

Four Seasons (No 10) Limited

# Summerdale Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

Summerdale Court Care Home was inspected on 18, 19 and 21 September 2017. The first day of the inspection was unannounced.

Summerdale Court is a large care home with nursing registered to provide care for up to 116 people. At the time of our inspection 75 people were living in the home. The home provides care for older people, people who have a physical disability and people living with dementia. There are four units within the home. Two of these units provide residential care for people living with dementia. The other two units provide nursing care, one of which specialises in providing nursing care for people living with dementia. The home is fully accessible and arranged over two floors. There are a variety of communal areas including gardens for people who live in the home.

The home had a registered manager in post. 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.

The last inspection took place in February 2017 when we rated the service as inadequate, identified breaches of seven regulations and placed the service into special measures. This inspection found five of those breaches had been addressed. However, issues relating to the safety of the service, leadership and governance had not been fully addressed and breaches continued. The rating for well-led remains inadequate. The overall rating for this service is 'Requires improvement'. However, we are extending 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections.

Managers in the home completed a wide range of audits to monitor and improve the quality of the service. They had an action plan to address the concerns from the previous inspection and other issues identified since. However, there were a number of issues with the quality of records identified during the inspection that had not been addressed by the provider's systems.

Risk assessments were in place to mitigate risks faced by people living in the home. However, these were inconsistent. While some were clear about what staff needed to do to ensure people were safe, others lacked detail.

People were supported to take their medicines by trained and qualified staff. Records showed they were supported to take their medicines in a safe way. However, where medicines were stored in fridges safe temperatures had not been maintained.

People were supported to access healthcare services when they needed them. However, support plans around people's healthcare needs were not always consistent or clear and some diabetes care was not

provided in line with best practice guidance.

During the inspection we saw there were occasions where people's dignity was not always protected. The provider responded to this feedback and developed ways to ensure people's dignity was protected.

There was variation in the quality of care plans across the home. While some were personalised and detailed, others did not inform staff how to meet people's individual needs. Observations showed occasions when a task focussed approach was taken rather than a person-centred approach.

People's views on the provision of activities were mixed. Some people felt they were offered a range of appropriate activities but others felt there were limited options that were suitable for them. The purpose of activities was not always clear and levels of engagement were not captured.

People and their relatives told us they felt safe in the home. Staff were knowledgeable about how to protect people from avoidable harm and abuse and knew how to escalate concerns about abuse.

People and staff told us the staffing levels had improved. Records showed the home deployed more staff than their staffing levels tool calculated as required. Staff were recruited in a safe way that ensured they were suitable to work in a care setting.

Staff told us they were supported in their roles and received regular supervision and training. Records showed staff received the training they required to perform their roles. Some staff had only received group supervisions so had not had the opportunity to discuss their personal development.

The service sought consent from people in line with legislation and guidance. Where people lacked capacity to consent to their care, appropriate assessments had taken place. Best interests decision making processes were clearly recorded and showed appropriate people had been involved. Where people were deprived of their liberty the home had made appropriate applications to ensure this was lawful.

People told us they were offered a varied choice of food that met their cultural and religious preferences. Records showed the menu was varied and reflected the diverse backgrounds of people living in the home.

People and relatives told us they thought staff demonstrated a caring approach to supporting them. Staff spoke about the people they supported with kindness and affection.

People were supported to access religious services where they wished to do so. The provider had taken steps to ensure people who identified as lesbian, gay, bisexual or transgender felt welcome at the home.

The service held regular meetings for people and their relatives where they could provide feedback about the home. People and relatives felt they could make complaints and records showed these were responded to in a timely manner. Apologies were given where mistakes had been made.

People and staff told us they found management to be visible and approachable. The provider had taken on board concerns about the culture at the home and taken steps to ensure people and staff could raise their concerns and felt supported to do so.

Communication amongst the staff team had improved and key information was shared across the staff team.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. There were inconsistencies in the quality of risk assessments which meant people were not always protected from the risk of harm.

Medicines management had improved, but the service was not always ensuring medicines stored in fridges were stored safely.

People told us they felt safe. Staff were knowledgeable about safeguarding adults from harm and knew how to raise concerns about possible abuse.

There were sufficient staff deployed to meet people's needs. Staff had been recruited in a way that ensured they were suitable to work in a care setting.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. People were not always supported to have their healthcare needs met in line with best practice. Health monitoring across the service was inconsistent.

Staff received the training and support they needed to perform their roles.

The service sought consent in line with legislation and guidance. The service was working within the principles of the Mental Capacity Act 2005.

People were supported to have their nutritional needs met. The service had worked to improve the mealtime experience for people.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring. The service responded to concerns that people had not been supported to maintain their dignity at all times.

People and relatives told us staff had a caring attitude. Staff spoke about the people they supported with kindness and affection.

**Requires Improvement** ●

The service ensured that people's religious and cultural needs were met.

The service had completed work with staff to ensure that people who identified as lesbian, gay, bisexual or transgender felt welcome at the home.

### Is the service responsive?

The service was not always responsive. Improvements in the quality of care plans were inconsistent across the home.

Feedback about activities was mixed. The purpose and structure of activities was not always clear and people's engagement with activities was not captured.

The service held regular meetings for people and their relatives where their feedback was sought.

Complaints were responded to in an appropriate manner with apologies offered where this was required.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led. Despite increased monitoring and support, issues with the quality of care plans, risk assessments and other aspects of care were identified during the inspection.

The actions taken by the provider had not fully addressed previous breaches of regulations.

People and staff told us the leadership and management of the home had improved and managers were visible throughout the service.

The service held regular meetings for staff at all levels to ensure key information was shared across the home.

The management team were completing a wide range of audits to monitor the quality of the service.

**Inadequate** ●

# Summerdale Court 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 was planned to check 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.

The home was last inspected in February 2017 when it was given an overall rating of Inadequate and placed into special measures. In February 2017 we issued warning notices against breaches of regulations 12 and 17 relating to the safety and governance of the service. We also issued requirement notices for breaches of four other regulations relating to person centre care, consent, safeguarding and staffing.

This inspection took place on 18, 19 and 21 September 2017 and was unannounced.

The inspection team consisted of four inspectors, a specialist advisor with expertise in nursing and dementia care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience had expertise in caring for older people living with dementia.

Before the inspection we reviewed all the information we held about the service, including notifications and updates the provider had sent to us. Providers are required to notify us of significant events and incidents. We sought feedback from the local authority commissioning and safeguarding teams and the local Healthwatch.

During the inspection we spoke with 12 people who lived in the home and four relatives. We spoke with 18 members of staff including the registered manager, the regional manager, the resident experience support manager, two administrators, an activities coordinator, two care home advanced practitioners, three nurses, two senior health care assistants and five health care assistants.

We reviewed 12 people's care records including care plans, risk assessments and records of care delivered. We reviewed 26 people's medicines records and medicines plans. We reviewed 14 staff files including recruitment, supervision and training records. We reviewed a variety of other records including audits, action plans, meeting minutes, maintenance records, menus, complaints and policies and procedures for the home as well as other documents relevant to the management of the service.

# Is the service safe?

## Our findings

At the last inspection in February 2017 the service was not safe as risks to people had not been clearly identified or addressed through risk assessments, particularly when risks related to behaviours which could cause harm to people and others. The provider had taken steps to address these concerns, but some issues remained.

People who lived in the home could present with behaviours which posed a risk to themselves or others and could be violent and aggressive at times. Care plans and risk assessments in relation to this varied in quality. Although some care plans contained details of the type of support required to reduce the likelihood of incidents occurring, other plans simply described the behaviours in detail and did not describe the measures to reduce risk. For example, one person's care plan described a range of behaviours including pinching, scratching and verbally abusing staff. The instructions for staff on how to respond to these incidents was limited and stated, "In all of her behaviour issues staff reassure her explain and talk to her if this fails staff retry in about 15 minutes." This was insufficient to ensure staff knew how to respond appropriately to the risks presented by this person. This person required increased monitoring because their behaviours posed an infection control and hygiene risk. However, the frequency of checks were not stated which meant the person's needs were at risk of not being met.

Records showed the service referred people to specialist behavioural support teams where this was appropriate. However, records showed one person had continued to display behaviours which were risky to others despite following the advice of this team. There was no record the service had sought further input in relation to these behaviours. The approach to supporting people who presented with behaviours which could be risky was more positive than in February 2017 with staff recognising a pro-active approach to engaging with people was likely to have better outcomes. However, this was not consistent across the units in the service. One care worker said, "Some people here can be irritated and they can be challenging to us and other people but we are skilled to de-escalate these situations."

At the last inspection other risk assessments were found to be inconsistent. Moving and handling risk assessments had improved across the home, with detailed instructions on how to use equipment and support people to mobilise across the units. However, inconsistencies remained in other areas. For example, where people were identified as being at risk of developing pressure wounds some care plans had specific instructions regarding skin care and wound management with clear instructions on the frequency and type of repositioning required. However, other plans were not specific about the measures in place. For example, one person's plan instructed staff to reposition them "regularly" but did not define this. Records showed this was usually completed every four hours, but it was not clear how this timescale was decided or known by staff. This meant there was a risk that staff who were not familiar with the person may not support them to reposition as required.

People living in the home experienced health conditions which meant they were at risk of harm including epilepsy and diabetes. There was variation in the clarity of information for staff about how to support people to manage their health conditions in a safe way. Although some care plans contained details on how people

presented during health related emergencies with clear guidance on how to respond other plans were not clear. For example, clear guidance was not always given about what people with diabetes should eat and drink and how to monitor them for signs of high or low blood sugar levels.

At the last inspection we identified that some bathrooms were in need of repair and their current state presented an infection control risk. The provider had authorised these works to be completed and the funding had been agreed but the work had not yet taken place.

The above issues are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in February 2017 medicines had not been managed safely as instructions for staff regarding medicines disguised in food or drink were not clear and staff competency for administering medicines had not been clearly assessed. The home had made improvements in the safe management of medicines, although some issues remained.

Medicines were stored securely in medicines trolleys and cupboards within clinic rooms. The rooms were clean, spacious and had hand-washing facilities. A local pharmacy supplied medicines to the home each month. Staff ensured all prescribed medicines, including controlled drugs were available. Controlled drugs are medicines which due to their nature require additional monitoring and safety systems to be in place. Controlled drugs were stored in an appropriately secure manner and were checked twice a day by two staff. Records showed the stocks of controlled drugs were in order. Staff disposed of waste medicines and sharps correctly and kept appropriate records of this.

Staff monitored minimum, maximum and current fridge temperature readings daily. However, records showed some temperatures were out of range. Staff were not able to explain how to read the fridge thermometers and records did not show action was taken when readings were out of range. These issues were highlighted with the registered manager during the inspection. Staff sought advice on reading the fridge thermometers immediately and sought pharmaceutical advice because insulin was being stored in a fridge that was too cold.

All 26 medicines administration records (MAR) reviewed included the individual's allergy status as well as a picture of the person to help staff identify people. Staff signatures on MAR demonstrated people were receiving their medicines as prescribed. Staff recorded the administration of topical creams on separate topical MAR charts. Body maps were not always completed to indicate where cream should be applied. However, in practice staff were applying the topical preparations correctly. This was fed back to the provider and staff took immediate action to ensure body maps were in place.

Some people were receiving their medicines covertly. When medicines are given covertly they are hidden in food or drink without the knowledge of the person. Records showed appropriate processes had been completed to ensure the administration of covert medicines was in line with legislation and guidance.

Records showed the instructions for staff on how to administer medicines covertly did not reflect the full process staff went through. For example, observations showed staff deployed various strategies, including distraction, using different staff members and specific communication styles to ensure one person took their medicines. However, their care plan simply stated that medicines were disguised in tea or ice-cream. This meant the care plan did not reflect the full range of tactics deployed and there was a risk that less experienced staff may not know how to support the person to take their medicines.

At the last inspection we identified that staff competencies for administering medicines had not been appropriately completed. This had been addressed and records showed staff who administered medicines had their competency assessed at least annually. Records showed that when medicines errors had occurred a robust investigation was carried out and staff were required to complete reflective accounts and had their competency to administer medicines re-assessed before being allowed to administer medicines again.

At the last inspection in February 2017 we identified that people were not always protected from the risks of abuse. The provider had taken action to address this issue.

People told us they felt safe living in the home. One person said, "Safe? Oh yes. I asked the staff to lock my door for me and they did." Relatives told us they felt the home had made improvements to ensure their relatives were safe. A relative told us, "[A person who lived in the home] had got scared and confused after watching something on television. The staff were very good and left a light on in her room so she wouldn't feel so scared."

Staff were confident in how to respond to situations where they suspected that people may have been abused. Staff told us they would report concerns to their line manager and escalate them through the organisation's whistleblowing process if they were not satisfied their concerns had been taken seriously. Incident records showed that concerns about people's safety were appropriately identified and escalated by the home.

Records showed repeated issues where people had unexplained bruising on their limbs. Records showed that where people had identified risk factors for bruising such as delicate skin or taking blood thinning drugs there were appropriate risk assessments in place. However, photographs of these bruises contained within files showed bruising was consistent with poor moving and handling techniques while being supported with personal care. This was discussed with the registered manager who discussed it with the leadership team in the daily meeting the next day. The registered manager told us messages about ensuring staff were gentle during moving and handling during personal care were being cascaded through the home and refresher training on moving and handling would be provided where a need was identified.

At the last inspection in February 2017 we identified that fewer staff were deployed than the management team had identified as being required. The service had taken action to address this.

During the inspection we saw people did not have to wait for staff to be available to support them, and there appeared to be sufficient staff on duty to meet people's needs. Staff told us there were usually enough staff on duty to ensure people's needs were met. Care workers told us that the balance of roles of the staff on duty had an impact on their ability to meet people's needs. Although the amount of staff on duty was largely consistent, sometimes the make up was different with more senior grade staff and fewer healthcare assistants. This meant the workload was not distributed evenly. One healthcare assistant said, "There's enough staff, but sometimes it's one senior and three carers, that's better. When it's two seniors and two carers it gets a bit hectic." The staffing records were checked against the provider's staffing needs calculations. These showed the provider usually deployed between 18 and 20 staff during the days and between 10 and 11 staff at night times. This was above the staffing levels indicated by the provider's calculator. This meant there were sufficient staff deployed to meet people's needs.

In February 2017 people had told us the hot water was not hot enough and shortly after our inspection the boiler was replaced. Shower water temperature records showed water temperatures were recorded as being 37 degrees, which was cool for a shower temperature. The registered manager explored this with staff who told her they were estimating the temperature from how it felt on their skin. The registered manager

instructed staff to use a thermometer to accurately record the water temperatures and ensured staff were aware of how to escalate concerns about water temperatures appropriately.

At the last inspection in February 2017 we made a recommendation for the service to seek and follow best practice guidance on safe recruitment practice. Recruitment records reviewed showed appropriate interviews and assessments of applications had been made with checks on applicants' suitability to work in care and right to work in the UK completed. The service had introduced assessments of staff literacy skills as part of the recruitment process, particularly for senior roles as this had been identified as an issue during the improvement plan since the last inspection. This meant the service had ensured staff were suitable and qualified to work in the home.

## Is the service effective?

### Our findings

At the last inspection in February 2017 we found the service was not seeking consent in line with legislation and guidance and was not always applying the principles of the Mental Capacity Act (2005). The service had made improvements in this area.

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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care files contained various mental capacity assessments relating to different aspects of care. Capacity assessments relating to day to day care decisions, medical treatments, restrictions in the environment and whether or not people should be resuscitated if the need arose were viewed in files. Records showed people's relatives and other professionals involved with their care had been involved in the decision making process. Where people were found to lack capacity and did not have relatives who were able to be involved in the decision making process appropriate referrals to the local advocacy service had been made.

Care plans relating to capacity and consent contained details of the type of decisions people were able to make, and the support they needed to be involved in decision making. It was clearly recorded if people had a legally appointed decision maker. Where people lacked capacity to consent to their care and there were restrictions in place, for example, the locked doors on the units, appropriate applications to deprive people of their liberty had been made. Any conditions on these DoLS authorisations were included in the care plan so staff were aware. This meant the service was seeking consent in line with legislation and guidance and working within the principles of the MCA 2005.

At the last inspection in February 2017 we noted it was not always clear all staff had received the training they needed to perform their roles. At this inspection, individual and group supervision records, and management team meetings showed that staff had received input from senior managers and additional support managers to understand the tools they were using and the expectations about the quality of support plans.

As part of the improvement plan for the service the provider had identified specific challenges regarding the literacy skills of some staff which was affecting the quality of care plans. The home had a high proportion of staff for whom English was an additional language. The provider had worked with the local authority to source support for staff to improve their literacy skills. During the inspection the assessments for this

support were taking place. The registered manager had taken care to ensure that staff did not feel access to this course was a criticism of their performance, but rather an opportunity for development.

The provider's training programme included 26 courses which were considered mandatory for all staff. Records showed the home's compliance with the training programme had increased and most courses had completion rates of 90 per cent or more. This included training on safeguarding adults, the MCA (2005), first aid, equality and diversity and various aspects of health and safety.

In addition, as part of the improvement programme for the service the home had been completing the provider's in-house dementia accreditation scheme called the dementia care framework. This included face to face training sessions as well as reflective practice for staff to develop their understanding of personalised care for people living with dementia. The home had achieved internal accreditation. This meant staff had received the training they needed to understand and perform their roles.

In February 2017 we found staff had varied experiences of support and supervision and there were inconsistencies in how staff were supported. At this inspection the recording of supervisions had improved and records showed all staff were now receiving supervision in line with the provider's policy. It was noted that some staff had only received group supervisions and had not received any individual sessions to discuss their performance or work goals. The registered manager told us they would ensure that supervisory staff understood the importance of both group and one-to-one supervisions for staff.

Records showed supervisions were used to pass on key training messages to staff. For example, supervisions reviewed focussed on the dining experience, record keeping and activities. Staff told us they felt supported in their work and valued as part of the supervision process. One staff member said, "I get more supervision than I used to. I feel supported." Another member of staff told us, "I've been supported through supervision. It's really improved my confidence."

Care files contained details of people's healthcare needs and diagnoses. Staff were knowledgeable about people's medical needs. Records showed people were supported to access relevant healthcare professionals as required. A relative told us they were confident their family member was supported to access healthcare services when they needed to.

Where people's healthcare needs meant they required regular monitoring this was not always clearly recorded. Some people living in the home required their weight to be monitored regularly to ensure their nutrition was sufficient. This information was not always clearly recorded and used to update care plans or make referrals in a timely way. For example one person's care plan stated they should be weighed on a weekly basis and closely monitored, but the relevant form was not included in their care file. Nursing staff showed us this information was recorded elsewhere, however, this meant there was a risk that changes in this person's condition were not captured or acted upon as they were held in different places.

After the inspection in February 2017 we received information of concern regarding diabetes management at the home. At this inspection we reviewed the diabetes care of people living in the home in detail. Records showed the practice of the home was not always in line with best practice for supporting people living with diabetes. Throughout the home people's blood sugar levels were tested after they had eaten. This meant readings were always high as people had started digesting the food they had eaten with sugars transferring to their blood. Poor diabetes control can lead to health complications. Records showed that one person had experienced a diabetic emergency and after being reviewed by a healthcare professional had stopped using insulin to control their diabetes. However, their care plan stated they were both taking and not taking insulin. Not all parts of their care plan had been updated to reflect the change in their healthcare needs.

Staff updated the care plan after we provided them with this feedback.

The home had continued to use dietary preference sheets to ensure the kitchen had up to date information about people's dietary needs and preferences. Records showed that following feedback from people and relatives the home had trialled moving the main meal from lunchtime to the evening. However, the chef told us that waste monitoring had shown people were eating less during this trial so they had returned to having the main meal at lunchtime.

People living in the home had a diverse range of cultural needs and the menu reflected the range of tastes. The daily menu included a variety of options to suit different tastes in relation to the spiciness of food. People and relatives told us they were offered choices and alternatives would be provided if people did not like what was on the menu. One person said, "I get choices for my food." A relative told us, "[Family member] is eating better than ever before. There is always something else mum can eat if she doesn't like the choices on the menu."

At the last inspection we made a recommendation about improving the mealtime experience for people. We saw improvements had been made. Additional staff had been trained in supporting people to eat and drink and provided support to healthcare assistants during mealtimes to ensure that people who needed support to eat did not have to wait to have their meals. We saw people were supported to eat in a kind manner and were not rushed to finish their meals.

## Is the service caring?

### Our findings

People and their relatives told us staff demonstrated a caring attitude when supporting them. One person said, "We're like a family here." A relative told us, "The care workers are very caring. Nothing is too much trouble. They always keep me updated."

Staff spoke about the people they supported with kindness and affection. Staff told us they built relationships with the people they supported through using the information contained in their care file. Staff had identified that finding the most useful information about people's pasts could be difficult within the care plans and had introduced a shorter profile that provided new staff with the foundation knowledge they needed to form the basis of the relationship.

Staff told us that no one who lived in the home had disclosed that they identified as lesbian, gay, bisexual or transgender (LGBT). Staff told us that sexual identity would not affect how they provided support to people. Meeting records showed staff had been informed about best practice in supporting people who identified as LGBT including how to ensure that people felt safe to disclose this information. A healthcare assistant confirmed to us they were given information about how to support people who identified as LGBT in a positive way. They said, "We have a book [about supporting people who identify as LGBT]. We were given it. It's about making sure people feel welcome and we treat them equally."

Staff told us that people were supported to practice their religious faith if they wished to do so. Staff told us that faith representatives visited the home regularly and we saw a faith representative visited the home and met with people during the inspection. Staff told us that religious beliefs meant that some people had specific preferences for the timing of their personal care. One member of staff explained, "We give her a shower at 8:30am, early enough so she can pray afterwards. We use [TV package] so she can access her religious prayers. She has food that meets her religious needs. Sometimes her son brings in special food which we prepare for her." Other staff described how people's religious and cultural needs were met through playing prayers and music in their bedrooms.

Staff described how they supported people to maintain their dignity during care, for example by ensuring that doors and curtains were closed during care delivery. However, observations showed that people's dignity was not always protected. For example, one morning at approximately 9am we observed one person's bedroom door was open and they had uncovered themselves compromising their dignity. This was discussed with the staff on duty and the registered manager. It was recognised that people required their doors to be open but could put their own dignity at risk while staff were not present. In response, where this was an issue for people, it was identified as a risk and staff started to think about solutions that would ensure people's dignity was protected. The next day we saw another person had had their bedroom and bathroom doors arranged so they were safe and able to call for help but their dignity was protected if they uncovered themselves.

On the first day of the inspection we saw some people seemed unkempt in their appearance with some people wearing clothing that was stained with food. Some members of the inspection team noticed that

some people's personal hygiene needs did not seem to have been met as there was malodour present. This was discussed with the registered manager and observations during the remaining days of the inspection showed people were supported to a higher standard of personal care and better attention had been paid to their appearance. This meant the home responded to our feedback to ensure people's dignity was maintained.

## Is the service responsive?

### Our findings

At the last inspection in February 2017 we found people's needs had not been appropriately assessed, care plans contained insufficient information about how to meet people's needs and it was not clear that people were supported to engage with activities in the home. The service had taken steps to address these issues but some concerns remained.

Since our last inspection the home had not taken any new referrals as it was subject to a suspension of admissions by the local authority. This meant we were not able to establish whether the service would complete appropriate needs assessments of people they did not already know. As part of their response to our last inspection the provider had implemented an extensive programme of reviewing and updating people's care plans and risk assessments. This had included visits from managers from other services and additional support managers to review the quality of records within the home.

Staff told us they found care plans now contained the information they required to ensure people's needs were met. At the last inspection staff had told us they did not have time to read care plans. At this inspection staff told us they did have this time, although several staff told us they had to use their break times to ensure they were up to date. This was discussed with the registered manager who had not been aware staff were doing this.

Staff told us communication around changes in people's needs had improved and updates were handed over to them during daily meetings. One healthcare assistant told us, "When there is a change to someone's care we are told in handover in the morning, and before we leave." Another healthcare assistant told us they thought they were informed of changes quickly and efficiently. Healthcare assistants also told us they were confident to escalate to unit leaders if they thought someone's needs had changed and their care plan needed to be amended. One healthcare assistant said, "If a resident's needs had changed I would speak to the nursing staff. They would take it on board."

Care plans contained detailed descriptions of people's needs and presentations. However, the level of detail about how staff met people's needs varied across the home. Some plans contained detailed instructions for how to support people, including details of their preferences and communication during care. For example, one care plan detailed the types of clothes the person preferred to wear, how often and how they liked their hair styled and which products they liked to use during personal care. However, other plans still lacked detail on how the described needs were met. These issues were discussed with the registered manager. After the inspection the registered manager sent us copies of updated care plans. They recognised that not all staff were writing care plans to the same standard and this was being addressed through staff management and development.

Records showed staff reviewed care plans on a monthly basis. Care plans were updated and amended when people's needs changed. The style of care plans used in the home meant people had up to 14 different documents for different aspects of their care. This meant on some occasions a change had been recorded in one aspect of the care plan, but had not been transferred to other relevant sections. For example, a change

in someone's skin care needs meant they now required regular repositioning. This was recorded in their skin integrity care plan, but their moving and handling and personal hygiene care plans did not record the amended repositioning regime and still referred to out of date information.

Some care staff told us the structure of care plan documentation meant it was not always easy to find information required. However, they told us they could get this information from other staff, and found it easier once they had got used to the format of care plans. The structure of care plans and the risks around ensuring all aspects of the care plan were updated were discussed with the registered manager. The registered manager and provider told us the provider was currently testing electronic care plans and risk assessments at other locations. The electronic care plan would prompt staff to ensure all aspects of the care plan corresponded and was appropriately updated.

People told us they participated in various group activities in the home. On one unit staff facilitated activities each afternoon, including a lively karaoke session. One person who joined in the karaoke session told us, "We can get bored sometimes. They [staff] started up the karaoke. It was wonderful. It made us happy and we really enjoyed it." A senior healthcare assistant described how they ensured people who didn't wish to join in were also supported with activities. They described how they were supported with activities in the bedrooms, including music and television. A relative described how their family member enjoyed the activities on offer. They said, "She likes the pet therapy with the dogs or cats. She likes going outside and playing bingo downstairs; draughts or anything like that. She cheats!"

The home had one activities coordinator who led on group activities across the home. We saw activities were not structured in a way that encouraged engagement from people. For example, seven people were in a room, two of whom were asleep. Two people were playing a board game together and did not require staff support to do this, one person was knitting independently and another person was doing some art. The activities coordinator was talking to the final person although there was also music playing which meant they had to raise their voice to communicate clearly. It was not clear what the structure or purpose of the activity session was as people seemed to be doing different things independently of each other and the activities coordinator.

The recording of activities was limited in the notes. When activities were not undertaken according to the schedule reasons were not clear in the notes. The activities coordinator maintained a register of who had attended the activities they facilitated, but it was not possible to tell from the register or daily notes what the level of engagement with activities was. A range of trips and activities were facilitated, including trips to the pub, bingo and arts and crafts sessions. However, it was not clear how these activities were selected.

Although staff told us they spent time with people in their rooms when they could not join in group activities records did not demonstrate this was happening regularly. A relative told us, "My family member doesn't go to the activities. Nobody goes to her room to do activities, staff just pop their heads around the door." However, another relative told us staff did spend time with their family member. They said, "There are not too many [activities] he can join in with. Staff will come in and chat and keep him engaged." This meant although some progress had been made in relation to activities, it was still not possible to tell if people were given the opportunity to engage with the activities provided, or offered alternatives.

During the inspection we saw occasions when there was a task focussed approach to care rather than a person centred one. For example, on one of the units people tended to gather in the hallway outside the dining room to listen to music and chat with each other and staff. On the second day of the inspection people were supported to move into different areas. One person clearly expressed that they did not wish to move and was told by staff that it was nearly lunchtime. Once the area had been cleared domestic staff

started to clean the carpets using a noisy carpet cleaner. People had not been informed of this and we saw some people were distressed by the noise and disruption to their usual routine. One person left their usual chair complaining of the noise and a relative told us this was not what normally happened. The person who had been told it was lunchtime was sitting in the dining room alone and lunch was not due to be served for another 30 minutes. The unit leader told us they had been informed that morning that the carpets would be cleaned and recognised that it was very disruptive to the people who lived there. They recognised it was deceptive to inform someone it was nearly lunchtime to get them to move when it was not. The unit leader asked the domestic staff to stop cleaning the carpets immediately. It was noticeable that people seemed less tense after the cleaning stopped.

This observation was discussed with the registered manager, who explained the carpets in this unit were cleaned regularly due to the behaviour of one of the people who lived in the unit. They told us this was usually done in a way that meant people were better prepared for the disruption.

The home held regular meetings for people who lived in the home and their relatives. People told us they attended these meetings where they talked about the menu and activities. This was confirmed by the records which showed the menu and activities were regular agenda items. In addition, topics discussed included the feedback from our last inspection, maintenance issues, and people and relatives raising concerns about laundry going missing. The meeting records showed that actions were taken forward after meetings.

The service had a robust complaints policy and people and relatives told us they could raise any concerns they had with the management team. A relative told us, "I feel I can raise concerns with staff. They are approachable." Records showed complaints were recorded clearly and investigated and responded to in line with the provider's policy. Responses showed the home acknowledged where mistakes had been made and offered apologies where there had been shortcomings in the service they provided. Audits of complaints were completed and complaints were discussed in the daily management meetings. This meant the service was listening to feedback and responding to concerns.

## Is the service well-led?

### Our findings

At the last inspection in February 2017 we identified the provider had not been notifying us of incidents as required. This had been addressed and the provider had submitted notifications as required. In addition, the provider had been open and transparent with both CQC and the local authority about the challenges they were facing in implementing the improvements required at the home.

In the last inspection feedback from staff about the culture in the home and support from management was mixed, with some staff reporting that they did not feel supported and there was a bullying culture. Since then we had received a number of anonymous concerns from staff about the quality of support provided and management actions. On each occasion the registered manager, and where appropriate their manager, completed an investigation into the concerns and provided us with a response into the allegations.

The provider had recognised there were concerns about the perception of the management team and culture at the home. In order to ensure that staff felt they were able to speak up and have their concerns listened to, the provider's human resources department had visited the home and had individual meetings with all staff members. These provided staff with the opportunity to discuss any concerns they had about the culture of the home and how they were supported. Records of these showed very few staff had raised any concerns, and where they had these had been addressed.

People and relatives told us they felt they could approach any of the management team if they needed to. One person said of the registered manager, "She's quite nice. She greets you and she's very friendly." Although there were some people who were not sure who the registered manager was, or stated they preferred to approach other staff, the feedback was more positive than on previous inspections.

Staff were more positive about the culture in the home and the approachability of management staff. Staff told us they felt their work was recognised and valued by the management team. One healthcare assistant told us, "[Registered manager and deputy manager] take time to listen to us and take our concerns on board. I feel like my work is appreciated, I was given an award for my attitude and that was really positive." Another healthcare assistant told us, "I think there have been improvements and the staff morale is much better."

As part of the improvement plan for the home the provider had put in place additional resources including regular support from the regional manager and the resident experience support manager. The resident experience team are a separate team within the organisation who lead on ensuring services provide people with a good experience of care. Staff told us they saw these managers at the home and felt they were supportive of improvements in the home. A senior healthcare assistant told us, "[Regional manager and resident experience support manager] are here all the time. I probably see them two to three times a week. They're interested in what you are doing." Twenty seven members of staff had completed feedback forms in August and September 2017. The responses showed staff felt positive about their work and how they were being supported by management.

Records showed each of the units held regular staff meetings. The format of these meetings varied across the units. Some of the meeting records suggested the meetings were being used as a way of performance managing staff, although the registered manager told us this was more a reflection of the language used to record the meetings than the actual content of the meeting. Other unit meetings records showed they were used to discuss aspects of care, share knowledge from training, and to clarify staff roles and responsibilities. In one unit, meetings were used to problem solve issues they were facing in supporting specific people.

The registered manager, deputy manager and unit and core service leaders also attended a daily meeting called 'Flash'. This was used to discuss key issues at the service, escalate health issues and ensure staffing levels were sufficient. In addition, records showed these meetings were used to cascade key information about work practice. For example, safety alerts regarding medicines or devices were shared through this forum. Unit leaders told us they found these meetings useful and ensured they were up to date about what was going on in the home.

The management team in the home, including the unit leaders as well as the senior leadership team completed a range of audits. The frequency of audits was much more intense than the provider policy required as the provider had recognised the need for close monitoring of the quality and performance in the home. Audits completed included medicines audits, care plan audits, feedback from people, relatives and staff as well as health and safety and environmental audits. Records showed the health and safety checks were being completed as required with any issues being addressed appropriately by the maintenance team. The registered manager used the audit tools to keep track of actions and ensured they were completed.

Despite the increased monitoring of the service, issues with the quality and consistency of care were identified during the inspection. For example, issues with the consistency of information in care plans and risk assessments, the quality of supervision records, some task focussed care, issues with water temperatures, diabetes care, bruising and issues with medicines fridge temperatures were identified by the inspection. The management team took action to address issues as they were raised with them. However, the variety of issues that were identified by the inspection team meant risks to the safety and the quality of the service remained. The management team acknowledged there were still issues and that progress across the service was not yet consistently at the required level.

We reviewed a range of files and audits and found there was an extensive reliance on the support of the additional management support put in place by the provider and other agencies. For example, two thirds of the complaints made since the last inspection had been considered and responded to by the additional support rather than the home based managers. After the inspection the registered manager told us this was because they had been on annual leave at the time of the complaints. The inconsistencies in care plans and risk assessments revealed the documents written or audited by these additional managers were the ones which were of a better standard. The progress made was not consistent and had not yet been embedded across the whole home. The home was not able to demonstrate they would be able to continue improvements and embed better practice without the additional support currently being provided. Previously the home had made improvements which had not been sustained after additional support had been withdrawn. This meant there was a risk that people may receive poor quality care which may have a negative impact on their quality of life.

Following the last inspection in February 2017 we issued the provider and registered manager with warning notices to comply with two of our regulations. Although the home had taken steps to address the issues identified, they remained in breach of these regulations. This meant the steps taken had not been effective in ensuring the safety of people or the effectiveness of governance arrangements. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Not all risks faced by people had been appropriately identified or mitigated against. Regulation 12(1)(2)(a)(b)

  

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	Systems had not operated effectively to ensure issues with the quality and safety of the service had been fully addressed. Regulation 17(1)(2)(a)(b)