

Farrington Care Homes Limited

Wainford House Residential 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?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Wainford House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Wainford House is registered to provide personal and nursing care to a maximum of 28 older people. At the time of inspection there were 26 people using the service.

At the last inspection on 22 and 23 November 2017, we rated the service 'Requires Improvement' overall and we told them to make improvements to the quality assurance system in place and how people's capacity and consent to care was assessed and recorded. At this inspection, we found that the standard of service provided to people had deteriorated. The service was found to be in breach of Regulations 12, 9, 10, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager had started working for the service three weeks prior to our inspection and was in the process of registering with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were not enough suitably skilled, supported and knowledgeable staff to meet people's needs in a timely way, including their social and emotional needs. People told us staff did not have time to spend with them and that interaction with them was linked to tasks.

People were not adequately supported to be engaged in meaningful activities and people told us they got bored.

The provider had failed to bring about sustained improvement to meet the fundamental standards and maintain compliance with regulations. The service has not met the fundamental standards or complied with regulations since an inspection in March 2014. This means that people have continued to receive a poor service over an extended period of time.

The décor and overall condition of the service did not promote people's dignity and respect. Some areas of the building were in a poor state of repair and redecoration had been completed to a poor standard. The service was not decorated in a way which helped people living with dementia orientate themselves around the building.

Medicines had not always been administered in line with the instructions of the prescriber and it was not clear why. This had not been identified and acted on by the service.

There were environmental risks that had not been identified by the service. Actions to ensure the safety of the premises had not always been completed and checks were not consistently carried out to identify

issues.

Not all staff had received training in key subjects, nor had they received regular supervision or appraisal to develop their skills. The new manager had identified this and booked all staff onto training.

People and their relatives told us they did not remember being involved in care planning. Care planning did not make clear people's views about their care and evidence their involvement. Improvements were required to fully personalise care plans and improve information about people's personal preferences. Despite this, staff knew people well and provided them with personalised care.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risks to people were appropriately planned for and managed. Staff understood the risks to people and how they could be reduced. People received appropriate support to maintain healthy nutrition and hydration.

Staff treated people with dignity and respect. People were supported to have the privacy they wished for. Interactions between staff and people using the service were caring, kind and considerate. People told us staff were kind to them.

The new manager was visible in the service and led by example. Staff told us they felt supported by the new manager and able to raise any concerns with them and make suggestions. People and their relatives were invited to meetings to express their views.

The overall rating for this service is 'Inadequate' and the service therefore is in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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.

Further information is in the detailed findings below.

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 consistently safe.

There were not sufficient numbers of staff deployed to meet people's complete needs.

Medicines were not always administered safely.

The premises was not consistently maintained in a safe condition.

Risks to people had been identified, planned for and appropriately managed. Staff were aware of the risks to people.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some staff had not been trained in key subjects relevant to the role. They had not received supervision and appraisal to develop their skills.

The service was complying with the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff upheld people's right to choice.

People were supported to eat and drink sufficient amounts.

People were supported to have contact with external health professionals such as doctors.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

The decoration and overall condition of the building did not promote people's dignity and respect.

People were not consistently supported to be involved in the process of their care planning.

Staff were kind and caring towards people and encouraged them

to be independent.

People were enabled and encouraged to be independent by staff.

Staff treated people with dignity and respect.

Is the service responsive?

The service was not consistently responsive.

People were not supported to engage in meaningful activity and told us they were bored.

Whilst staff knew people well, improvements were required to fully personalise care records.

Improvements were required to end of life care planning.

People and their relatives were made aware of how they could complain.

Requires Improvement 

Is the service well-led?

The service was not well-led.

The service has failed to meet standards and regulations since March 2014.

Robust action has not been taken to drive improvement and this meant people continued to receive a poor service.

People and their relatives were provided with opportunities to feedback on the service.

The new manager was visible and led by example. Staff told us they felt more supported by the new manager.

Inadequate 

Wainford House Residential Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out by one inspector on 17 January 2019 and was unannounced.

Services have to notify us of certain incidents that occur in the service, these are called notifications and we reviewed these prior to the inspection.

Some people using the service were unable to communicate their views about the care they received. We carried out observations to assess their experiences throughout our inspection. We spoke with three people using the service, two relatives, three care staff and the manager.

We reviewed four care records, two staff personnel files and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 22 and 23 November 2017 we rated the service 'Good' in this key question. At this inspection, we identified shortfalls which constituted a breach of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service is now rated 'inadequate' in this key question.

The building had not been maintained in a way that ensured the safety of people using the service. Window restrictors in three bedrooms were found to be in a poor state of repair and function. A chain was being used to restrict large floor length windows in another person's bedroom but this was inappropriate as it allowed the windows to open too far. After we told the manager about this they immediately went out to purchase new window restrictors to replace those which required urgent replacement. They told us they would carry out an assessment of the rest to ensure they were fit for purpose.

We noted that there were exposed hot water and heating pipes throughout the property. The service had not carried out a risk assessment to assess whether or not anyone was at risk of receiving burns, should they fall against one of the pipes. The service had also not carried out an assessment to determine whether anyone living with dementia could attempt to climb the stairs without staff support and fall down. There were no measures such as gates in place to reduce this risk.

The service had a fire risk assessment carried out by an external company in December 2018. On the day of this visit the service was told to take immediate action to stop using extension leads in one person's bedroom in a way that posed a significant fire risk. Despite this, we found that this practice was continuing during our visit. In addition, the service had been told that the filters in the kitchen extractor were so full of grease and debris that they posed a fire risk and that charging of hoists in escape routes meant these could be blocked if the battery set on fire. They had been told to resolve these issues within a week. Despite this, we found that no action had been taken in these areas. The service had also been advised to stop using portable heaters which had not been electrically tested to ensure they were safe. Despite this, in one person's bedroom we found a portable heater which had not been electrically tested to ensure it did not present a fire risk. When we raised these issues with the manager they immediately removed the dangerous extension leads and had an electrician attend that day to assess the work that needed to be completed. They later sent us photographs to demonstrate new sockets had been fitted. They also purchased new filters for the kitchen extractors and fitted these.

The service was not consistently clean. The new manager had identified some areas required thorough cleaning and had already arranged for the lounge carpet to be cleaned. However, the carpeting in some people's bedrooms remained heavily soiled and in a poor state and this led to some unpleasant odours in these areas. The manager showed us records to demonstrate that they had identified floor coverings which required replacement and that this work had been booked in. Some areas of the kitchen required cleaning, with splashbacks near the cooker and filters above the food preparation area being heavily soiled.

We observed that there was old furniture and other discarded items piled up in the garden unsafely. People

used this garden, and one person with a sight impairment was carrying out their 'daily exercise' in the garden at the time of our visit. The service had not identified why this presented a risk to people.

Medicines were not consistently administered in line with the instructions of the prescriber. We reviewed the medicines in 'monitored dosage systems' (MDS) for people and found that 14 medicines had not been administered to people in the current month's cycle. These medicines had been signed for as administered on the medicines administration record (MAR) and there was nothing recorded to indicate why they had not been taken. Staff administering medicines were unable to account for this and these issues had not been identified and therefore no action had been taken to ensure people received their medicines as prescribed.

Some substances which could be harmful to people if ingested in error were not stored securely to reduce this risk. For example, we found a bottle of toilet cleaner in one bathroom and prescription creams and gels unsecured in people's bedrooms.

This was a breach of Regulation 12 'Safe Care and Treatment' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not enough staff to meet people's complete needs, including their social and emotional needs. One person said, "They never have time to stop or talk." Another person told us, "They are nice but very busy, they have no time for chatting." A relative said, "I think there's enough [staff] for like the basics but in terms of spending any time with people, there definitely isn't." Another relative commented, "[Relative] is nearly always alone. I barely ever see any staff spending time with [relative] because they are [in their bedroom]. Those downstairs are often on their own a while too." This was confirmed by our observations that staff interaction with people was linked to tasks such as supporting them with meals and drinks rather than staff having time to spend with people in a meaningful way. We observed that due to the layout of the building people were left in communal areas with no staff present for extended periods of time and did not have a way to call for staff assistance. Staff told us they felt the staffing level was enough to deliver the 'bare minimum' but they had no time to spend with people and felt guilty about this. They told us the staffing level had always remained the same and did not change according to people's needs. The manager told us that records demonstrated a dependency assessment had not been carried out by the previous manager since 2016, so it was unclear how the staffing level was decided upon. A dependency assessment looks at the needs of each individual using the service and calculates how much staff time is required to meet their needs. As this had not been carried out, it was unclear how the service could ensure enough staff were available to meet people's changing needs. The new manager told us they were in the process of assessing people's dependency levels and the effectiveness of the staffing level.

This was a breach of Regulation 18 'Staffing' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite our concerns, people told us they felt safe. One person said, "I don't have any concerns about my safety." Another person told us, "I feel safe." A relative commented, "It all seems safe. I've no information to say otherwise."

There was no system in place to monitor and analyse accidents and incidents for trends. Whilst staff recorded accidents and incidents, the previous manager had not carried out investigations into these incidents to see if they could be avoided in future. The new manager had identified this shortfall and was in the process of implementing a new system to fully investigate all incidents.

Care plans contained sufficient information around risks to people such as the risk of pressure ulcers or

malnutrition and how these should be reduced. Assessments had been carried out to identify areas of risk and it was clear what control measures had been put in place. Staff were aware of these risks and how they should be reduced.

Staff demonstrated an understanding of safeguarding in discussions with us and there was an appropriate system in place for protecting people from the risk of abuse. The new manager had identified some staff required updates to their safeguarding training and had arranged this.

Recruitment procedures for new staff were safe and appropriate checks were carried out to ensure prospective staff had the appropriate skills, experience and character for the role.

Records demonstrated the service carried out tests of the fire alarms to ensure they remained in working order. The service had employed an external company to risk assess and carry out checks on the water systems to look for the presence of legionella bacteria. Additionally, the maintenance staff carried out flushes of the water system and checked water temperatures to ensure the risk of the presence of legionella bacteria was reduced. The new manager had identified recording of these flushes could be improved and told us they were going to implement a new record for this. Appropriate testing was carried out of electrical appliances to ensure they remained safe for use.

Is the service effective?

Our findings

At the last inspection on 22 and 23 November 2017 we rated the service 'Requires Improvement' in this key question. At this inspection, we identified that the service people received had not improved sufficiently and the service remains rated 'Requires Improvement' in this key question.

Whilst we did not observe poor staff practice, training records we were provided with demonstrated that many staff required updates to their training. For example, records indicated five of the 16 staff had not completed moving and handling training in the past two years. Records indicated that eight staff had not had a fire safety refresher in the last two years and two staff had not received this training at all. Seven staff had not received training in first aid and 11 had not received training in food hygiene, despite all care staff taking part in food preparation. Only one staff member had received training in pressure care, which was completed in 2015. Seven staff were overdue for training in dementia care and three had received no training. Only four staff had been trained in supporting people with behaviour that challenged them, despite people using the service displaying these behaviours. In addition, only two staff had received training in diabetes, completed in 2014, despite the service providing care to people with diabetes. Staff had not received any training in caring for people at the end of their life. Staff competency in the role had not been assessed so it was unclear how the service could identify shortfalls in staff practice. The new manager was transparent with us about the concerns they had about staff training. They told us they had been unable to locate records to demonstrate staff had completed training recently and staff were not able to confirm when they'd last had the training. As a result, the manager showed us that they had booked sessions for all staff to complete their mandatory training again so they could be sure it had been completed.

Staff told us they felt the training they had received in the past was good quality and the trainer was helpful. They could not recall having any training recently. They told us that in the past it had been difficult to find time for training as they would still be expected to work as a carer on shift whilst doing their training session so they would not get the full benefit from it due to having to leave periodically when people required support. They told us that the new manager had put a stop to this and that they were arranging training sessions on different days so staff had dedicated time to focus on these sessions.

Staff told us they felt supported by the new manager and able to raise concerns. They told us they had not had supervision or appraisal with their previous manager but that they understood this would start taking place with the new manager. The manager confirmed this, saying they were looking to implement a program of regular supervisions and a yearly appraisal in the near future to develop the staff team.

This was a breach of Regulation 18 'Staffing' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were required to ensure that the design and decoration of the service helped people living with dementia to orientate themselves and navigate to key areas such as their bedroom, the toilet or the lounge. At the time of our visit the communal areas of the service and the hallways were decorated similarly and were lacking in stimulating decoration to support people with orientation. The manager told us they

had identified this and were already holding discussions with people about redecorating the service. They were aware of best practice guidance around making services dementia friendly and were looking to implement some of these changes in the service. People were being involved in making decisions about how the service looked and had been given swatches of different wallpaper to choose from for the living room. They had also been given brochures to choose new paint colours for their bedrooms if they had chosen for these to be redecorated. One person said, "Yes we are looking at new wallpapers. [The manager] has left it with us to have a look at the options in the different lights."

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

People told us staff asked for their consent before supporting them. One said, "They always ask what I would like help with." Another person commented, "Yes they ask me. They don't just start doing things." Improvements had been made since the previous inspection to better assess people's capacity to consent to their care. However, people's ability to consent and the support they would require with decision making was still not recorded in people's care records. In addition, care records did not indicate whether people had relatives or representatives with the legal right to make decisions on their behalf if they lacked capacity.

Observations demonstrated that staff gave people choices and supported them to make decisions during the day. For example, encouraging one person to choose where they wanted to sit for lunch and to choose which meal they wanted. The staff we spoke with demonstrated a good understanding of the MCA. However, the training matrix showed that three staff had not received training in MCA and five required an update. The manager was aware of this and had booked staff onto training.

People were supported to eat and drink sufficient amounts. People told us the food was good quality and they enjoyed it. One said, "I can't complain about the food, it's always pretty good." Another person told us, "The food is nice, yes. If I don't want what's on the menu there is always plenty of other options." Another person commented, "I like an omelette for my lunch and they're always willing to make me one. The food is amazing, trouble is I keep putting on weight it's so good." Care records made clear what support people required to eat and drink and reduce the risk of malnutrition or dehydration. Records were kept of people's food and fluid intake where required to identify any reduction in eating which could lead to weight loss. People's risk of malnutrition was assessed regularly and the service kept track of people's weight and contacted health professionals if people lost weight. Weight records showed that people who had previously lost weight were putting on weight with support of the staff.

Observations demonstrated that the meal time was a positive one. Staff supported people with their meals in a way that upheld their dignity. Ad hoc support was provided to people if required, such as staff offering to cut people's food up for them if they saw them struggling. Staff supported people as minimally as possible to uphold and encourage their independence.

The manager told us that they were looking to introduce 'show plates' so that people living with dementia could choose their meal based on the look and smell of it. This could make it easier for them to understand the available options.

People were enabled to access support from external health professionals such as doctors, dentists, opticians and mental health professionals. Referrals were made to other health professionals promptly when required and the outcome of these visits and the advice received was documented. One person said, "[The GP] comes weekly. If you need to see [the GP] before the next week [the staff] will call them." A relative told us, "They are pretty prompt on calling someone out if [relative] seems unwell and they let us know straight away too."

Is the service caring?

Our findings

At the last inspection on 22 and 23 November 2017 we rated the service 'Good' in this key question. At this inspection, we identified that the service people received had deteriorated and improvements were required. The service is now rated 'Requires Improvement' in this key question.

The condition of the building, furnishings and its decoration did not promote and uphold people's dignity and respect. Parts of the building were in need of maintenance or repair and looked unpleasant as a result. For example, there was evidence of a number of water leaks across the building where paintwork and woodwork had been damaged but remained unrepaired. In one person's bedroom we noted that the seals on their window had degraded but instead of these being replaced, masking tape had been placed over the edges of the window which did not look pleasant and homely. In a communal hallway, the radiator cover was falling off the wall and in a poor state of repair. The soft furnishings such as carpets and chairs in some people's bedrooms were dirty, worn and in need of replacement. The quality and attention to detail of decoration throughout the service was poor and this did not contribute to a homely, dignified environment for people to live in. A relative said, "The whole place needs a thorough seeing to, its shabby, that's probably the best word to describe it."

Whilst staff were kind and caring towards people, the service had failed to ensure there were sufficient numbers of staff on shift to protect people from the risks of social isolation and disengagement. This meant that people received care that was task focused and therefore not consistently caring.

Improvements were required to ensure people and their representatives were involved in the planning of their care and that their views were documented. One person told us, "I haven't seen my [care records], no." Another person said, "I haven't heard about any of [my care plans], I didn't know I had any." A relative commented, "To my knowledge we have never had [relatives] care discussed with us nor has [relative]."

People told us staff were kind and caring to them. One said, "The [staff] are very kind, they can't do enough for you." Another person told us, "[The staff] are very nice to me. I have been here four years and they have always been lovely to me. They'll even ask me if I want anything from the shop when they go to do their own shopping. They are so friendly." A relative commented, "All the carers seem really nice to [relative] and very welcoming to us."

We observed there was a pleasant atmosphere in the service and all staff contributed to this. For example, we observed one of the domestic staff came into the lounge singing and it made people laugh. It was clear the member of staff was deliberately trying to entertain people and make them smile. Other staff were jovial with people and clearly knew them well, asking them about their family or interests while helping them with tasks.

People's care records set out the tasks people could complete independently. For example, the parts of their personal care routine they could complete themselves and the parts they required staff to support them with. This information could reduce the risk of staff over supporting people and limiting their independence.

Observations of staff practice demonstrated they encouraged people to be as independent as possible.

Relatives told us they were free to visit at any time without restriction. One said, "I come most days to sit with [relative]. They are always offering me drinks, checking I'm okay too." Relatives told us the service was accommodating and enabled them to have quiet time with their relative. One said, "They leave us in peace if we would like. They are careful of intruding." This meant people were supported to maintain meaningful relationships with those close to them.

Is the service responsive?

Our findings

At the last inspection on 22 and 23 November 2017 we rated the service 'Good' in this key question. At this inspection, we identified that the service people received had deteriorated and improvements were required. The service is now rated 'Requires Improvement' in this key question.

The service was not providing people with opportunities to be engaged in meaningful activities. The service had a member of activities staff, however, they told us they only provided activities on five afternoons a week and at other times people would not have access to activity. Staff told us they had never been provided with a budget to spend on activities and were therefore unable to offer people a range of activities that were meaningful for them. They told us that they were expected to fundraise in order to provide people with opportunities to go out on trips and that this was difficult. One staff member said, "It's always the same people donating and they get sick of it eventually." Staff told us without this fundraising people were never able to take trips or have outside entertainment come into the service. People told us they rarely went out or had outside entertainment come into the service. One said, "I never get out. In the summer they usually take us on the boat ride if they raise enough money." Another person told us, "Before Christmas the kids come in to sing carols but I don't remember the last time anyone else came in for entertainment." When we asked how staff were able to purchase materials or other items for activities and they said they were able to take small amounts of money from the office's petty cash but would only be able to afford to buy a few items in a discount shop. They said this severely limited the amount of activity that could be provided.

People told us the activities provided were repetitive. One said, "We play bingo every week, card games. It's always the same stuff. That's not to say I don't enjoy it but a change is always nice." The activities which did take place were on a group basis, and did not involve people who stayed in their bedrooms. These activities also did not make provision for people who were living with more advanced dementia and would require activities specific to their needs. People's individual social and emotional needs had not been explored by the service and this meant that people with a higher level of care need spent the majority of the day disengaged. We observed two people living with advanced dementia throughout the day and saw that they spent the majority of the time sleeping or disengaged with their surroundings. They received limited interaction from staff and no interaction from activities staff. They were not provided with any source of activity which was stimulating for people living with dementia, such as tactile items, memory boxes or sensory boxes. We observed that one of these people displayed behaviours that staff found challenging but the service had not explored nor given consideration to how engagement and activity may limit this person's distress and anxiety. Whilst the member of activities staff was kind and clearly got on with people well, they had not been provided with any specific training in providing activities which were meaningful for people. The service had not explored people's individual interests and used this information to plan activities which would support people to continue these interests.

People told us they got bored living in the service. One person said, "I get bored, of course I do. I think everyone does." Another person told us, "It can be boring. I don't really do much, the television is always on but I don't often watch it because it's not something I like." A relative commented, "The [activities staff member] is nice but I never see anything particularly of interest for [relative]." Another relative said, "There

isn't much going on. It would be nice if they had a singer or something come in once in a while." When we spoke with staff about improvements they would like to see in the service, they spoke about how they would like to see more activities for people, including outside entertainment coming in. They said people had really enjoyed it before Christmas when the children came in to sing for them and that it would be nice to be able to organise singers and entertainers more often. The new manager told us they were looking at activities provision and how this could be improved upon. They were looking to implement themed days where people could sample different foods from other countries if they liked and learn about other cultures.

People did not always receive personalised care because staff were task focused and were not always able to provide care responsive to people's needs because of the number of staff deployed. Staff told us they did not have time to spend with people and this meant people were not protected from the risks of social isolation or boredom.

Care plans we reviewed were not sufficiently personalised and did not include specific information about people's preferences, likes and dislikes and how they would like their care to be delivered by staff. Care plans contained little information about people's individual communication needs. Where people had limited or no verbal communication there was no information for staff about the other ways they may communicate their needs, such as through facial expression or body language. This could result in people not receiving support they required to relieve their distress. Where people were unable to verbally consent to care and treatment, the service had not explored the other ways they could imply consent and ensured this was documented.

Staff told us some people displayed behaviours they found challenging. However, there was no care planning for people stating what these behaviours were, possible triggers and how staff could support people to reduce their distress during these times. Records were not kept of when people displayed behaviour staff found challenging so this information had not been analysed for trends to indicate possible triggers for behaviour which could be avoided in the future to reduce people's likelihood of distress.

There were no adequate end of life care plans in place for people using the service. We were told one person was at the end of their life but there was very brief care planning in place stating their wishes such as who they would like present at the end of their life. There was no information about the complex physical, social and emotional requirements of someone nearing the end of their life and how staff could meet their needs in a way that made them as comfortable as possible. The service had not utilised guidance such as the Gold Standards Framework for end of life care or guidance from the National Institute for Health and Care Excellence (NICE) when planning people's end of life care. Staff had not received training in supporting people at the end of their life.

This was a breach of Regulation 9 'Person Centred Care' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were made aware of how to complain about the service. The complaints procedure was available in a communal area near the signing in book. We reviewed the contents of complaints recently received and whilst there was evidence these had been investigated, it was not clear whether people had received a formal response to their complaint.

Is the service well-led?

Our findings

At the last inspection on 22 and 23 November 2017 we rated the service 'Requires Improvement' in this key question. At this inspection, we identified multiple breaches of regulations and the service is now rated 'Inadequate' in this key question.

The service has struggled to maintain compliance with regulations and to meet the fundamental standards since 1 May 2013 where they were found to be in breach of five regulations. At the next inspection on 3 July 2013 the service had failed to improve and was found in breach of six regulations. We took enforcement action against the service and at an inspection on 20 March 2014 the service was found to have complied with all regulations and was meeting the standards expected of care services.

A new manager was appointed and at an inspection on 12 October 2015 there had been a significant deterioration in the quality and safety of the service provided to people. The service was found to be in breach of regulations 9, 11, 12, 16, 17, 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated inadequate in 'Safe' and 'Well-Led' and placed into special measures. A service in special measures is expected to make significant improvement within six months. A follow up inspection on 16 February 2016 identified the service was still significantly failing in its duty to provide people with safe and effective care. Continuing breaches of Regulations 9, 11, 12, 17 and 18 and a new breach of regulation 14 were identified. We met with the providers and told them they must improve within a short period of time or enforcement action could be taken against the service. At an inspection on 6 July 2016 the service was found to have improved but remained in breach of regulation 11. They were rated 'requires improvement' overall because widespread improvements were still required to meet the fundamental standards expected of care providers. At an inspection on 22 and 23 November 2017 the service was found to have complied with regulations but still needed to make improvements in order to meet the fundamental standards, they remained rated 'requires improvement' overall. At this inspection the quality of the service was found to have deteriorated again. The provider's failure to ensure the service reaches and sustains compliance with the regulations and fundamental standards means that people have received a consistently poor service for several years.

In March 2014 a new manager started working for the service. Since this time, the service has been unable to reach and sustain compliance with regulations and fundamental standards repeatedly. The provider employed the services of an external consultant to carry out audits of the service on their behalf and they told us this consultant also carried out supervision of the manager. Despite the manager failing repeatedly to make and sustain improvements and to make progress with action plans provided by the consultant, the provider cannot demonstrate they have taken any action to consider the suitability and competency of the manager in the role. This meant it was unclear how the provider intended to ensure people would receive a consistently acceptable standard of service.

The provider told us that they felt employing the external consultant to oversee the auditing and quality assurance of the service was a positive step forward. Whilst this system was capable of identifying areas for improvement, it had not led to meaningful improvement to the lives of people using the service. For

example, an action plan following audit carried out by the external consultant in August 2018 demonstrates the manager was told to ensure staff received an update to their training as some staff had not received the provider's mandatory training or it was significantly out of date. Despite this, another audit by the consultant in October 2018 identified that the manager had still not taken action to ensure staff were trained. At this inspection visit we found that this issue remained, with many staff not having received training in relevant areas or having training significantly out of date. Staff competency in their role was not assessed so it was unclear how the service could ensure that people received safe and effective care from knowledgeable staff.

The manager had left three weeks prior to this visit and a new manager had started in post. They were unable to locate evidence to demonstrate that the previous manager had carried out regular audits of the quality of the service and to identify issues. We requested these from the provider following our visit. Whilst some information was provided, it was clear that the manager had not been operating a robust and thorough quality assurance system but this had not been addressed by the provider. Issues which put people at the risk of potential harm had not been identified. For example, shortfalls in the administration of medicines meant people did not always receive their medicines as prescribed and hazards in the environment put people at risk of potential injury.

The service had not utilised best practice guidance and support that is available from other external organisations to improve upon and develop the service. An action plan arising from an audit by the external consultant carried out in October 2018 stated that the provider should consider how they can offer additional support to the registered manager to bring about improvements. Despite this, there was no evidence to demonstrate that additional support had been provided. For example, we asked the provider to evidence how they had been personally supervising the manager, their competency and progress but they stated this was covered by visits from the external consultant. Given there had been limited improvements between the consultant's quality assurance visits, it was unclear how the provider was driving sustained improvement.

This was a breach of Regulation 17 'Good Governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the concerns we identified, people and their relatives made positive comments about the management of the service. One person said, "I liked [previous manager], I will miss them. [New manager] is really sweet though, I like them too." Another person told us, "[Previous manager] seemed on the ball. [New manager] has made a nice impression. They come and talk to me often." A relative commented, "[New manager] seems positive. There have already been some changes."

The new manager was open and transparent with us on arrival about the issues they had identified in the service during the three weeks they had been managing it. They had already made efforts to address some of these issues, ensuring that training dates were booked for staff and developing new quality assurance systems. They were looking at appointing a deputy manager to support the delivery of prompt improvements and considering the promotion of current staff into the role. They said they felt this would be beneficial because current staff already knew people well and were aware of areas for improvement.

Care staff were open and transparent with us and told us they were on board with making improvements to the service. They said the new manager had engaged well with them and was involving them in the process of discussing improvements to the service.

People and their relatives had met the new manager and the new manager had plans in place to implement more regular meetings with people and their relatives to get their views. They were planning to provide

people and their relatives with a survey of their views as this had not been done recently.

Staff told us the new manager was visible in the service, was supportive of them and led by example. They told us they felt able to raise concerns or make their views known to the manager and felt these would be acted on.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>1. The care and treatment of service users must—</p> <ul style="list-style-type: none">a. be appropriate,b. meet their needs, andc. reflect their preferences. <p>3. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <ul style="list-style-type: none">a. carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user;b. designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met;c. enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment;d. enabling and supporting relevant persons to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible;
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>1. Care and treatment must be provided in a safe way for service users.</p> <p>2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <ul style="list-style-type: none">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;
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;

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>1.Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>2.Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>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);</p> <p>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;</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>1.Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.</p> <p>2.Persons employed by the service provider in the provision of a regulated activity must—</p> <p>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</p>

