

Ashley Down Care Home Limited

# Ashley Down Nursing 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

### About the service

Ashley Down Nursing Home is a residential care home providing personal and nursing care to 10 people aged 65 and over at the time of the inspection. The service can support up to 19 people. Some people were living with dementia and people required support to move around the service.

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

People were not supported by enough staff to keep them safe and provide the support to meet their needs. The provider relied heavily on the use of agency nurses and carers. Recruitment practices were unsafe. People could not be assured the relevant checks had been carried out on potential new staff to ensure they were safe to provide their support because the provider did not carry out robust checks. Staff did not complete regular training to make sure their skills and knowledge were up to date with current legislation and best practice. There was no oversight of what training needed to be completed and when it should be completed.

People's medicines were not managed safely. They were not always ordered on time to make sure people had their medicines when they needed them. Medicines were not disposed of safely and in line with national guidance and best practice. Medicines records were not consistently accurate and there were unexplained gaps in the records.

The premises were not always safe and essential checks, such as gas safety, had not been completed in a timely way. There had been significant concerns with the fire system when fire doors were not closing in an emergency. We contacted the local fire and rescue service who attended the service and instructed the provider to take steps to keep people safe. The service was clean; however, areas of the service had been affected by leaks and there was no maintenance plan to rectify this or redecorate the rooms.

People's dignity was not always promoted. For example, staff did not notice when a person had large holes in their trousers. People's privacy was respected.

There was a lack of oversight of the quality of service and there was no plan to drive improvements. Audits and checks were inconsistent and not robust. The previous six inspections identified significant concerns. The provider did not take any responsibility or ownership or give any assurances that immediate action would be taken to address CQC's concerns at this inspection. The provider and manager did not work cohesively to implement changes and they did not lead by example.

People were supported to eat a healthy and balanced diet and were offered drinks throughout the day to keep hydrated. Meals looked appetising. People's health care needs were assessed, monitored and reviewed. Staff referred people to the relevant health care professionals, such as specialist nurses, when required and followed advice they were given. When people were supported at the end of their life, staff worked with hospice nurses to make sure they were supported to have a comfortable, dignified and pain-

free death.

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

Relatives told us they were happy with the care their loved ones received and that the staff were kind. Staff knew people well and were knowledgeable about how people preferred to be supported. Staff understood people's communication needs and spoke with us about how they observed people's body language when they were unable to express themselves verbally. Information, such as the resident's guide and statement of purpose were available in an easy to read format. When a complaint had been received, the provider had investigated and responded to the complainant in line with their policy. Complaints had been satisfactorily resolved.

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 Requires Improvement (published 06 February 2019).

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 rated Inadequate or Requires Improvement for the last six inspections.

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

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Ashley Down Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service did not have a manager registered with CQC. There was a manager who told us they were going to apply to register. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This includes details about incidents the provider must notify us about, such as abuse. The provider was not asked to send us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in the report. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with two relatives about their experience of the care provided. We spoke with five staff, the manager and the provider. We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at six staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and policies.

# 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 Requires Improvement. At this inspection this key question has deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

At our last inspection we recommended the provider seek advice and guidance from a reputable source regarding the deployment of staff, taking into account a holistic view of people's needs.

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

- During the morning there were three carers and a nurse on duty and in the afternoon, this was reduced to two carers and a nurse. Most people spent their day in their room with little interaction from staff. At night there was a nurse and a carer on duty. People were unable to mobilise independently and needed the support of two staff for personal care. This meant that, at night, if staff were supporting a person there were no other staff to support people if needed. When the nurse was administering medicines there was only one carer to support people. A response to a recent staff survey noted as a weakness, 'Lack of enough staff at night in case of an emergency only the carer working on the floor and won't be able to cope'.
- Contingency plans to address emergency shortfalls were not in place. For example, following the inspection the service had a significant problem with the fire system which stopped working effectively and meant people would not be safe should a fire occur. The local fire and rescue service attended, and the provider was instructed to have three additional staff in the service overnight to make sure people remained safe. The Care Quality Commission (CQC) were informed the provider and two people, who were not employed by the provider, attended the service to cover this because there were no contingency plans for staff to cover in the event of an emergency.
- The provider did not regularly review its staffing levels and mix of skills to make sure they were able to respond to people's changing needs. Staff were not up to date with training about keeping people safe. The provider had stopped using a dependency tool to establish people's needs to help decide the number of staff needed. They were not able to tell us what their staffing levels were based on. The service relied heavily on using agency nurses and carers as they were short of staff. Following the visit from the local fire and rescue service, the provider needed to ensure there were three staff on duty every night as it was unsafe with only two staff. The provider used an agency to provide this additional member of staff.
- During the inspection, staff were rushed, task orientated and did not have time to spend with people. People spent a large amount of time on their own with little interaction from staff. The activity co-ordinator spent time with people on a one to one basis, however much of the time they were supporting people with meals and drinks because there were not enough staff to do this. At weekends there was no cook or housekeeper and these roles were covered by the staff on duty. This meant staff had a reduced amount of

time to provide people with their support.

We found no evidence people had been harmed, however there was a risk people may not be safe in an emergency, also that people may not receive the support they needed when they needed it. The provider failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were not supported by staff who had been safely recruited. Recruitment records were incomplete and had not been completed in line with Schedule 3 of the Health and Social Care Act or the provider's own recruitment policy.
- The provider had not questioned unexplained gaps in staff employment histories. Staff files did not all contain two references, including one from the person's most recent employer. Two files did not have any evidence of Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions. One staff had left the service in August 2019. They had been re-employed by the provider in January 2020. There was no application form, references or DBS check completed. The DBS may identify if there had been any concerns raised since the person left the service in August 2019. The provider and manager confirmed they had re-employed the member of staff without following their recruitment process and carrying out the necessary checks to make sure they were safe to work with people. There was a risk unsuitable people may be recruited as a result of the lack of robust recruitment checks.

We found no evidence people had been harmed, however there was a risk the provider may employ staff who were not safe to work with people. The provider failed to ensure recruitment procedures were established and operated effectively. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

#### Using medicines safely

- People were not supported to have their medicines safely. People's medicines were not consistently ordered on time to make sure they had enough medicine when they needed it. For example, on the second day of our inspection one person was due to have a new pain patch applied. There were none in stock. Staff had not followed up with the GP and local pharmacy to make sure it was delivered. Staff contacted the pharmacy during the inspection to arrange collection of the pain relief. As a result of a large number of agency nurses covering shifts the communication was poor.
- When people needed pain relief via a transdermal patch staff had not consistently recorded, on a body map, where the patch should be placed to make sure people's skin stayed healthy. For example, one person's body map showed the last patch was placed on 19 December 2019. This meant staff could not be sure they were protecting the person's skin. One person had a homely remedy record which included guidance for staff to review every six months. This had not been done. The homely remedy record was unclear with many alterations including when people may have chosen not to have their medicines.
- People's medicines were not disposed of in line with guidance. Staff placed medicines for disposal in a bin which was not secure. For example, inspectors were able to place their hand in the bin and remove medicines. There was a risk medicines may be removed instead of being safely disposed of. The National Institute of Clinical Excellence guidance is that medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected. Best practice guidance was not being followed. There was a risk that staff could remove medicines and they would not be safely destroyed. Records of disposed medicines contained pages which had been torn out. When staff had recorded medicines for disposal these had only been signed by one staff when best practice would be for another staff member to witness the disposal. We raised our concerns with the provider. They told us they did not know why pages



had been removed and that there was only one signature because there was only one nurse on duty. They had not considered upskilling care staff to support nurses with the management of medicines.

- There was not a clear audit trail to show what medicines had been received. For example, we found one person's medicines had a box of 28 tablets missing. Staff were not able to tell us where they were. Staff recorded a count of medicines. This was not consistently accurate and there were gaps in the recording. The provider had not completed competency checks to make sure nurses were following best practice.

We found no evidence people had been harmed, however there was a risk people's safety may be compromised. The provider failed to ensure proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

- The premises were not consistently safe. During the inspection there had been a problem with the fire panel in the service. Contractors rectified the fault. Two weeks after the inspection, we were informed there were significant concerns about people's safety due to problems with the fire system and that fire doors were not closing in an emergency. The provider had not taken action to address this and CQC contacted the local fire and rescue service. The provider was asked to provide assurances that people would be safe in the event of an emergency. The provider did not provide us with a contingency plan or the additional information we requested in a timely way. The provider has since informed us that the fire panel had been fixed and that fire doors were closing as they should.
- Checks to make sure the service was a safe place to live were not closely monitored to make sure they were completed when required. For example, gas safety checks had not been renewed when they should have been. We discussed this with the provider who took immediate action to address this. Following the inspection, they sent confirmation the gas safety checks had been completed.
- Some areas of the service had suffered from leaks. There was damage to the ceilings in some people's rooms. The storage area, usually used to store hoists to keep them out of people's way, had also had a leak in the ceiling and was out of use at the time of the inspection. The provider and manager were unable to tell us when the repairs would be made. There was no maintenance plan for the service.
- Risks to people's health were assessed, monitored and reviewed. Measures were in place to reduce risk. For example, hoists were used to support people to transfer from their bed to a chair safely or using a pressure cushion to help protect their skin. However, during the inspection two people were sat in the lounge and were sitting on the hoist sling on top of the pressure cushions. People were unable to say if this was uncomfortable. There was also a risk, if the sling was creased, that people could be at higher risk of developing pressure areas. The manager and staff did not recognise this may pose a risk to people's skin.

We found no evidence people had been harmed, however systems were either not in place or robust enough to demonstrate safety was effectively managed. The provider failed to ensure the premises were safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- People were supported by staff who knew how to recognise the signs and report abuse. However, staff were not all able to tell us who they would report concerns to outside the service, such as to the local authority or CQC.
- Staff, including the provider and manager, had not completed training about keeping people safe to make sure they were up to date with best practice. We raised this with the provider during the inspection. No action was taken to arrange safeguarding training.
- The provider and manager knew how to report concerns to the local authority and to CQC.
- A relative said, "[My loved one] is definitely safe. The staff look after them really well".

### Preventing and controlling infection

- People were protected from the risks of infection and lived in a service that was clean and free from unpleasant odours.
- Staff understood their responsibilities in relation to infection control and hygiene. Staff wore protective equipment, such as gloves, when supporting people with their personal care.
- The kitchen was clean. The cook was knowledgeable about food safety. They spoke with us about the safe preparation and storage of foods.

### Learning lessons when things go wrong

- The manager monitored any accidents or incidents, such as falls. They had oversight of this which enabled them to check for any pattern.
- When needed people were referred to the relevant health care professionals for advice and guidance.

# 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 Requires Improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to provide the necessary training to enable staff to develop the skills to fulfil their role. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection, the provider sent us an action plan detailing what they planned to do to meet the regulation by 1 April 2019. At this inspection not enough improvement had been made and the provider was still in breach of regulation 18 for the third consecutive time.

- New staff had been employed, including the manager, and had not completed essential training, such as safeguarding people. The induction process was not structured. Some staff had completed a one-day induction, others had not completed an induction at all. Following the last inspection, the provider informed us new staff would complete the Care Certificate and, that in December 2019, five staff had enrolled on this. The Care Certificate is an identified set of standards social care workers adhere to in their working life. New staff had not begun this process. Staff told us they were not completing the Care Certificate, the manager confirmed this. There was no process in place to have a responsible person to oversee and sign off the Care Certificate.
- New staff did not have the opportunity to work alongside experienced colleagues to get to know people, their routines and their preferences. Following their induction, they began working shifts. One staff told us they got to know people on the first day and then started working on shifts. There was no check completed to make sure this staff member was competent to work unsupervised. New staff had not completed important training, such as moving people safely, before they began to support them. There was a risk staff may not have the skills or competence to provide people with the right support.
- Staff did not complete regular training to keep their skills and knowledge up to date. There was no oversight of the staff training to make sure staff refreshed their knowledge. The provider and manager were not able to show evidence of staff knowledge and competence, such as a training matrix showing completed training or staff training certificates. The provider and manager were not able to show us their own training records. Staff told us they did not complete regular training. The provider had been working shifts as a nurse. Whilst their registration with the Nursing and Midwifery Council was current, they were unable to tell us or evidence what training or clinical supervision they had undertaken to make sure their knowledge was up to date and they were following best practice. For example, the provider showed us their training certificate and the last training they completed about keeping people safe, medicines management

and mental capacity was in 2013.

- We were told some staff had completed training in fire safety, first aid and challenging behaviour. The provider and manager were not able to provide any training certificates as evidence of this. One staff told us they had only completed first aid and fire evacuation training since they had been working at the service. They confirmed they had not done basic training, such as safeguarding people, moving and handling or mental capacity. This training would support staff to have the skills and knowledge they needed to provide the right support. For example, when we spoke to staff they were not all able to tell us how they would raise concerns outside the organisation.

We found no evidence people had been harmed, however there was a risk staff may not have the skills and competence to keep people safe and provide effective care. The provider failed to provide the necessary training to enable staff to develop the skills to fulfil their role. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we recommended the provider seek advice and guidance from a reputable source to increase the choice and enhance the meal experience for people living at the service.

At this inspection improvements had been made.

- People were supported to eat a healthy diet and to drink enough. A relative told us, "[My loved one] loves the food. They are eating more than they did at home. I was here for lunch the other day and couldn't believe what they ate". Meals looked appetising.
- A new cook had been employed since our last inspection. They were knowledgeable about people's favourite foods, any dislikes and any special diets. People were offered a range of fresh fruit and vegetables. When people had their meals pureed, to make it easier to swallow, each food type was pureed separately. The cook told us, "This way people can enjoy the flavours. Meals are a very important part of their life, so they should enjoy it".
- The service had a dining room; however, this was rarely used. Most people were supported to eat in their own rooms. Staff told us this was people's choice. This meant meal times were not enjoyable social occasions.
- People's cultural, ethical and religious needs were taken into account. Photographs of meals were being implemented to show people, particularly those living with dementia, what the meal selection was. The cook spoke with people each day about their meals and offered them choices. They told us they often cooked something different for people if they fancied something not on the day's menu. For example, if a person wanted an omelette instead.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's physical and mental health care needs were assessed before they moved to the service. Staff worked closely with people and their health care professionals to make sure transitions between services were as smooth as possible. People were given the opportunity to discuss their lifestyle preferences, including sexuality, religion and disability to make sure they could continue to live their life as they chose.
- People and their relatives or representatives were involved in the planning and reviewing of their care. When needed people were referred to health care professionals, such as diabetes nurses, tissue viability nurses and hospice nurses.
- People's mobility and other daily living skills were assessed using the Barthel Index. This is evidence-

based guidance which helps a provider to see how much support a person may need. Whilst the provider had these in place, they had not been reviewed since June 2019. A new assessment should be completed every six months or when a person's needs change. People's weights were monitored and recorded using a Malnutrition Universal Screening Tool. This helped to identify anyone at risk of malnutrition. When staff had concerns about people's weight they referred them to the relevant health care professionals.

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

- People had the opportunity to personalise their rooms when they chose to with pictures, photographs and ornaments.
- Communal areas, such as lounges, were stark and not homely.
- There was enough room for staff to support people to move safely along corridors. There was clear signage on important areas, such as bathrooms and toilets.

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

- People were supported to stay as healthy as possible. They were supported to see opticians, dentists and chiropodists.
- Staff worked with people's health care professionals, such as GPs, speech and language therapists and specialist nurses.
- People's oral care needs were recorded. There was information for staff about people's dentures and what support was required with their oral hygiene.

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

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

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

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

- People's capacity to make specific decisions was assessed. When people were unable to make a decision, staff met with their relatives and health care professionals to discuss making a decision in the person's best interest.
- The provider had submitted DoLS applications in line with guidance. When a DoLS had been authorised, the Care Quality Commission were informed in line with guidance.
- Staff told us they had not completed training about mental capacity to make sure their knowledge was up to date and they were following best practice. During the inspection staff spoke with people to gain their consent, such as when they were being supported with personal care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider, manager and staff were task focused. The provider did not check to ensure staff had the right skills and were competent to provide compassionate support. Staff did not have time to spend with people and were rushed. There was a risk people may feel isolated because staff did not have time to sit and talk with people for a meaningful length of time. Some people's rooms had suffered from leaks and there were no plans for this to be addressed.
- People were not consistently treated in a dignified way. For example, one person was sitting in the lounge, wearing tracksuit style trousers. These had large holes around the bottom of one leg. We raised this with the manager who arranged for staff to support the person to change their trousers. Staff had not noticed the holes whilst dressing the person, when supporting the person to the lounge or when supporting them to eat and drink.
- People's privacy was respected. Staff made sure bedroom doors were closed when they were supporting people with their personal care.
- People's current care plans and staff files, for staff currently employed, were stored securely to protect people's confidentiality. However, information which should be securely archived was not securely stored. We have reported on this in the Well-Led domain.

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

- People's relatives told us their loved ones were treated in a kind and caring way. They said, "All the staff are great. Very kind and caring. I can't fault them" and "[My loved one] is well cared for". Staff commented, "I think people get excellent care. I have not seen anything untoward here. I think the care is very good" and "All the staff are so caring. They are brilliant, absolutely brilliant".
- Staff knew people well. They were knowledgeable about people's life history and the way they liked to be supported. Interactions observed throughout the inspection were positive. Staff spoke with people in a kind and caring way. Staff had noted on a recent survey, 'The strength is that staff are working as a team to achieve a common goal which is to provide high quality of care to the residents'.
- Responses from a relative's survey in 2019 were positive. They had noted, 'We are very pleased with the care and attention [our loved one] receives' and '[Our loved one] is unable to get out of bed but every effort is made to communicate with them, as they don't speak. They are so loving and caring. I cannot praise the home enough'.
- People were encouraged to maintain relationships with friends and relatives. Visitors were welcome at the service at any time and there were no restrictions on this.

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

- People and their relatives were involved with the planning and reviewing of their care. Families helped staff build a picture of people's life before they moved into the service. This helped staff get to know people and the things and people that were important to them.
- People's communication needs were recorded to make sure staff had the information they needed to provide the right support. This included when people wore glasses or hearing aids. When people may struggle to communicate, there was guidance for staff about being patient. We observed staff doing this. Staff told us how they observed people's body language and sounds they made which may indicate a person was uncomfortable or wanted a drink.

# Is the service responsive?

## Our findings

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

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

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

- A relative told us they had seen a "Massive difference" in their loved one since moving to the service. They told us their relative was interacting with staff and, when they had arrived that day, staff were sat laughing and chatting with them and holding their hand.
- An activities co-ordinator was employed by the provider. They spent time with people on a one to one basis. However, a large part of their time with people was supporting them with meals and drinks rather than with meaningful activities. Throughout the inspection people spent a large amount of time on their own with little interaction from staff because the staff were task focused.
- Staff told us they supported people to spend time in the garden when the weather was warm.
- There was no plan of meaningful activities or to support people with their interests or hobbies. This was an area for improvement.

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

- People's care plans reflected their care and support needs and any preferences in how their care was delivered. Care plans, written with people and their relatives, included information about their life history and things that were important to people. This enabled staff to talk with them about things that mattered to them. Care plans were reviewed each month and updated when there were any changes in a person's needs or preferences.
- People's care plans reflected how much they could do for themselves. For example, if they were able to eat or clean their teeth.
- The manager was in the process of enhancing care plans to include a holistic overview of people's care and support needs. These gave an outline of how people should be supported, and any preferences they may have.

Meeting people's communication needs

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

- Information was available in a variety of formats to meet people's communication needs. The manager told us they were able to provide larger print documents for people or, if needed, use pictures to support people.
- The provider's statement of purpose and resident's guide to the service were available in an easy to read



format.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process. Complaints were recorded, investigated and responded to. The provider recorded any verbal concerns raised. The complaints received had been satisfactorily resolved.

End of life care and support

- People were supported to have a dignified, comfortable and pain free death.
- People's choices for their end of life care were recorded. This included who a person may want to be with them at this time.
- Some people had consented, with their GP, not to be resuscitated and this was clearly recorded.
- Staff worked with nurses from the local hospice to make sure they provided the right support. Crisis medicines were prescribed by a GP to ensure people remained as comfortable as possible.

# 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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At the last inspection the provider did not have a manager registered with the Care Quality Commission (CQC). We noted this as an area for improvement as it is the provider's legal responsibility to make sure a registered manager is in post as soon as possible after a registered manager leaves.

- At this inspection, the previous manager had left and de-registered in May 2019. The provider employed a new manager in November 2019. They had applied for their Disclosure and Barring Service check; however, no application had been made to register with CQC.
- There was a lack of oversight and scrutiny of the service. Shortfalls found at the last inspection had not been addressed. Checks on the quality of service were not robust or effective and had not identified the significant concerns raised throughout the inspection. For example, poor medicines management, unsafe recruitment practices and a lack of staff training and development. When checks had been completed by the provider there was no evidence of any follow-up actions taken. For example, the provider completed a medicines audit in December 2019. There were three actions noted. This did not identify who was to take the action and when it was to be completed. The provider could not tell us what action had been taken.
- Audits were not detailed. For example, infection control checks did not note what areas of the service had been checked and when this was done. The records noted the month only. The information recorded was incorrect. For example, the infection control record noted there was a staff education programme in place, however, staff had not completed infection control training. Audits had been completed prior to the last manager leaving the service. The provider had not completed robust checks in the absence of a manager.
- The provider, as a condition of their registration, provided CQC with a monthly report of their progress in making improvements. The reports received were not consistently accurate. For example, their report in December 2019 noted there had been no falls. When we checked records there had been one fall that month. The person had not sustained a serious injury. The December 2019 report also noted five staff had enrolled for the Care Certificate. The manager and staff told us this had not been started.
- Leadership was weak and inconsistent. The provider was regularly at the service, frequently working shifts as a nurse. The communication between the provider and manager was poor and they did not work together effectively as a cohesive management team.
- People's and staff right to confidentiality were not respected. Some records were not stored securely to keep information safe. On the first day of the inspection the provider's office was disorganised with documents including people's care records and staff information. We raised our concern with the provider

who told us they would address this. On the second day of the inspection the provider's office did not have confidential information in it. However, we found the paperwork had been placed into carrier bags and stored in another room. This meant people's confidential personal information was still not being stored securely. Following the inspection, we asked the provider to send us their record retention and disposal policy. This has not been received by CQC.

- We fed back the concerns identified to the provider. We also raised concerns over the lack of action taken since the last inspection and that this was the seventh consecutive inspection which had identified significant concerns. The provider told us they did not have an action plan to make sure previously identified concerns were addressed. They did not take responsibility for the shortfalls and did not give us confidence that action would be taken to improve the service.

We found no evidence people had been harmed, however there was a lack of oversight and scrutiny from the provider and a lack of understanding about protecting people's confidentiality. The provider failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service. The provider also failed to maintain securely records in respect of people and staff. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- From November 2019 the manager had introduced some new audits and checks. These included a regular walk around the service to check the cleanliness of the environment, checking each person's fire door and an analysis of incidents, such as falls. These audits included what action was needed and there was evidence action had been taken. For example, environmental concerns had been noted in the maintenance book for action and there were entries in the staff communication book reminding staff of important information.

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

- A relative commented, "The manager is very approachable. From day one I have felt comfortable to approach them with anything". Staff spoke positively about the manager. They told us, "I like [the manager]. They are a doer. They are very fair and all for the residents, which in my book is the most important". A staff survey noted, 'The new manager has improved my working environment. I feel supported and valued by them and that my clinical skills are respected'.

- The culture at the service needed to be reviewed. Staff views about the culture at the service varied. For example, one staff told us the communication was not always good and that there were differences of opinion between the provider and the manager. Another said they felt supported by the manager, nurses and colleagues saying, "They are all very supportive. We work as a team".

- The provider and manager did not work together as a cohesive management team to lead, coach and mentor staff. The provider and manager did not keep their own skills and knowledge up to date with best practice and they did not lead by example.

Working in partnership with others

- At our last inspection we recommended the provider seek advice and guidance from a reputable source to offer the manager a suitable support and training network and to develop beneficial partnerships.

- At this inspection there was nothing in place to support the manager with their personal development. The provider had still not sourced any groups or forums to gain the benefit of sharing good practice. This continued to be an area for improvement.

- Staff referred people to and worked with people's health care professionals to make sure they were providing the right support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their responsibility to be open and honest with people and their representatives when something went wrong or could have been done differently.
- It is a legal requirement to display the rating from the last inspection. This makes sure people and visitors to the service are informed of our judgement. The rating and report from the last inspection were displayed in line with guidance.
- The provider and manager notified CQC about important events, such as a death, in a timely way.

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

- People, relatives and staff were asked for feedback about the quality of service through surveys. The last survey results from people and relatives were positive. Surveys had recently been sent to relatives and staff to obtain feedback. None had yet been received from relatives, however the manager told us they would collate the responses and check to see if any action needed to be taken to improve the service. Staff survey results were being collated and there was a mixed view of the quality of service from staff. We will follow this up at the next inspection to see what action has been taken to address this.
- Residents meetings and relatives' meetings were held. The manager told us they planned to have these on a more regular basis.

This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity                                             | Regulation                                                                                                                                            |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment                                                                                        |
| Treatment of disease, disorder or injury                       | The provider failed to ensure recruitment procedures were established and operated effectively. The provider failed to ensure the premises were safe. |

### The enforcement action we took:

We cancelled the provider's registration. CQC had commenced the enforcement action during the COVID-19 pandemic and worked with partner agencies to make sure people moved to new services to meet their needs in a safe and planned way.

| Regulated activity                                             | Regulation                                                                                                                                                                                                                                                |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance                                                                                                                                                                                                    |
| Treatment of disease, disorder or injury                       | The provider failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service. The provider also failed to maintain securely records in respect of people and staff. |

### The enforcement action we took:

We cancelled the provider's registration. CQC had commenced the enforcement action during the COVID-19 pandemic and worked with partner agencies to make sure people moved to new services to meet their needs in a safe and planned way.

| Regulated activity                                             | Regulation                                                                                      |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed                          |
| Treatment of disease, disorder or injury                       | The provider failed to ensure recruitment procedures were established and operated effectively. |

### The enforcement action we took:

We cancelled the provider's registration. CQC had commenced the enforcement action during the COVID-19 pandemic and worked with partner agencies to make sure people moved to new services to meet their needs in a safe and planned way.

| Regulated activity                                             | Regulation                                                                                                                                                                                                                                                |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing                                                                                                                                                                                                           |
| Treatment of disease, disorder or injury                       | The provider failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. The provider failed to provide the necessary training to enable staff to develop the skills to fulfil their role. |

**The enforcement action we took:**

We cancelled the provider's registration. CQC had commenced the enforcement action during the COVID-19 pandemic and worked with partner agencies to make sure people moved to new services to meet their needs in a safe and planned way.