

Farrington Care Homes Limited

Wainford House Residential Care Home

Inspection report

1-3 Saltgate
Beccles
Suffolk
NR34 9AN

Tel: 01502714975
Website: www.farringtoncare.com

Date of inspection visit:
10 December 2019

Date of publication:
09 May 2023

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Wainford House provides accommodation and personal care for up to 28 older people, some of whom were living with dementia. At the time of our visit 19 people were using the service.

What life is like for people using this service:

People were not always protected from the risk of harm because care planning did not accurately reflect the measures in place to reduce the risk. For example, the risk of choking or pressure ulcers.

Shortfalls in the heating had not been acted upon appropriately and no monitoring system was in place to check temperatures throughout the service. People told us they were cold and a thermometer stated the temperature in one person's bedroom was 17 degrees. People told us about ongoing issues with the heating and their wish for this to be fixed.

The service had deteriorated in compliance again since the previous inspection on 1 August 2019, and is now in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has been unable to bring about sustainable compliance with regulations over an extended period of time. Eleven inspections have been carried out since May 2013 and the service has only been compliant with regulations and reflecting the characteristics of a 'good' rating at two of these.

Whilst we saw activities happening during our inspection, two of the four people we spoke with still made negative comments about the provision of activities and said they were bored. The service was recruiting for a second activities staff member to improve the opportunities people had for engagement.

We observed that staff and the management team were kind and caring towards people. However, the lack of sustained improvement over time meant we were not reassured that the providers were consistently ensuring, investing in and promoting a caring culture focused around the provision of good quality care.

Care plans had been further developed to include more personalisation. There were life histories in place so staff could find out more about the past life of people who may not be able to recall this information independently. People received the support they required at the end of their life.

People were offered a choice of meals which met their nutritional requirements. The risk of people becoming malnourished was identified, monitored and managed.

There were sufficient numbers of staff available to provide care to people. People told us staff were kind and caring and knew them as individuals.

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):

At the last inspection the service was rated Good. (Report published 21 August 2019)

At this inspection we found there had been a deterioration in the service provided to people and there were shortfalls that had not been identified and addressed. This included breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected:

This was a comprehensive inspection carried out to check whether improvements made previously had been sustained.

Enforcement:

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Wainford House Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by four inspectors, including two pharmacist inspectors 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

Wainford House is a care home for older people, the majority of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Commission. Once they are registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

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. This included details about incidents the provider must notify us about. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service to ask about their experience of the care provided. Five relatives contacted us to share their views on the service after the inspection visit.

We spoke with the manager, three directors of the company, three care staff and a visiting health professional. We looked at seven records in relation to people who used the service. We also looked at staff files and records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

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 the service was rated 'good' in this key question. At this inspection we identified areas of risk and shortfalls which had not been identified and addressed. The service is now rated 'inadequate' in this key question.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- ☐ The service has a history of failing to identify risks and protect people from potential avoidable harm. At the last inspection risk assessments had been improved and care planning included information about reducing risks. However, at this inspection we found that the service had failed to identify conflicting information within care records which could cause confusion for staff.
- ☐ Two people were identified to us by the manager as being at high risk of choking and being on a pureed diet and thickened fluids. In the nutrition care plan and choking risk assessment for one of these people, it stated they required a soft diet, which is a different consistency from pureed food. A discharge summary from the hospital confirmed their food should be pureed to avoid the risk of them aspirating or choking.
- ☐ The nutrition care plan for another person who required pureed food stated they were on a soft diet. Their choking risk assessment stated they should have a soft diet and six scoops of thickener in all drinks. However, the letter sent by the Speech and Language Therapy team at the hospital stated this should be a pureed diet and seven scoops of thickener in drinks to avoid the risk of choking. The letter stated that even at this consistency, there was still a possibility of aspiration and that the person's swallow was likely to deteriorate. Despite this there was no information for staff in care planning about this possibility and how they should recognise and report signs of a deterioration in their swallow.
- ☐ Three staff we spoke with about people on modified diets spoke about two people on a soft diet, not a pureed diet. They also gave varying amounts of thickener to be used in people's drinks, stating that for one person this was six scoops when it should be seven. This meant the person was placed at risk of choking or aspiration.
- ☐ After the inspection, the manager sent us evidence that there was a sign in the kitchen stating what diets people were on. However, this did not completely reduce the risk because care staff would provide people with meals and snacks when the kitchen staff were not available, and care staff's knowledge of people's diets was poor.
- ☐ We were told one person had "panicked" whilst being hoisted, hit their leg on the hoist and now had an injury that required them to be cared for in bed whilst it healed. The manager told us the person had always been scared of the hoist, but it did not state this in their care records. There was no information for staff to advise them of potential risks involved with hoisting the person or whether there were any actions they could take to reduce these risks. Their care plan stated they liked to use the full body hoist for all transfers, but this was not factually accurate.
- ☐ Where people had been assessed as at high risk of developing a pressure ulcer, care plans in place were not always clear about the individualised ways this risk was being reduced. There were generic statements

in some care plans about staff encouraging them to reposition regularly, but there was no information about when this should happen or how often. Where people were having input from the district nursing team to care for a pressure ulcer, the days and number of visits they had each week differed between care documents.

- ☐ One person who was being cared for in bed at all times was assessed as at very high risk of developing a pressure ulcer. Their care plan stated they should be repositioned every two hours during the day and every four hours at night to reduce the risk of skin breakdown. We reviewed the repositioning records for this person which did not demonstrate that they were being repositioned in line with their care plan, and this had not been identified by the management team as part of their audits and quality checks.
- ☐ Some people had been assessed as being at risk of falls and had been falling regularly. Whilst referrals had been made to the falls team, care planning was not always clear about all the measures in place to reduce falls. For example, one person's falls care plan stated they liked to walk around the home a lot and there was a sensor mat in place to reduce falls and alert staff when they got up from their chair/ bed. However, it did not reference other ways the risk could be reduced and whether other measures, such as engaging them in activity had been attempted to reduce the amount of time they spent moving around the service. There was also no information about whether possible triggers for these behaviours had been considered. Since the sensor mat had been put in place, the person had fallen eight times in two months, indicating the sensor mat was not a completely effective method of reducing their falls.
- ☐ Whilst care planning and risk assessment was in place for people with diabetes, for one person whose records we reviewed the risk assessment did not state what their acceptable blood sugar ranges would be. Therefore it was unclear how staff would know what was normal for this person and when to seek advice of healthcare professionals.
- ☐ Shortfalls in the heating system had not been acted on appropriately. One person said, "The central heating doesn't work, I think it's years of little or no maintenance." Prior to winter, the providers had purchased a number of oil radiators which were placed into people's bedrooms to supplement the heating from mains radiators. However, the service did not have thermometers in people's bedrooms or in all communal areas and were not monitoring and recording the temperature.
- ☐ One person told a member of the inspection team they were cold, and this member of our inspection team said their hands were very cold to the touch. An inspector visited the person and placed a thermometer in the room for an hour to get a temperature reading. The person also told the inspector they were cold on two occasions and were already covered by two blankets. When the inspector returned, the thermometer was reading 17 degrees centigrade, which is an inappropriate room temperature for a vulnerable, elderly person spending their day seated in their chair. Other bedrooms on the second and third floors also felt cold, and people told us this was a continuing problem.
- ☐ Bathrooms and communal corridors were also poorly heated. The conservatory area of the service is the main dining area where people eat their meals. We raised concerns with the manager because it felt cold in this area. They provided us with a thermometer and we took a reading later in the day, which stated the room was 18 degrees centigrade. Three radiators in the conservatory were ineffective in heating this area to a comfortable temperature. Outside temperatures during our visit did not drop into single figures and we were not reassured the service would have been warm enough to reduce the risk of low body temperature if the weather were to become colder.
- ☐ We observed that the seals around the windows in some rooms were poor and that there were draughts coming in. Whilst these rooms were not occupied at the time, the doors were open into corridors and they were accessible to people. This lack of insulation could have contributed to a reduction in heating in these corridors which led to people's bedrooms.
- ☐ The doors to two mostly unused stair cases in the property did not have locks, nor was there any gates at the top or bottom of the stairs to reduce the risk of people falling or accessing the stairs. One of these staircases was a fire escape, but the light was flickering which reduced the visibility of this escape route.

There was no risk assessment in place for this stating what plans there were to reduce this risk.

- Whilst hot water pipes in the majority of the service had been covered after we identified this at our inspection in February 2019, there were still exposed radiator pipes present in the dining area and exposed hot water pipes in one bathroom upstairs. These posed a risk of burns if someone fell and came into contact with the pipes.
- Large pieces of furniture such as wardrobes were not fixed to the walls and were wobbly. There was the risk these could fall on people if they grabbed hold of them to steady themselves and the service had not identified this risk and put control measures in place to reduce it.

All of the above placed people at the risk of harm. This constituted a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, we were so concerned about the heating and the risk of people choking that we wrote to the provider and asked for information about how they would address these shortfalls. The manager confirmed they had updated people's choking and nutrition care plans to ensure they were clear about the specialist/ recommended diets people required. They also told us their nutrition champion would be speaking to staff about choking risks and disseminating best practice guidance about modified foods and fluids. However, it was unclear why the nutrition champion role had not been effective in identifying the issues with records and staff knowledge prior to our visit.
- The provider confirmed that they had purchased some new and more powerful oil radiators to improve the temperature in the service. They also confirmed that temperatures will be checked in all rooms throughout the day and recorded for monitoring purposes.
- Evacuation plans were in place for people to advise staff on the support they would need to exit the building in the event of an emergency.
- Checks were carried out on water quality, window restrictors and equipment such as fire detection systems and mobility equipment.

Preventing and controlling infection

- People told us they felt their home was clean and tidy. One person said, "I think they work quite hard to keep things clean and tidy, it can't be easy because there are a lot of rooms here."
- We observed that whilst the service was mostly clean, there were some areas which could benefit from improved cleaning. For example, there was a build up of dirt behind a toilet.
- In some people's bedrooms there was clutter in the vicinity of their toilet including open bags of clean continence products, which risked being contaminated when the toilet was flushed.
- In a downstairs bathroom the clinical waste bin was pushed up against where some clean hand towels and other laundry items were being stored. Whilst these were in drawers, some of the drawers were open or overflowing. This impacted on the cleanliness of these items.
- Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or support with meals. We observed that these were changed in between tasks to reduce the risk of the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- We identified two occasions where an area of unexplained bruising had not been documented as an incident and the potential cause investigated. This meant we were not reassured the staff understood the importance of this in identifying potential abuse or poor manual handling practices. The manager told us they would address this with staff.
- Despite this, the six people we spoke with all told us they felt safe living in the service. Staff had received training in safeguarding.

Staffing and recruitment

- ☐ People told us they felt there were enough staff to meet their needs. One person said, "I know that if I press the button someone will be here in quick time." Another person told us, "If I press the bell they are here within a minute or two, I don't have to wait for long." This confirmed our observations that people received support from staff when they needed it.
- ☐ The service continued to keep people's care dependency levels under review and adjust staffing levels in line with this. Staff told us the staffing levels were appropriate to meet people's needs in a timely way.
- ☐ The service had robust procedures in place to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have any criminal convictions which may make them unsuitable to work with vulnerable people.

Using medicines safely

- ☐ Medicines were stored, managed and administered safely.
- ☐ At our last inspection we found that the charts used to record the administration of creams were not always completed. At this inspection we found that some charts had not been signed by a second member of staff to confirm the prescriber's instructions had been accurately transcribed.
- ☐ The service carried out regular medicines audits and had identified that staff did not always record the application of creams. This was discussed at a staff meeting and further audits showed an improvement.
- ☐ One person was prescribed a medicine which had to be given at set times, and there was a process to make sure this happened.
- ☐ Improvements had been made to the area where medications were stored.

Learning lessons when things go wrong

- ☐ Accidents such as falls were appropriately recorded. The contents of these records were reviewed by the management team.
- ☐ Each month the registered manager carried out an audit and reviewed the accidents that had occurred to see whether action was required. The actions they took were recorded in this audit. They also tracked falls over the previous 12 months for trends such as the time of day or location of the fall. Actions taken included making referrals to the fall's prevention team for advice. However, where one person had continued to fall after control measures were put in place, it was unclear what other measures were being taken to try and minimise this further.



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 the service was rated 'good' in this key question. At this inspection we found that some improvements were required, and the service is now rated 'requires improvement' in this key question.

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 were comprehensively assessed, and these assessments were kept under review on a monthly basis. However, conflicting information within care records that we identified had not been picked up and corrected during reviews of people's care.
- ☐ Some care plans did not reflect best practice guidance, such as that produced by the National Institute For Health and Care Excellence (NICE), particularly around the management of risks.

Staff support: induction, training, skills and experience

- ☐ Staff were positive about the training they received and told us this had improved. They told us they were confident that it provided them with the skills and knowledge for the role. However, despite having received nutrition training, our discussions with staff demonstrated that they did not have a good understanding of the different modified diets and the difference between, for example, a soft diet and a puree diet. This lack of knowledge could have placed people at the risk of choking or aspiration.
- ☐ Staff told us they felt well supported by the management team and that they had opportunities to build on their skills.
- ☐ Staff told us that they were asked about other qualifications or training courses they would like to take at regular one to one sessions with their manager. The service conducted annual appraisals to ensure staff had objectives and goals were for the coming year.

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

- ☐ People told us the service supported them to access support from external healthcare professionals. One said, "They'll get the doctor in. It's happened a few times now. I know if I don't feel well they'll have the GP come to see me."
- ☐ Records were kept of the contact people had with other healthcare professionals and the advice which was provided. However, this advice had not been followed in all cases. For example, one person had not been repositioned in line with the instructions of the district nurse to reduce the risk of pressure ulcers. Information was not always accurately transferred into care planning and this increased the risk of staff providing inappropriate care.

Eating, drinking and a balanced diet

- Despite the concerns we had about people on modified diets, people told us they were happy with

their meals and they were given a choice of food. One said, "If you tell them you don't like something they do something else. I don't like fish and they always have it on Friday. I have scampi, chips and peas instead. They will do a jacket potato if you don't like what they're cooking."

- The service assessed and monitored the risk of malnutrition and dehydration. Plans were in place to guide staff on how to reduce this risk. At the time of visit people's weights were stable. We observed people were offered snacks throughout the day to boost their intake.

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

- Improvements to the environment had continued, with the replacement of furnishings and redecoration of bedrooms and communal areas. People had been involved in making decisions about the way their home looked.
- The new décor was more stimulating for people living with dementia and made it easier for them to orientate themselves around the building and navigate to key areas such as their bedroom and bathrooms.

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 with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us they were supported by staff to make decisions and that they felt in control. One said, "I decide when I get up and when I go to bed. I choose to go downstairs for breakfast and they'll ask me what I'd like and I tell them. I think for most things, I decide."
- People's capacity to make specific decisions was assessed. However, where one person refused to be repositioned despite this being in their best interests, the service had not carried out a mental capacity assessment to ensure they had capacity to understand the risks of this decision.
- Staff demonstrated a knowledge of the principles of the MCA. We observed that staff supported people with making day to day decisions according to their ability.
- DoLS applications had been made where appropriate and any conditions were being followed.

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 the service was rated 'good' in this key question. At this inspection we found that some improvements were required and the service is now rated 'requires improvement' in this key question.

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

Ensuring people are well treated and supported; equality and diversity

- ☐ Whilst we observed that staff and the management team were kind to people, the lack of sustained improvement since the last inspection meant we were not reassured the provider and staff are sufficiently caring. The service has failed to maintain regulatory compliance over a period of six years, which means people have been receiving inconsistent or poor care for an extended period of time.
- ☐ Issues with the heating, which people told us was ineffective, had not been acted on appropriately. This meant people were cold, and staff had not been asking people if they were warm enough or checking where people were unable to tell staff. We asked a staff member in one person's bedroom about them feeling cold, they said we would have to speak to the manager about that and left the area without making any attempt to speak to the person or try to make them more comfortable.
- ☐ Risks to people and the care environment were not well managed, this was not conducive to providing good standards of care and support.
- ☐ Despite our concerns, all the people we spoke with and relatives who contacted us after the inspection visit told us that staff were kind and caring towards people and knew them as individuals. One person said, "I think the staff are caring."
- ☐ A visiting healthcare professional told us staff had a good rapport with people and that it was clear they knew them and their family members well.

Respecting and promoting people's privacy, dignity and independence.

- ☐ Some improvements were required to the way continence aids were stored in people's bedrooms, to protect their dignity. When we fed this back to the registered manager they told us that they should be stored out of sight in wardrobes and that they would address this with staff. This issue had not been identified during the manager's environmental checks of the service and was only addressed when we identified the concern.
- ☐ The service promoted and encouraged independence. People were supported to take 'positive risks' such as going out of the service unaccompanied to continue routines such as doing their own shopping or going to the bank. One person said, "I like doing things for myself like tidying my room and doing my ironing. They used to watch me all the time but I think they've got used to me; they come and go but don't bother as much."
- ☐ People's care records made clear the parts of tasks they could complete independently, and this reduced the risk of them being over supported by staff.
- ☐ There were detailed life histories in place for people, so staff could understand their past. This was

particularly important for people living with dementia who may not always be able to recall this information independently.

- ☐ Our observations demonstrated that staff treated people with dignity and respected their right to privacy.

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

- ☐ Since the last inspection, care plans had been developed further and regular reviews had been conducted with people and family members, where this was possible.
- ☐ People's views and the views of their family members were documented at reviews.

Is the service responsive?

Our findings

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

At the last inspection the service was rated 'good in this key question. At this inspection we found that some improvements were required and the service is now rated 'requires improvement' in this key question.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been developed to include more about people's likes, dislikes, hobbies and interests. This had been done in collaboration with people and their family members, if appropriate. However, there were still generic statements in care plans which meant that instructions for staff were not based on people's individual needs. For example, generic statements such as 'encourage [person] to reposition regularly' with no guidance for staff about how often this should happen based on their individual risk factors.
- It was clear from our observations that staff knew people well, in terms of their likes, dislikes, hobbies and interests. People confirmed this, stating staff knew them as individuals and knew their family members. However, one person's key worker told us an incorrect amount of thickener to be used in their drinks. This meant we were not reassured staff consistently had a knowledge of people's complete needs.

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.

- Information was communicated to people in a way they could understand, taking into account their individual needs. Large white boards had been purchased so that meal choices for the day could be written in large lettering, which assisted people with making a meaningful choice.
- Where people were unable to verbally communicate, there was information about the other ways they may communicate such as through facial expressions or body language.

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

- Whilst we observed activities ongoing throughout the inspection, two of the four people we spoke with still made negative comments about the activities and said they were bored. One told us, "There's absolutely nothing to do, nothing." Another person said, "It's always like this you know, it's so boring; nothing's happening, it never does." People did not feel involved in the planning of activities provision.
- The manager told us they were recruiting for a second member of activities staff to improve the opportunities for engagement. They said activities provision was still an area they wished to develop and that they were looking at hiring a minibus to take people on trips in the warmer months.
- People had been given the opportunity to participate in making decorations for one of the service's Christmas trees which had been entered into the Christmas tree festival arranged by a local church. People

had knitted and hand made decorations for the tree and had also written past memories on cards which hung from the tree.

End of life care and support

- End of life care planning was in place which made clear people's preferences and wishes at the end of their life. This means the service could provide them with more person-centred care.
- The service maintained good links with other healthcare professionals to enable them to support people effectively at the end of their life.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place which was displayed in a communal area. People told us they knew how to complain. One said, "I think [manager] is very easy to talk to. I asked about the central heating and they gave me this electric radiator."
- The service had not received any complaints since the last inspection.

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 the service was rated 'requires improvement' in this key question. At this inspection we found that the quality of the service had deteriorated again and the service is now rated 'inadequate' in this key question.

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility, continuous learning and improving care and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The service has failed to maintain compliance with regulations and fundamental standards over a period of six years. Since May 2013, 11 inspections have been carried out at Wainford House, and the service was only found to be compliant with all regulations and fundamental standards in two of these inspections.

- ☐ Following our inspection in January 2019, we raised concerns about how the service had deteriorated in compliance. As a result, the local authority and the Clinical Commissioning Group (CCG) started providing the service with a high level of practical support to enable improvement. This included support from Suffolk County Council on a weekly basis.

- ☐ At an inspection on 1 August 2019, we found the service had improved and reached compliance with all regulations. Following this visit, the local authority told us they had scaled down the amount of practical support they were providing to the service but were still meeting with them regularly.

- ☐ At this inspection we found that once again, the provider had not maintained compliance with regulations. The service is now in breach of Regulations 12, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ At this inspection the manager told us that the occupancy of the service had fallen to 19 people, when the service is registered to accommodate up to 28. This was in part because the local authority had taken the decision not to admit any further people to the service out of concern for its ongoing quality. The manager also told us that the needs of people using the service had decreased dramatically after some people had been moved to nursing homes. Despite having less people to take care of and a reduction in the level of support people required, the service was still unable to maintain compliance with regulations. This indicated that the service may be unable to cope with future admissions and people with more complex needs.

- ☐ The provider had continued to employ the services of an external consultant to carry out quality assurance audits and assess the quality of the service. However, these had been ineffective in identifying the shortfalls we found. For example, the consultant's audit referred to people on 'soft diets' but had not identified that the care plans for these people were incorrect and that they were actually on a pureed diet. The consultant had also not identified issues in the heating system, this was despite people using the service telling us about how ineffective it was. The provider had not identified that the consultant had been

ineffective in identifying issues we found.

- Whilst the providers had identified the heating was not sufficient and had purchased extra portable heaters, they had not ensured that there was a monitoring system in place to check temperatures throughout the building were appropriate for elderly people who are more effected by the cold. This meant they hadn't identified that the extra portable heaters were not enough to adequately heat all areas of the service. When we asked one person if there was anything they would like to see change in the service, they said, "They need to fix the heating."
- Following this inspection, the providers continued to display a lack of understanding about the importance of sustaining a good quality service. They focused on the fact that a good rating was achieved at the previous inspection, whilst failing to understand and accept that they had only been able to sustain this for a period of four months before we found they had deteriorated once again. They show a continued failure to recognise the significant impact of the poor care they have delivered people, which we have identified across nine of eleven inspections since May 2013.
- A new manager was in place at the time of our inspection in August 2019. They put in an application to register with the Commission in November 2019, which was still in progress at the time of this inspection.
- Whilst some improvements had been made since February 2019, some areas such as poor risk management remained a theme at this inspection. For example, inconsistencies in care planning had not been identified by the manager. This was despite them having carried out reviews of these care documents. The manager also had no system in place to monitor repositioning records for one person who required repositioning. This meant that they had not identified that staff were not recording repositioning in line with the instructions of the district nursing team. This put the person at risk of developing a pressure ulcer.
- The manager had also not thought to implement a monitoring system to ensure the service was warm enough. This was despite them telling us they were aware of issues with the heating.

All of the above evidence demonstrates a continuing failure of the providers to sustain a safe and good quality service. This was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns about the service, staff and people using the service made positive comments about the manager. One said, "I see [manager] most days, we have a bit of a laugh." Five relatives who contacted us after the inspection also made positive comments about the service and it's management. One said, "All the staff and management are lovely and kind."
- Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

- Meetings were held with people using the service and relatives. These meetings were used as an opportunity for people to discuss changes to the service, activities and the ongoing redecoration of their home. One person said, "They have resident's meetings every three or four months. I've been to a couple of them and they're quite helpful."
- Regular meetings were held with staff to discuss the ongoing improvement of the service, areas where staff practice still needed to be improved and to give them opportunities to share ideas and concerns. Staff told us they felt able to share their views in these meetings and that the manager was open and transparent with them.

Working in partnership with others

- The management team had positive relationships with healthcare professionals who supported the

service. A visiting healthcare professional told us that the manager engaged with them well and that they and all the staff were very helpful when they visited. They also stated that if they called in advance to ask for a certain task to be completed in time for their visit, this was always completed as requested. However, the findings detailed in the Safe domain of this report demonstrated that staff did not always follow the advice given by healthcare professionals.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <ol style="list-style-type: none">1.Care and treatment must be provided in a safe way for service users.2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— a. assessing the risks to the health and safety of service users of receiving the care or treatment; b. doing all that is reasonably practicable to mitigate any such risks; c.ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; d. ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;

The enforcement action we took:

Decision to proceed to tribunal to seek cancellation of this location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <ol style="list-style-type: none">1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to— a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

c. maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

The enforcement action we took:

Decision to proceed to tribunal to seek removal of location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing 2. Persons employed by the service provider in the provision of a regulated activity must— a.receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,

The enforcement action we took:

Decision to proceed to tribunal to seek cancellation of location.