensured a robust quality assurance process was in operation to continually understand the quality of the service and ensure any shortfalls were addressed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had begun to redecorate the building. During our inspection the landing on the top floor was being decorated. Other areas had not yet been redecorated. The provider told us they had an improvement plan for the building and grounds in place. We asked for a copy to be sent to us within 3 days of the inspection. We did not receive this.
- Following the inspection the provider sent us an action plan stating what they planned to do to improve the service. This did not contain any deadline for completing the actions or who was responsible for ensuring tasks were complete.
- Records relating to some areas of people's care were not accurate and up to date. This included records in relation to some medicines and some needs assessments.

The provider had not maintained accurate and complete records in relation to the service and people's care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were asked for their views of the service at regular meetings. This included anything they would like added to the menu. People had suggested soup and stews in the winter. The menu was being changed at the time of our inspection. At the last meeting people had discussed a few trips out and were looking forward to a trip to London to see the Christmas lights.
- People were also asked for their feedback on surveys they completed with staff. The last survey had been completed in August 2019. Any issues raised had been addressed.
- Staff were asked for their views at staff meetings. They told us the registered manager and provider listened to their suggestions and acted on them. One staff member told us the provider had purchased new hoist slings when staff had requested them.
- A process was not in place to ask professionals for their views of the service. This was an area for improvement.

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

- The registered manager had worked at the service for many years and knew people and staff well. People liked the registered manager saying, "She does her best", "She works very hard" and "The manager's door is always open". The registered manager received some support from the provider, but were responsible for the service day to day and was always on call. The provider said they had good staff, who support them when they needed.
- The registered manager had a clear vision of the service which staff shared. One staff member told us their aim was to provide 'person centred care' and 'support people to remain independent'.
- Staff told us they felt appreciated by the registered manager. They told us they did not have much to do with the provider but "If we needed them, they would be there". Staff felt supported by the registered manager. They were confident to discuss any concerns they had with them.
- Staff worked as a team to provide people's care. They supported each other and worked well together. One staff member told us, "We are all on the same side".

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

- The registered manager told us they did not have time to complete all the tasks they needed to. They had not delegated tasks to staff giving them more time to lead the service. The provider had not challenged the registered manager on doing everything. For example, they had not suggested asking other staff with the skills to complete fire safety checks.
- Staff were clear about their roles and responsibilities. They were informed of any changes at the service in daily hand over meetings and regular staff meetings. However, staff had not been held accountable for their failure to keep the service clean and follow safe infection control practices.
- The provider had conspicuously displayed the Care Quality Commission (CQC) quality rating at the service, so people, visitors and those seeking information about the service were informed of our judgments.
- Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. This is so we can check appropriate action had been taken. The registered manager had sent us notifications when they were required.

Working in partnership with others

- The registered manager did not participate in meetings, groups or forums, such as the registered managers' network, to develop their knowledge and the service.
- The registered manager and staff had taken advantage of some educational opportunities offered by the

local Clinical Commissioning Group. They had attended sessions in relation to the Mental Capacity Act 2005 and infection control.

- A clinical nurse specialist had supported the registered manager to make some improvements to the service. The registered manager was confident to ask them for advice and guidance. They had visited the service the day before our inspection and were invited to visit again afterwards.

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 was aware of their responsibilities under their duty of candour. They were open and honest with people when things went wrong and apologised.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people's needs were assessed and recorded using recognised tools.</p> <p>People had not been supported to plan their end of life care.</p> <p>Information was not available to everyone in ways that meet their needs and preferences.</p> <p>Some people had not been supported to remain active and occupied.</p> <p>9(1)(a)(b)(c)(3)(a)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to keep the building and equipment clean and protect people from the risk of infection.</p> <p>The provider had failed to ensure that risks to people were identified and staff consistently followed guidance to mitigate risks to people.</p> <p>The provider had not ensured a process was in operation to keep detailed records about some medicines.</p> <p>The provider had failed to implement an effective process to review accidents and incidents to look for patterns and trends.</p>

12(1)(2)(a)(b)(g)(h)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had not ensured a robust quality assurance process was in operation to continually understand the quality of the service and ensure any shortfalls were addressed.

The provider had not maintained accurate and complete records in relation to the service and people's care.

17(1)(2)(a)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Safe recruitment processes had not been followed to ensure staff were of good character.

19(1)(a)(3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of staff had not been deployed consistently to ensure there were always enough staff to meet people's needs.

18(1)