

Westgate Healthcare Limited

Hampden Hall Care Centre

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?

Requires Improvement ●

Summary of findings

Overall summary

Hampden Hall Care Centre is a nursing home providing personal and nursing care to 109 people aged 65 and over at the time of the inspection. The service can support up to 120 people in one adapted building.

Accommodation is provided on three floors. People living with dementia reside on the ground floor. Nursing care is provided on the first floor with both nursing and residential care on the second floor.

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

Some people told us they felt safe living in the service, whilst others did not. We found the service was in breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to poor medicine management and a lack of accurate up to date recordings in relation to health needs and risk assessments.

People and their relatives told us "One of the problems is there's not enough staff." They were concerned about the welfare of the staff and that people may not receive care in a timely way. The provider was aware and was attempting to address this issue by offering financial incentives to staff. Staff were knowledgeable about infection control and safeguarding people from abuse.

Records related to the risk of people suffering from malnutrition and/or developing pressure ulceration were not accurately completed. There were concerns about the competence of staff to provide catheter care, and to accurately record or set air mattresses correctly. Nursing staff were not able to demonstrate correct knowledge and expertise in dealing with diabetic hypoglycaemia (low blood sugar levels). People had access to a GP and other health professionals when necessary.

The ground floor environment was not conducive to caring for people with dementia because the environment was noisy and lots of people were gathered in the same area. 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.

There was a mixed response from people with regards to how they were treated by staff. Some people told us they weren't always treated in a respectful way by staff. Others praised the staff for their kindness and support. People told us how their dignity was protected, others felt the attitude of some staff was "off." Communication between staff and people was not always positive or skilled. We have made a recommendation about how to improve the care for people living with dementia.

There was a mixed response from people regarding the activities in the service. The activities were not always person centred or meaningful to people. We observed people being left for long periods without any stimulation and conversely enjoying a glitz and glamour day with staff and visitors.

The provider had tools in place to meet people's communication needs. Complaints were dealt with in a timely way. We received positive feedback from the relatives of people who had died. People and staff were treated equally, and people's cultural needs were catered for.

The service was going through a period of change and it was clear from our findings there had been a lack of oversight of records, and the support offered to people daily. Quality assurance audits had not identified the areas of concern we found. The provider was open and honest with us about the challenges the staff and people faced to improve the service. Plans were in place to improve the service to people. The provider had been proactive throughout the inspection to rectify what areas they could.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 October 2017).

Why we inspected

The inspection was prompted in part due to the number of safeguarding notifications we had received. A decision was made for us to inspect and examine those risks.

Enforcement

We have identified breaches in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a lack of accurate information relating to people's health needs and records. Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a lack of effective governance, including assurance and auditing systems or processes. Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to care and treatment that did not meet people's needs. We identified these breaches during this inspection.

We have found evidence that the provider needs to make improvements. Please see the full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hampden Hall Care Centre on our website at www.cqc.org.uk.

Follow up

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

The 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hampden Hall Care Centre

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 team included a CQC pharmacy inspector who attended on day one, a specialist advisor who attended two days, an inspector who attended four days and two Experts by Experience one attended one day and the other attended two days. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hampden Hall Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection-

We spoke with 20 people and 19 relatives of people living in the service. We spoke with four agency care staff, six permanent care staff, three nurses, four senior staff, the registered manager the nominated individual and a director. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two healthcare professionals.

We reviewed 12 people's care plans and 12 people's medicines records. We examined staff recruitment records, training, supervision and appraisal records. Additional documents we viewed included safeguarding notifications, minutes of meetings with staff, and incident reports amongst others. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Information was sent to us by the nominated individual regarding systems of communication for people, and training information. We spoke with a member of the local authority contract commissioning team.

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 Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines which needed to be stored in the refrigerator were not always stored at appropriate temperatures and staff members had failed to take appropriate action.
- We looked at the medicines refrigerator temperature records which showed temperature for one of the units had been outside of the recommended range since January 2019 and another refrigerator on another floor was also out of range. Staff had not taken any action regarding this. This meant the medicines stored in the refrigerator were not kept in accordance with the manufacturers guidance and may not have the desired efficacy.
- People's care plans were not always updated to ensure they received medicines as prescribed to manage their health conditions effectively.
- There was no care plan in place related to medicines for two people. For another person there was no information on when to give their time sensitive medicines in their care plan. Staff had not updated the care plans for two people to include their current health condition or medicines. This meant staff may not have the correct or up to date information to support people with the medicines to manage their health
- There were medicine policies in place to support medicines management. However, most of them did not have a review date or evidence when they had been written or updated.
- We found risk assessments and care plans were not always in place for people's health needs, for example conditions such as Angina, Parkinson's disease and Epilepsy. This placed people at risk of receiving inappropriate or unsafe care.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the first day of the inspection. They confirmed safe refrigeration had been provided and new medicines had been sought to ensure the damaged medicines had been replaced.

- Risks associated with the environment and specifically the building had been assessed and action had been taken to minimise these risks, for example Legionella risk assessments, fire checks and gas and electricity tests had been undertaken.

Staffing and recruitment

- An ongoing concern raised by people, staff and relatives was the lack of staff particularly at weekends. One relative told us "There's not enough staff. There's never anyone when you want them... I come sometimes, and the bed is wet and [my relative] is wet."
- Another person told us "One of the problems is there's not enough staff. The staff are so kind, and they have to rush; the thing with dementia is you can't rush. The weekends are the worst." When asked how this impacted on their relative they said, "They might not notice if my [relative] need changing."
- Another person told us "I was worried for the staff at the weekend because there were only four of them on this floor including the nurse. They literally were rushed off their feet. The buzzers were going all the time, however they all remained cheerful and pleasant." Other people gave positive feedback about the staffing levels telling us there were enough staff on duty.
- Using SOFI (Short Observational Framework for Inspection) we noted one person who was sat in the lounge was offered a drink at 11.24 am, the staff member brought their drink at 12.19 pm. Staff were constantly in and out of the lounge supporting people, but some people were left for over an hour without stimulation or interaction from the staff.
- We discussed with the provider the shortage of staff at the weekends. This was something they were aware of. They had introduced an increment to staff salaries for working weekends.

We recommend the provider puts systems in place to ensure there are sufficient numbers of suitably trained and experienced staff in place to meet people's needs.

- Systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address. Where there were gaps in candidate's previous employment histories these were explored.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to respond to concerns of abuse. Staff were trained and understood what actions they needed to take to protect people from abuse. Safeguarding concerns raised in the service had been dealt with appropriately.
- Staff told us if they had concerns about a person, what action they would take. One staff member told us "It is the main priority of the home, that residents do not experience any form of abuse."

Preventing and controlling infection

- The premises were kept clean and hygienic; people and staff were protected from infections through regular cleaning. Staff understood the requirement to use personal protective equipment such as gloves and aprons.
- We were told there were no systems in place to ensure hoist slings and sliding sheets were laundered regularly. The provider assured us this would be put in place immediately. A new audit was to be introduced which would examine the knowledge of staff, policies and procedures, a visual inspection, and a check of staff practice and records.

Learning lessons when things go wrong

- Documents showed when things had gone wrong a meeting had been held to discuss how things could be improved. However, records lacked information of what actions would be taken by whom and their completion dates. There was no evidence of analysis of accidents and incidents to identify any themes or learning which could prevent reoccurrences.

We recommend the provider seeks advice from a reputable source to establish best practice in relation to learning from incidents.

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

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Records related to people's health needs were not always accurate or up to date. For example, we found Malnutrition Universal Screening Tools (MUST) and Waterlow records were not completed accurately. Must assessments establish the level of risk of people suffering from malnutrition.
- The Waterlow score calculator predicts the risk of developing pressure ulceration. If these are not completed accurately this could place people at risk of malnutrition and developing pressure sores.
- A diabetes care plan did not specify safe ranges of blood sugar levels. A 'hypo box' containing sugary items such as jelly babies and Lucozade was available for people at risk of hypoglycaemia. (Hypoglycaemia is when a person has low blood sugar levels.) However, the food/sugar contents of each of the three boxes were out of date.
- None of the three nurses on duty were able to accurately state what action should have been taken in response to a person experiencing hypoglycaemia. Their responses were not in line with national guidelines and best practice.
- For people who used air mattresses, the setting of the mattress was not always either recorded accurately or set accurately. Some people's mattresses were not set to the level indicated in their care plan. If mattresses are not set to the correct setting this may increase the risk of developing pressure damage
- A recent concern involved poor catheter care, this led to a person being admitted to hospital for their catheter to be removed and reinserted. A safeguarding investigation concluded improvements were needed to documentation, training, obtaining consent and review of the policy and procedure.

This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action to rectify the concerns with the Hypo boxes and the mattress settings. Training for staff on Waterlow and Must assessments was planned. Work had started to improve catheter care with involvement from the GP and training had been booked for staff.

- People had access to a local GP practice. Each floor had its own visiting GP who called into the home weekly. The home appeared to have a good working relationship with the GP practice.
- Where people required the advice or skills of a specialist health professional such as a mental health nurse or physiotherapist this was arranged.

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

- The building was purpose built to accommodate people with differing needs. The building had been well maintained and recently refurbished. However, we found the signage throughout the service was not clear for some people who lived with dementia. This did not promote people's independence.
- We had serious concerns about the design and layout of the ground floor lounge for people living with dementia. This was because there was a large space which enabled people to roam. On one side of the room a television set was switched on. On the other side of the room a radio was playing.
- Neither the television or the radio could be heard clearly. This led to one person becoming extremely upset and frustrated. Because of the noise people had to shout at each other. It was not conducive to supporting people with any cognitive or sensory loss. The atmosphere was chaotic. There was a risk people could become anonymous due to the amount of attention required by some of the people living on this floor.

This placed people at risk of psychological and physical harm as care was not provided in a way that was appropriate to meet people's needs. This was a breach of Regulation 9 (Person-centred care.) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the provider. They told us they planned to seek advice from external agencies on how best to utilise the space on the ground floor. They also intended to recruit a dementia manager to oversee the care provided on the ground floor unit.

Staff support: induction, training, skills and experience

- New staff received an induction and completed the care certificate training when they were employed by the service. The care certificate is an identified set of standards which health and care professionals adhere to in their daily working life.
- Ongoing training was provided to staff to ensure their skills and knowledge was up to date. Records demonstrated staff received regular supervision and staff confirmed this. This provided them with an opportunity to receive feedback on their performance and to discuss their personal development.
- We found there were areas of knowledge deficits for staff such as completing Must and Waterlow assessments accurately. For example, on 40 different occasions someone's body mass index score was recorded incorrectly this meant the Waterlow score was incorrect. Another person's age was recorded 26 times incorrectly, this also affected the MUST score. No training had been provided to staff. After our feedback training was planned to take place.
- At the time of our visit the staff's knowledge and skills were checked in the areas of medicines and fire safety. Records showed how fire drills were observed and documented, this included how improvements could be made. Checks on staff medicine administration competencies were documented after they had been observed by senior staff. We discussed with the training officer how further competency checks would enable senior staff to be assured staff had the correct knowledge and skills.

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

- We observed that people who required one to one or partial assistance to eat their lunch were supported for adequately and properly. However, we observed one person whose table was not positioned correctly to enable them to eat successfully. They only had the use of one hand and struggled to keep their food on the plate. They were new to the service and did not receive any support throughout their meal.
- People living in the service gave a mixed response to the food provided in the service. Comments ranged from describing the food as "Hospital food" and "Institutionalised." Others told us it was "Fine" and "Enjoyable."
- We could not be assured that people were offered a choice of meals. The provider told us each evening

people were offered a choice of what they would like to eat the following lunch-time. However, people told us this did not always happen.

- One person told us 50 percent of the time they were asked what they wanted to eat the following day. We were told staff showed people photographs of dishes to enable them to make a choice, from our observations this did not happen. There were no menus in the dining room.
- We asked one care staff member what was for lunch, they responded with a sigh and said, "To be perfectly honest I haven't got a clue".

We recommend the provider seeks advice from a reputable source on engaging with people at meal times.

Staff working with other agencies to provide consistent, effective, timely care

- Specialist professionals and agencies were involved, where required, in the lives and care of some of the people living in the service. For example, some people were funded by the local authority.
- People who had specialist health needs for example, diabetes, pressure sores or visual impairments received support from external professionals. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs.

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.

- Mental capacity assessments had been carried out to ensure individuals were able to actively participate in making choices about their lifestyle and care. Staff were aware of how the MCA applied to the lives of the people they cared for. Best interest processes were followed and where people required support, records showed they had legal representatives in place such as attorneys.
- Where people were being deprived of their liberty, applications had been made to the supervisory body for approval. This ensured care and treatment was in the person's best interest and in the least restrictive manner.

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 were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a mixed response from people with regards to how they were treated by staff. Two people told us "Some of them [staff] can be a bit abrupt but I think that's a cultural difference." And "I must admit they have their days when staff are sort of off, it's the way they treat you." A third said "They are compassionate, and they try to be as delicate as they can be and try not to let me feel embarrassed when I'm naked to be washed."
- We saw some good practice such as being empathetic towards people and holding a person's hand when they became upset. Conversely, we observed staff not speaking with people when supporting them at lunch time or in the lounge area.
- One person said "I have little in common with other people here and I find I am left entirely alone, I am not really encouraged. You are an object to them [staff], they have to go through things with you, and they do but they do not set out to talk to you or build a relationship".
- People and their relatives repeated to us the reason staff did not speak with people was because they did not have time. They were task focussed and unable to spare the time to sit and chat.
- The provider had introduced "Chatterbox". This was a set of cards with questions on. Each day each staff member selected a card, they were expected to ask people they cared for throughout the day the question. From our observations it was not particularly successful.
- For example, we observed a person being asked by a staff member "What is your favourite sandwich?" the person looked surprised as this was totally out of context. The person was coaxed to say "Salmon" and then the conversation ceased. The staff member left saying "Goodbye my lovely." The person appeared confused by what had just happened.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

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

- We observed people were offered choices about some aspects of their care, for example we saw people could choose where they ate their lunch.
- Those who wished too took part in relatives and resident's meetings.
- People's preferences were included in their care plans. Records showed what people liked to eat and drink, what time some people liked to go to bed and how they wished to be cared for during the day and night.
- Some people and their relatives told us they had been involved in drawing up their care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe to us how they protected people's privacy and dignity by closing curtains and doors when carrying out personal care. Most people we spoke with told us they were treated respectfully by staff. However, we observed one staff member entering a person's room without knocking on their door or waiting for permission to enter. We reported this to the provider who told us they would be taking appropriate action.
- A person told us how they were unhappy about the way they were addressed differently by various staff, they had not reported this for fear of being viewed as racist.
- We observed people being treated in a respectful way by some staff. For example, explaining to people how they intended to support and encourage the person when they were helping them to change their position.

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.

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

- There was a mixed response from people regarding the activities in the service. We observed people participated in a short session of chair skittles, after this there was nothing for people to do. In one unit seats were placed at right angles to the television which made it difficult to watch.
- One afternoon we observed the activities member of staff attempted to engage people in showing them pictures of famous individuals, people were not interested and did not engage at all. We were concerned the activity organiser did not recognise the lack of reactions from people and therefore offer an alternative activity.
- Two people complained to us, one said "I sit in the same seat every day and do nothing, twelve hours every day doing nothing". A person living on the ground floor told us "Just sitting here all day every day with nothing to do, it is a waste of life. What are we doing here?"
- Conversely people had positive things to say about the activities they had participated in, for example one relative told us "The Mardi Gras was very good.... [named person] has had a birthday here and they celebrated our 50th wedding anniversary; it's been overwhelming."
- We observed a glitz and glamour day, where staff dressed up in sparkly and glamorous clothes. Music, food and drinks were available, and people appeared to really enjoy the sense of occasion. Other activities included water painting, outside entertainers who visited the service to do exercises and supported trips out with their minibus.

We recommend the provider seeks advice from a reputable source with regards to providing responsive and personalised care to people.

The provider told us they were introducing a new dementia manager to work alongside the clinical lead. Part of their responsibility will be to review the activities on offer to ensure they are person centred and appropriate to people's preferences.

- Each person had a care plan in place and associated risk assessments. Whilst the information was focussed on each individual it was not always up to date or correct. For example, one person required a daily shower, there was no explanation of how the person wished to be supported with this.

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.

- When appropriate people's care plan referred to their communication needs. For example, one person's stated "Staff to speak slowly and clearly maintaining eye contact." Other systems in place to enhance communication skills for people were the use of sign language, white boards, large print books and a loop system which assisted people who wore hearing aids. The loop system is designed to reduce background noise and improve the clarity of sound.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. A complaints log was kept which recorded the nature of the complaint and what action was taken to remedy the situation if this was required. From the log we could see complaints were dealt with in a timely way. Complainants were recorded as being satisfied with the outcome. When appropriate information was shared with staff to encourage learning.

End of life care and support

- People had end of life care plans in place. These highlighted people's preferences about where they chose to die, and the amount and type of medical intervention and care they chose to have. However as with other records of care the information was not always up to date or accurate.

- For example, one person's care plan listed discontinued medicines as this had not been updated to reflect their end of life medicines, another person's medicines care plan did not reflect they were receiving end of life care.

- During our inspection we spoke with a visitor whose relative had lived in the service prior to their recent death. They told us "I've got no complaints about the home. None whatsoever." The visitor still visited occasionally and sat exactly where they used to sit together with their relative.

- They were welcomed by the staff and this enabled them to grieve. Another relative told us "The care was always good, any issues were dealt with quickly and properly and I was impressed with how they dealt with her death in a really nice and thoughtful way, they helped me".

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was going through a period of change at the time of our visit. A new general manager had commenced employment and it was planned they would take up the role of registered manager when the current registered manager left (this was imminent). New roles were being developed to address some of the areas which required improvement, for example dementia care.
- Quality assurance audits had been completed however they did not identify the concerns we found or where they did no improvements had taken place. For example, in February 2019 it was identified Must and Waterlow risk assessments were not always completed correctly. Training had not been provided and there continued to be inaccurate recordings. Fridge temperature and air mattress records were to be checked weekly. During the inspection we saw that action had not been taken to address these areas
- A care plan audit had taken place but did not identify information was lacking regarding people's health needs, some information was out of date regarding people's care.
- Records related to people's care were not always accurate, up to date or detailed enough to provide adequate guidance for staff. This meant people were at risk of receiving unsuitable or unsafe care.

There was a lack of oversight of the service. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the provider did put actions and plans in place to rectify some areas of improvement. However, we were not able to observe continuous and sustained good practice in these areas.

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

- We did not find the service was promoting a person-centred approach to some of the care being provided. There was a lack of interaction between staff and people during meal times and whilst some people were sat in the large lounge areas. The ground floor environment was noisy and confusing this did not address the individual needs of people who lived with dementia.
- We were reassured by the improvements the provider made during the inspection. Their reaction was positive and open, and they agreed with our findings.
- Some of the person-centred activities in place included "Make a Wish Project." This involved fulfilling

people's wishes, which ranged from a trip to the seaside to enjoying a gin and tonic or a pair of new slippers.

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

- This regulation requires providers to be open and transparent with people who use services and/or their legal representative when things go wrong. It is also a requirement for providers to inform people about the incident, provide reasonable support, truthful information and an apology.
- Throughout the inspection we found the provider and the staff to be honest and open with us. They freely discussed our findings with us and shared their views for the future. When required they sent us notifications related to events which took place in the service.
- Documentation in relation to incidents and complaints evidenced their compliance with this regulation.

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

- Staff received training in equality and diversity. Training was provided to staff on Sexuality and Relationships, this was aimed to help staff to respond to situations in a considered and respectful way. The training also included supporting people in same sex relationships.
- There was a diverse workforce, it appeared staff and people living in the service were all treated equally. One staff member told us they respected people's diversity by giving them choices, this related to food, and the age of the care staff providing care.
- Care plans reflected people's cultural and religious needs. People's preferences were documented so staff could provide care in an appropriate way.

Continuous learning and improving care

- Some actions had been taken prior to the inspection to improve the service to people, for example, the amount of people requiring one to one support had been reduced. Actions had been taken because of our feedback, for example, meeting with the provider of agency staff to discuss training. The provider told us they were keen to improve the service to people and would be drawing on the expertise of external agencies to better inform them of how to achieve this.
- People and their relatives and staff were invited to attend meetings, which provided an opportunity for people to feedback to the provider any ideas for improvement. One person told us they were surprised when their comments were acted upon.
- Other plans to improve care was the planned introduction of Lifestyle pioneers. This was the creation of jobs or areas of responsibilities for people, for example a post person or food critic. The aim was to build on people's past experiences, hobbies or interests to help them to maintain or develop skills and to feel valued by the service.
- We told the provider we had observed poor moving and handling techniques by staff. As a result, the provider was looking to implement a moving and handling champion on each floor, to ensure audits were completed and practice improved.

Working in partnership with others

- Records provided evidence of joint working with the mental health team, speech and language therapist, and dietitians. This ensured people's health was maintained and where possible improved upon. The provider told us the service had a good relationship with the local GP Surgery. Following our queries about end of life diagnosis in the service, the GP was planning to provide training to staff on end of life pathway, which included meeting people's end of life care needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to offer appropriate care that met people's individual needs. Regulation 9 (1) (2) (3) (a) (b) (c) (d) (e) (f)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with poor medicine management and a lack of accurate up to date recordings in relation to health needs and risk assessments. Some aspects of care in relation to peoples' health needs were not safe.</p> <p>Regulation 12 (1) (2) (a) (b) (c) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks of harm as the provider had failed to provide effective governance, including assurance and auditing systems or processes. They failed to assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.</p>

