

## The Windmill Care Home

# The Windmill Care Home

### Inspection report

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### 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?

**Inadequate** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

The Windmill Care Home is a residential care home providing personal care to up to 29 people. At the time of the inspection there were 19 people living in the home.

The building has been adapted to include extensions to both floors of the original building. There is an extended lounge area and kitchen and dining facilities on the ground floor. The home has two lifts to the upper floor.

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

People were waiting too long to receive the support they needed to keep them safe due to a lack of available staff. One person told us, "Not much to drink here, only two cups a day if you're lucky, three sometimes." Staff were allocated to complete a mid-morning and mid-afternoon drinks trolley but we were told it was frequently missed as staff were not available to do it. Where people were injured or risks to them increased they were not appropriately assessed and managed to ensure people received the support they needed.

We saw staff were safely recruited and people received their medicines on time. The provider had taken steps to address some concerns from the previous inspection but there were still areas which required action.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The new extension was clean and spacious but the remainder of the home required urgent attention to bring it up to standard. Those in receipt of specific support with their nutrition and hydration did not always receive it in line with their care plans. However, the quality of the food had much improved and people were much happier with the food they were presented with. Staff told us they were better supported and team meetings and supervisions, which gave them a better understanding for delivering the support people needed.

Staff's interactions with people were predominantly task focused due to their not being enough of them and the staff we spoke with were clear they wanted to be able to deliver more. There was evidence of people's involvement in their care plans and people we spoke with told us they were asked what they liked and didn't like and what they wanted. Resident and relative meetings had begun to take place and people felt more involved with decisions about their care.

The home was without an activity coordinator which meant people had little to do during the days. The staff had taken steps to address risks to keep more vulnerable people safe by applying certain safety steps to all people. E.G. everybody's food was cut up. A complaints procedure was in place and available to people but complaints were not formally responded to in line with the provider's complaints procedure. End of life care

continued to develop with care plans in place for those who wished to record their views and wishes when the time arrived.

Governance procedures were still being developed and whilst we could see some audits and monitoring had begun to take place they were yet to be used to drive improvement. The provider had begun to ask people if they were happy with the support they received and the feedback had been mostly positive. Staff felt more valued but wanted to work in an established and permanent staff team to allow professional relationships to build and to deliver a better service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update - The last rating for this service was inadequate (20 November 2018), where multiple breaches to the regulations were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since 20 November 2018. During this inspection the provider demonstrated that some improvements have been made but it remains rated as inadequate overall and for three key questions. Therefore, this service remains in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating. You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Windmill Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement: We have identified breaches in relation to staffing, supporting people living without capacity including consent, managing risk and complaints, governance and monitoring systems and delivering person centred care.

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

#### 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.

We will continue to monitor the monthly information we receive from the provider on improvements they have made.

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 work alongside the provider and local authority to monitor progress.

#### Special Measures:

The overall rating for this service is 'Inadequate' and the service remains 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?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive

Details are in our responsive findings below.

**Inadequate** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# The Windmill 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. 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 two inspectors

#### Service and service type

The Windmill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the 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. However, this person was no longer the manager and had taken on the role of deputy. A new manager was in place and they registered with the commission shortly after the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we sought recent views of partner organisations and reviewed all the information we held about the provider. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who lived in the home and one relative. We also spoke with 12 staff including the manager, deputy manager, senior care staff, care workers, domestic and catering staff. We spoke with the providers including the nominated individual and a consultant they had commissioned to support delivery of improvements at the home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at nine care plans including paper room folders and information on care docs (electronic care records). We looked at medicine records for people in the home and four personnel files. We reviewed meeting minutes and looked at information the provider gave us to show how the home was managed.

#### After the inspection

We continued to monitor information we received and spoke with professionals when we had concerns. We asked the provider to clarify information when we found concerns and would require definitive response as to how they were to ensure the recruitment and retention of more staff.

# 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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

### Staffing

At the last inspection we found there were not enough staff to meet people's needs, Staff were not suitably deployed in the home and were not accountable for providing the support required to keep people safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not, enough improvement had been made and the provider was still in breach of regulation 18

- There remained to be not enough staff employed to meet people's needs. Drinks were often not provided routinely throughout the day as staff were too busy attending to people's other support needs, including delivering personal care and supporting people with their mobility. We saw one person ask for a drink and 45 minutes later they asked again. We did not see them get a drink until lunch time approximately 90 minutes after first asking.
- Staff and people in the home all told us more staff were required to ensure needs were met in a timelier way and things were not missed. Records we saw told us people were not receiving baths or showers for up to five weeks.
- Staff told us more people needed the support of two staff and it could take to 11.30 am just to get all people up and dressed for the day. We saw one person walking independently who should have been supported with mobilising.
- We saw mealtimes when people needed more support to eat their meals and people were not supported in line with their assessment. This included one person who should have been supported with finger foods attempting to eat liver and gravy with their hands. People who should have been continuously supervised were not being supported. We noted one of these people was eating a tissue and had to inform staff of this as they had not noticed.
- The provider did not have a developed dependency assessment to determine the numbers of staff required to meet people's needs

People's basic needs were not always being met and they were not receiving support as it had been assessed due to a shortage of staff. This left people at risk of harm and is a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we found risks were not assessed and managed to ensure people were kept safe. Where assessments had been made to ensure people were kept safe they were not followed. We also found staff had not received appropriate training and support to undertake their roles competently. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection one element of the breach had been met but not enough improvement had been made and the provider was still in breach of regulation 12

- People were assessed as requiring the support of two people and they were supported by one. This included when they were supported with personal care and their mobility. This was specifically the case in the morning. We saw the senior on duty request one staff member to support one person who should have been supported by two.
- Risk assessments dictated people required regular repositioning to reduce the risk of pressure ulcers. Records completed to show when people were repositioned showed this was not always happening.
- Kitchen staff were given information about one person liking fizzy drinks and chocolate and they were aware they were a diet controlled diabetic. There was not an assessment completed on the person's capacity to determine any associated risks.
- People had not been assessed in relation to their safety in wheelchairs appropriately and since the start of 2019 there were seven available records to show people had fallen from wheelchairs.
- Where people had fallen, risk assessments were not updated to reflect current needs and if anything required to change.

We found the provider had not taken steps to ensure people were kept safe when assessing their needs and any associated risks as they had not taken action to appropriately reduce those risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommended the provider developed risk assessments to ensure appropriate action was taken in the event of an emergency. The provider had made improvements.

- The provider had developed a business continuity and contingency plan for use in the event of an emergency and everyone in the home had a Personal Emergency Evacuation Plan (PEEP) for their individual safe evacuation. Equipment was also being tested in line with best practice.

## Recruitment

At the last inspection we found procedures were not developed to ensure staff recruited were of good character. Recruitment files were missing key information to show us staff employed were fit to undertake the role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough, improvement had been made and the provider was no longer in breach of regulation 19

- We found procedures had been developed and recruitment files had all been audited and now included a covering sheet to ensure key information was available.
- There was evidence of appropriate checks of suitability including checks for criminal history (Disclosure and barring) and appropriate references.
- The consultant was supporting the provider in recruiting the new manager and deputy for the home.

There was no evidence of the recruitment of the deputy who was the previous registered manager. We were told they had not initially taken the post and a period of time had elapsed prior to them taking up the post.

We recommend that all applications for accepted staff roles are available on site to be viewed as part of the inspection.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had not safeguarded people under the Mental Capacity Act when they could not consent to their movement being restricted due to the building refurbishment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough, improvement had been made and the provider was no longer in breach of regulation 13

- People were no longer contained to certain areas of the home as the refurbishment was complete.
- Policies and procedures had been developed and staff were aware of what constituted abuse.
- Information was available around the home on how to report concerns and staff had received recent training.

### Using medicines safely

- The provider had been supported by the medicines optimisation team and new systems had been developed to meet the needs of the home.
- A new system had been developed for the storage and administration of medicines which was regularly audited.
- There were new as required medicine protocols and homely remedy protocols for those that required them which were person centred.
- We saw medicines were administered on time and people told us they received their medicine when it was required or was requested. Staff wore 'Do not disturb' tunics to support this.
- Records for the safe management, administration and disposal of medicines was in place and were accurate.

### Preventing and controlling infection

- There was a shortage of domestic staff as one was consistently stepping into the carer role for which they were also employed.
- The remaining domestic staff ensured communal areas were cleaned daily and people's rooms were hoovered.
- The schedule for the cleaning of the building could not be maintained with the available domestic staff. The decrease in numbers of people living in the home allowed the domestic to keep on top of the control and prevention of infection. We were assured once new staff were recruited the domestic staff numbers would be restored.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At the last inspection we found the provider was not adhering to the principles of the Mental Capacity Act. Where people could not consent to the care they received the provider had not appropriately assessed their needs in relation to giving consent and ensuring decisions were made in their best interest and the least restrictive. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 11

- We saw one file that contained what was titled a 'best interest decision'. It simply recorded staff to make decisions in the person's best interests. The same file stated that the person gave consent. The decision was not precluded by an assessment and was not decision specific.
- We were told a person had given consent to restraint in relation to the lap belt on their wheelchair. However, they often removed the lap belt and had fallen from their wheelchair a number of times. There was nothing to show the lap belt was required in the person's best interest and a decision specific assessment

was not completed to allow staff to ensure the lap belt was consistently used to keep them safe.

- There was a covert medicines agreement for another person signed by the GP but again it was not precluded by an assessment to determine the person could not understand the importance of taking their medicines. There was nothing to support the decision was in the person's best interest and it was the least restrictive option.
- We discussed capacity with staff at the home and there was little understanding of how to properly support people who lacked or who had fluctuating capacity.

We were told staff had received training in the MCA in the weeks prior to the inspection but it had not been effective or led to any changes in practice. Conversations we had with members of staff and records we reviewed did not show an understanding of the principles of the MCA. This is a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection we found the building and environment did not meet the needs of the people who lived in the home. Risks to the buildings safety were not assessed routinely or upon improvement works. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 15

- Building works had now completed and people had access to a large well decorated and furnished lounge. New bedrooms had been finished but at the time of the inspection were not in use.
- Initial decoration works had begun to other communal hallways and areas of the home but as before risk assessments had not been completed. There were a number of sloped floor ways which were not marked to warn people of the change. We were told this was due to be done.
- The bedrooms in the older part of the building required more work to bring them up to acceptable standards. These were not occupied at the time of the inspection. We found wallpaper was coming away from some walls and skirting boards and doors were in a poor state of repair. We discussed this with the provider who was aware more investment was needed and assured us this was in progress and would continue.
- The environment also needed clear thought in developing better orientation tools including pictures and signage to allow those people living with dementia to navigate the building.

We recommend the provider develops a clear programme of works including appropriate risk assessments for the development of the older part of the building to meet the needs of the people living in the home.

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

At the last inspection we found the provider had ineffective systems in place to ensure people received enough nutrition and hydration. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 14

- There was a new chef in post who told us they received information about people's likes and dislikes and

any special diets. They had training booked for meeting diabetic diets shortly after the inspection.

- A new four-week menu had been developed and was available to people as part of the information in their room. We saw the meal prepared on the day of the inspection corresponded to that menu.
- People told us the food had much improved and we saw from people's records that they were gaining weight. One person told us, "The food is much much better now, I often finish my plate as I never used to."

We recommend the provider ensures the chef and staff has knowledge of each individuals requirements so food is prepared in line with their needs.

Staff support: induction, training, skills and experience

At the last inspection we found the provider had not invested in a complete and up to date set of policies and procedures to guide staff in how to deliver the regulated activity. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 17

- The provider had invested in a comprehensive set of policies and procedures which were updated when changes were adopted to best practice and relevant regulations. The manager was introducing these with staff at team meetings and through one to one supervision.
- A comprehensive induction programme had been developed and all staff were expected to complete it to ensure staff held the same knowledge.
- We saw new training had been delivered including electronic training and classroom-based training. Staff told us they were more confident. The manager was adopting steps to ensure the training was used to change and improve practice.
- At a company level the provider had recruited an external consultant to support them in meeting the requirements of the regulations. The provider acknowledged there was a skills gap in this area and addressed this by sourcing external support.
- Team meetings had become more regular and staff supervision was scheduled for the coming three months.
- Staff told us they felt more supported and worked better as a team but they did want more permanent staff, which were being recruited and inducted at the time of the inspection.

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

- The provider and new manager needed to ensure better systems were developed to help them identify when referrals were required to more specialist teams. Referrals had increased but more were identified on the day. These were shared with the manager who assured us they would be made.
- The local authority quality team had been working with the home to help drive improvement and local professionals had delivered training for staff.
- District nurses attended the home regularly to support people and the home made referrals when required.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider's staff team continued to have a limited knowledge on how to support people living with dementia. Since the last inspection the provider had introduced pictorial menus to help support people with choosing their meals but we did not see these used. We were assured they were beginning to be introduced and had been used when required. Staff were presenting people with the plates of food on offer and people choose at the table, which allowed people choice.
- Pen pictures had been developed for each person in the home which showed their high-level needs and likes and dislikes. This included if they needed additional support with communication and aids including glasses and hearing aids. There were notes on each handover to prompt staff to ensure people had these aids and they were clean and in working order.

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

- The provider had started to better engage with people living in the home and residents meetings were now held monthly. Initial attendance had been poor but more people had begun to attend. The forum was used for sharing information and ideas.
- In the care plans we looked at we saw some evidence of people being involved in developing and reviewing their care.

Respecting and promoting people's privacy, dignity and independence

- Interactions between staff and people in the home were generally respectful but remained task focused due to the limited time staff had to spend with people. Staff were consistently moving from one person to another to deliver support.
- People in the home told us staff spoke to them kindly but were so busy.
- Staff knocked on people's rooms before entering and we saw they were asked prior to support being provided.

# 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 inadequate. At this inspection this key question remains rated as inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

At the last two inspections we found the provider had not delivered care and support in a person-centred way. There had not been an activity coordinator in post at the last two inspections and staff time was limited to delivery task focused care. This meant people were simply sitting around without any coordinated activity. There was no meaningful activity taking place and people told us they were bored. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not, enough improvement had been made and the provider was still in breach of regulation 9.

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 not available to support people under the AIS. This included a lack of available information in different formats to allow people to make informed decisions.
- An activity coordinator was not in post. Staff did not have the time to engage people in meaningful or planned activity. People sat and watched television if not eating meals or being supported in some other way.
- There was not any delivery of people's hobbies or social interests and trips into the community were not organised. People told us, they wanted to get out. An activity plan was displayed but it was not delivered. We were told by one person in the home, "We used to do board games but we don't anymore, now there is nothing to do."
- Records showed people did not receive care as it was assessed. For example, where people needed to be repositioned every two hours through the night, records did not show this happened. Where prescribed creams were to be applied four times a day, records showed they were applied only once.
- We saw staff were asked to deliver support independently when records showed the person should be supported by two staff.
- When people could not say verbally what they wanted the provider had not developed tools for staff to use to support people in making decisions. The tools on the electronic care planning system to support people who lacked capacity and the ability to make informed choices had only just begun to be used and

were not completed for everyone.

- People were being subjected to the same types of situation that was causing them harm or distress and these were not being addressed. This included where people fell from their wheelchair frequently or when they told staff they were afraid of people coming into their room at night. The provider had not taken steps to ensure support provided met their needs.

People were not in receipt of activities that were meaningful to them and people were not receiving person centred care that met their specific needs. This is a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a complaints folder which held all the complaints received since the last inspection. There was a procedure highlighting how complaints should be dealt with. However, of the four complaints we saw there was no available evidence to show the complaint had been received, reported, investigated and responded to in line with the provider's procedure.
- Complaints had been received and placed in a folder. There were some notes written on the complaint but no formal response to the person acknowledging receipt or again no formal response following conclusion of any investigation and to identify if the complaint had been upheld or not.
- There was no collation of the information in complaints or the investigations to ascertain if improvements could be made to reduce the risk of reoccurrence.
- We discussed this with the provider who told us they spoke to each person and resolved issues as they arose.

Procedures for managing complaints are developed and implemented to ensure complaints are managed equitably and fairly. Everyone making a formal complaint should receive a formal response giving them information into any investigation and if the complaint was upheld or not. Complainants should be informed of any right of appeal and where they can go if they are not happy with any decisions made. When this does not happen, it is a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a complaints procedure available in the room folders in everyone's rooms and also on display on the notice board in the main foyer. People told us they knew how to complain.

End of life care and support

At the last inspection the provider had not taken any action to identify people's thoughts and wishes at the end of their life. There was no evidence of effective care planning at the end of people's lives. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough, improvement had been made and the provider was no longer in breach of regulation 9

- The new care planning system had dedicated sections on advanced care planning and people's hope and wishes for end of life care. We saw these had begun to be completed for people in the home.
- Where conversations had taken place with people but they had decided not to discuss the care they wished to receive. This was recorded in their record.
- There was no one living in the home at the time of the inspection in receipt of end of life care.

# 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 inadequate. At this inspection this key question remained the same. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

At the last inspection the provider had not developed a system of quality audit and monitoring of the service provided to ensure it was effective at meeting people's needs. A governance framework was not developed to identify when things had gone wrong and actions were not identified to drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not, enough improvement had been made and the provider was still in breach of regulation 17.

- A suite of quality audits was yet to be introduced. Key aspects of provision remained unmonitored. Information was not collated, analysed and developed to support improvement.
- Accident records were kept in individual files. Higher level records of who had been involved and the type of accident and whether there was an injury had begun to be captured. However, the record was not being completed correctly. There was no way to analyse the information to determine who required additional support other than from the text and this was not collated. The manager could not clarify this for us and said they were to amend the report.
- Where accidents had been unwitnessed and resulted in an injury there had been an improvement in those notified to the Care Quality Commission.
- There was no analysis completed of the night records which showed when people retired to bed and when they got up and when people were repositioned through the night. The records for getting people up showed all 19 people being supported to get up in one and a half hours. Nine of those people required the support of two staff. With only four staff on duty during this period and a medicine round to be completed. The accuracy of this record was questioned and should have been reviewed by the management for its accuracy. Staff had told us it took until approximately 1130 am to get people up for the day.
- Records for when people should have been repositioned and when they should have creams applied all showed plans not being followed and this had not been identified as they were not monitored.
- Injuries and wounds were not body mapped and there was nothing to show improvement or worsening of injuries.

- Medicines had been audited twice by different external professionals in the three months prior to the inspection. Both showed a number of actions which required completion that had not been signed off. A creams audit had been completed by the provider in January and February 2019. The audit reviewed the missed cream applications in one week of the month. In both audits they identified over 50 applications missed. No action had been undertaken to address this as the situation remained at the time of the inspection.
- One person's record stated they were in hospital for a week in May 2019 yet the electronic care plan record had glucose records for these days. Again, the accuracy of this record was questioned. The manager could not clarify.
- The manager told us the handover record was updated onto the electronic care planning system by seniors. The handover record showed a number of occasions when those people who should have received support from two staff received it from just one. This had not been identified as a concern.

We continued to have concerns around the reliability of records kept and the response to concerns based on the weakness of systems to monitor the service delivered. This is a continued 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 in the home had been recently asked for their feedback and it was predominantly positive. Where they had asked for things including a clock for the lounge it had been provided.
- We were told people and staff had been informed of the programme of works for the building to bring the older part of the building up to standard. The monitoring of these areas was not reflective of the issues noted including exposed pipework and the lack of legionella testing.
- The provider had difficulty in recruiting permanent staff. They were consistently using half agency and half permanent staff. We found more staff were required as identified in the safe section above. We discussed this with staff and the provider and were told if there were more agency staff than permanent staff it became more difficult as there was less time to do the job as permanent staff spent longer supporting agency staff.

We recommend the provider ensures the relevant safety checks are completed and monitored in line with best practice guidance.

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

- The manager discussed the improvement in the culture of the home and the current staff team. Staff told us how things had improved and we saw meetings took place which were open forums.
- Most people we spoke with told us the staff were kind. However, we did observe a couple of interactions which we could tell staff were rushed as appeared annoyed when one person had moved themselves independently in their wheelchair from one room to another.
- The provider had employed the support of a consultancy to have oversight of the home and drive improvements. We discussed the position of the home with the consultant who acknowledged there was still much to do. They told us, "It has taken some time to get the groundwork built which we can now build on."

Working in partnership with others

- The provider had been working with the local authority since the last inspection and we could see improvements had begun to embed.
- The district nurse team had ongoing concerns in relation to communication at the home. The manager

assured us systems were developing to address these issues.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Regulation 9 (1)  People were not in receipt of activities that were meaningful to them and their specific needs were not being met.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Regulation 11 (1) (2) (3)  We were told staff had received training in the MCA but it had not been effective. Conversations we had and records we reviewed did not show an understanding of the principles of the MCA.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 (1) (2) a, b  We found the provider had not taken steps to ensure people were kept safe when assessing their needs and any associated risks as they had not taken action to appropriately reduce those risks.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA RA Regulations 2014  
Receiving and acting on complaints

Regulation 16 (1) (2)

Procedures for managing complaints were not followed. Complaints were not received, investigated, responded to and managed in line with the provider's own procedure.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

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

We continued to have concerns around the reliability of records kept and the response to concerns based on the weakness of systems to monitor and reduce risks in the service delivered.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 (1)

People's basic needs were not always being met and they were not receiving support as it had been assessed due to a lack of available staff.