

WCS Care Group Limited

Fourways

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fourways is registered to provide accommodation and personal care for up to 44 older people, including people who living with dementia. At the time of our inspection visit there were 42 people living at the home. Care is provided across three floors and communal lounge and dining areas were located on the ground floor. People's bedrooms were not all ensuite so people used communal bathroom facilities located on each floor.

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

Since the last inspection visit, the provider sent us an action plan telling us how they would drive improvements within the service. We found some positive examples where people were more engaged and included in day to day events at the service. However, limited oversight and actions meant some quality improvements were not made and we found some issues we found last time continued. For example, the quality and accuracy of record keeping had not improved and, in some cases, was inaccurate and not timely. We still found examples of call alarm bells that were not in place or alarm mats that were not effective, which we found at our last visit.

Staff and managers did not consistently ensure people's medicines or prescribed items were administered safely due to excessive temperatures in people's rooms during a period of hot weather. This had been identified by the provider in June 2019, but appropriate measures to retain the efficacy and manage this risk of those medicines, had not been taken. During this visit we continued to find medicines stored above recommended limits. There was no risk assessment to determine if people's medicines remained fit for use.

Infection control checks were not always completed and we found examples where risks for cross infection could cause potential risk. Cleaning schedules implemented by the provider to drive improvements had not been completed or checked.

The service was not always responsive. People enjoyed the food; however, the food choices given to people during our visits were not seasonal. There was a continuing hot spell of weather, yet set planned meals continued to be provided without consideration of lighter options. Drinks were sometimes out of reach for people and staff offered some people their favourite drinks, rather than seeing if they wanted cold drinks or other options which would encourage them to keep hydrated.

Improvements to the wider organisational governance were being rolled out in July 2019. The director of quality and compliance felt these improvements would make sure day to day staff practice and good care outcomes would be identified and improved more quickly.

Overall, people's comments were positive and people felt comfortable and relaxed at the home. People complimented staff's attitude and approach and that staff were supportive. The provider used agency staff to support their own staff whilst recruitment continued. The provider used the same agency staff for

consistency although some people said agency staff were not always as knowledgeable about their care needs as permanent staff.

There were sufficient numbers of care staff on duty to meet people's needs. The provider used a staff dependency tool to ensure staffing levels continued to meet people's needs. The interim manager and deputy manager could support staff on the floor if emergencies happened. High agency staff use supported staff rotas, however plans to recruit more staff were in place.

Staff understood their roles and responsibilities, such as safeguarding people from poor practice. Staff told us they were confident to record poor care and if no action was taken, staff were more confident to refer onwards to safeguarding teams and to us. However, we found numerous examples of unexplained bruising and a lack of body mapping which meant we could not be assured, people always received safe care and treatment. The provider had not notified us of one safeguarding incident but they sent us a retrospective notification following our visit.

Staff training was completed but plans were in progress to ensure staff's levels of training met the provider's own targets. Further staff training sessions were planned for.

People's dietary needs, preferences and nutritional needs were assessed and known by staff and when needed, people were referred to other professionals to support their healthcare needs. Some people had their food and fluid intake monitored and further improvements were needed to ensure those records were of value to determine next steps.

People were supported to have 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. Where people's freedoms were restricted, processes and authorisations had been followed.

A programme of audits included health and safety, environmental checks, water quality and fire safety were completed. People and relatives' feedback was sought at planned meetings and events.

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

Rating at last inspection and update

Following our last Inspection in June 2018 where the provider had a breach of the Health and Social Care Act, the provider completed an action plan after the last inspection to show what they would do and by when to improve.

During this inspection the provider demonstrated that some improvements had been made and provider wide quality assurance systems had been developed and were due for rollout in July 2019. However, during our inspection visits we found some issues we identified at the last inspection remained. Further examples relating to people's care delivery were not identified through audits and checks and some records failed to show what actions had been taken. We found a breach of Regulation 12 of the Health and Social Care Act 2014 (Regulated activities). We found the service continued to be requires improvement overall and there was a repeated breach of Regulation 17 of the Health and Social Care Act 2014 (Regulated activities). Further improvement and embedding of new quality assurance oversight is required to ensure positive changes are embedded into daily practice.

The last rating for this service was Requires Improvement (published 27 July 2018).

Why we inspected

This inspection was based on the rating at the last inspection. We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe, Effective, Caring, Responsive and Well Led.

Follow up

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

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

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Fourways

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

On 23 July 2019, two inspectors carried out this inspection and they were supported by an assistant inspector. Two inspectors returned on 25 July 2019 to review medicines, speak with more staff and to complete more observation of the delivery of care.

Service and service type

Fourways is a residential care home. People in care homes receive accommodation and personal care. 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. At the time of our inspection visits, the registered manager was on extended leave of absence. An interim manager took temporary responsibility to manage the service until the registered manager returned.

Notice of inspection

This first day of our 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 who work with the service. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people to get their experiences of what it was like living at Fourways. We spoke with eight members of care staff, a housekeeping assistant, a lifestyle coach, the interim manager, a service manager and a director of quality and compliance. 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.

We reviewed a range of records. This included examples of three people's care records and multiple medication records. A variety of records relating to the management of the service, audits, complaints, compliments and evidence of activities people were involved and people's overall feedback about the service.

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 requires Improvement because the provider had not consistently managed the risks relating to the health, safety and welfare of people. At this inspection we continued to find some risks were not always managed effectively to ensure people received good care outcomes. The rating therefore remains 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.

Assessing risk, safety monitoring and management; systems and processes to safeguard people from the risk of abuse

- Inconsistent risk management identified at the previous inspection continued. Risk management plans were in place, but the lack of effective recording and monitoring put people at potential risk of harm.
- Some people had special equipment, such as airflow mattresses on their beds, to reduce risks of developing sore skin. Other people had sensor mats or call bells to alert staff to help provide care to manage known risks, such as falling or if people needed staff assistance. We found one airflow mattress was not set to the persons correct setting and some sensor alarm mats were faulty. The provider's recording to manage these risks showed a lack of attention to detail. Some checks were recorded as being completed and accurate but this was not correct.

On the second day of our visit, three people assessed as being at risk, did not have their falls sensor mats plugged in. This was despite being told by the service manager actions had been taken.

- Risks to monitor people's food and fluid intake were not always effective to identify if people needed further support. No one was at risk of choking or malnutrition. Staff did not consistently complete or record accurate information related to people's food and fluid intake because it was frequently recorded retrospectively. This meant there were risks of staff not recalling accurate information. We found three examples of a gap in the records where information had been missed and two people's charts recorded they had eaten certain foods when they had not.
- The provider's risk management plans to ensure medicines remained effective were not always followed. In June 2019, staff informed the interim manager about excessive temperatures in the care office which exceeded 25 degrees Celsius. Pharmacist advice was sought but staff did not always follow the advice to make sure medicines remained below the temperature range quoted by the pharmacist. We discussed this during the first inspection visit with the director for quality and compliance who sought immediate advice.
- Medicines audits required closer scrutiny. High temperatures had not been recorded as a concern, which could have added unnecessary risks to people receiving their medicines.
- We could not be confident people were always protected from risk, especially when unexplained bruising occurred.
- Staff did not always complete body maps for unexplained marks or bruises. Over both inspection visits, we identified three people with bruising on their hand and arm. None of the bruises had been recorded on body maps. In one example, a person showed a bruise to a staff member. The person was unable to explain the cause of the bruise. The bruise was not recorded and had not been shared with the management or staff at

the handover between shifts.

- Reviewing the provider's accident and incident forms, we found five examples for different people, all indicating bruising on the left arm. There was limited collective information to show what actions had been taken or whether this had been identified for further investigation to identify the cause.

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

Staffing and recruitment

- Our observations confirmed that although staff were very busy, there were enough staff to meet people's assessed needs. The acting manager and deputy could support staff on shift when required. Staff said staffing levels were fine for the majority of the time. There were occasions, especially mornings where it was busy but staff said staffing levels supported people's needs.
- People felt there were enough staff to keep them safe, but some felt the high use of agency staff impacted on the quality of care they received. One comment was, "From the agency they come in and they haven't a clue. They don't know what you want, and you have to keep explaining and after a little while it gets monotonous." The interim manager was confident the significant use of agency staff would reduce as action was being taken to recruit more permanent staff into the home.

Using medicines safely

- We observed a member of staff giving people their medicines safely. They ensured people had a drink to hand and then stayed with the person to ensure they had taken their medicines. The staff member checked whether people required any of their 'as required' medicines for pain relief. Information for 'as required' medicines and time critical medicines were followed by staff. Staff were trained and assessed competent to administer medicines.

Preventing and controlling infection

- Overall the service was clean and tidy, but there were some areas where there was a stale and unpleasant odour, particularly in the communal areas on the second floor and in two people's bedrooms. The provider had introduced new cleaning schedules in July 2019 to improve the cleanliness of the home, however these had not been completed. Our observations and the lack of records meant we could not be assured the provider's infection control standards were consistently maintained.
- Staff wore personal protective equipment (PPE) such as gloves and aprons when providing personal care or preparing and serving food. PPE was available throughout the home to encourage staff to follow good infection control and hygiene practice.

Learning lessons when things go wrong

- Since the last inspection the provider had introduced a system of 'Red Top Alerts'. Any untoward incidents or omissions in any of the provider's homes were fully investigated by internal teams and any learning identified. The learning was then shared with all the registered managers to share with their staff in group or one to one meetings. Whilst learning was shared across the provider group related to incidents, we saw limited evidence to show consistently, learning had been taken related to the issues we have described in this report.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Staff followed the principles of the MCA. Staff explained what they were going to do and sought people's consent before carrying out care tasks. Staff understood when they needed to act in people's best interests to maintain their health and wellbeing.
- Where people required applications to be made under the Deprivation of Liberty Safeguards these were completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they started using the service. This ensured staff would be able to meet people's needs effectively. One person who had recently moved to the home confirmed they had been visited in hospital and spoken to about their care needs. These assessments were used to formulate care plans for staff to follow.

Staff skills, knowledge and experience

- People told us permanent staff knew how to meet their needs.
- Staff had the training they required for their role and they received supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. Staff training remained an ongoing commitment to improve. Training courses had been planned and oversight from the provider checked training was completed.

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

- People's nutritional and hydration needs were met. People were offered choices of food and drink and snacks were readily available in communal areas of the home. However, the first day of our visit was extremely hot and there were occasions when staff missed opportunities to encourage people to drink more. For example, one person told us they were very thirsty, and they liked squash. However, a staff

member only offered them a cup of tea or a glass of water. Staff were seen to have a more proactive approach on the second day of our visit.

- People's feedback about the food was positive. Comments included: "I enjoyed the dinner. You could taste the fish in it and it did taste good", "Usually it is okay, sometimes it is superb" and, "It is a nice variety, you always get a choice."
- People who needed closer monitoring, had food and fluid intake recorded, however the quality of the recording was sometimes inaccurate. We told the director of quality and compliance and the interim manager. They both agreed record accuracy was a priority for improvement.
- Mealtime experiences across all floors on both days was mixed. Some people enjoyed the social occasion and food, others were not reminded of the meal choice with a plated option or use of picture cards. In two examples, this may have prompted the person to have a main meal but they declined.

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

- People were supported to access other healthcare professionals to maintain their health when a need was identified. One person told us, "If I need a doctor they would get one. They are very good, very helpful."
- There was evidence external health professionals had been contacted and visited the home to review people's care needs, such occupational therapists, GP and dieticians.

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

- People lived in a home which was comfortable for them but some areas required redecoration. The interim manager told us redecoration and new fixtures and fittings had been arranged and planned to commence by August 2019.
- Each person had a single bedroom where they could spend time in private or with friends.
- Communal areas provided space for group activities and conversations, but quieter areas were available if people preferred.

Staff skills, knowledge and experience

- People told us permanent staff knew how to meet their needs.
- Staff had the training they required for their role and they received supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance.

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 remained the same. 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

- People told us they had formed caring relationships with permanent staff who knew them well and understood their care needs. One person said, "The girls who are normally here, no matter what floor you are on, they know you as a person and they know your needs." Another person said, "The permanent staff are superb."
- On both inspection days we saw some positive interactions between people and care staff. One person's face lit up when a member of care staff walked into their bedroom. The staff member had a friendly and familiar conversation with the person who by their smiles and body language clearly enjoyed the engagement. This person told us, "You have got that lovely feeling that if you ask, then nothing is too much trouble for them."
- Another person was laughing with a staff member as they remembered an occasion when they had dropped their mobile phone into some water. The person told us the staff member had dried the phone out for them and it was now working perfectly.
- Some people had formed caring relationships with each other and enjoyed being in each other's company. One person pointed to some others sitting in the lounge and said, "We all get on really well in our little gang." Another person told us, "We are such good friends." Our observations showed people took care of each other.
- Staff enjoyed working in the home and explained how their attitude could have a positive impact on people's day. One staff member explained, "If the staff come in with the right attitude it makes their (people's) day a lot better, especially if you are happy and smiling all the time." A person explained how they valued this and said, "If the staff grumble they don't grumble in front of me."
- People's equality and diversity was considered, especially involving different cultures and faiths. One staff member said cultural events and themes such as Indian and Jamaican themed meals were planned. This gave people opportunities to learn about other cultures.
- Compliments showed relatives were pleased with the levels of care their family member received. One relative's compliment in May 2019 said, 'writing to thank you and the team at four ways for the kindness and respect you showed (relative) during their three year stay'.

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

- People could not always remember being involved in planning how they wanted to be cared for but felt able to express their views on a daily basis. Staff respected people's choices and acted on their requests and decisions. Staff said relatives were more involved and resident and relatives' meetings were held which presented opportunities to share feedback. A relative now chairs a committee to improve activities and

interests within the home.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people at the home without restrictions on time.
- Staff promoted people's independence. One person told us they liked to do as much of their own personal care as possible and said, "I can manage down the front and my face and arms, but I can't bend down to my feet or my back, so they help me with that. If I want them they are here to do it for me, but I prefer to try and do it myself."
- Staff were aware of people's privacy and dignity. They knocked on people's bedroom doors and were sensitive and discreet when supporting people. However, we saw an occasion when a staff member gave a person their eye drops whilst they were sitting at the table having their lunch. This was not supportive of the person's privacy and dignity. We discussed this with the director of quality and compliance who agreed to remind staff about expectations and the provider's values.

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 requires improvement. At this inspection this key question continued to be rated requires improvement.

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

- Staff told us working regularly with the same people was the best way to get to know and understand them. Throughout both inspection visits, permanently employed staff constantly directed and guided the agency staff to try and ensure people received a consistent approach.
- People told us receiving support from agency staff was not always consistent because they did not always know their individual routines.
- During our inspection visits we saw a number of examples where staff were not proactive in the delivery of good care outcomes. For example, staff offered a person a hot drink when the person told us they wanted a cold drink. Meals continued to follow the provider's planned menu. People were not proactively offered lighter options, such as fruit salad or salads because soups, meat pies and hotpot dishes continued to be served. We saw one person declined their meal and they were not offered an alternative. However, we were told usual practice was to offer a second choice or staff spoke with the chef to prepare a meal of the persons choosing.
- Staff were not responsive to think about keeping people cool in the extreme hot temperatures. There were no thoughts to ice or chilled drinks being offered. When staff gave people their own chilled drink, we could see people's expressions were more positive. Some people's rooms were excessively hot, yet there was no fans or cooling equipment put in. On one occasion an inspector intervened to ensure the person's room was cooled down as the person was clearly agitated.
- The quality of recording and the accuracy of what staff had written did not always demonstrate responsive care. For example, receiving the right support from pressure relief equipment and meals people had eaten.

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

- On the first day of our inspection visit, nine people enjoyed a French breakfast in the café area where they were choosing between different French pastries and coffees. There was a very busy and vibrant atmosphere which people enjoyed. The event had been organised after one person expressed an interest in learning about France and the language.
- Some people preferred to spend most of their time in their bedrooms. One person said, "I am quite happy watching television or chatting to people up here or reading."
- Whilst staff took opportunities to engage with people as they went about their tasks, some people told us it would be nice if staff had a little more time to sit and chat with them. One person said, "The carers are very good but they are always in a hurry so I don't have much chance of talking to people. We have a few sentences here and there, but you don't get many opportunities to sit down and have a chat."
- The provider encouraged people to spend time outside to promote their health and emotional wellbeing.

One person joined us in the garden and enjoyed pointing out the various raised flower beds and planted pots. This person said they liked to feel useful and helped to water the plants.

- Some people had religious artefacts in their bedrooms and told us how important their faith was to them. They told us they had opportunities to practice their faith and were visited by representatives from a local church.
- Improvements to capturing people's past life experiences helped staff to get to know people more. In some cases, new information about people saw them go on specific outings, such as a boat trip and some who enjoyed swimming.

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.

- The interim manager supported people in line with the AIS. Where people had limited understanding, pictures cards were used, for example at mealtimes for people to express their choice. Staff spoke clearly with people to make sure people understood what they were saying and care records included people's individual levels of communication.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was displayed on all floors.
- People told us they would share any concerns they had with their family, members of staff or the management team.
- Two complaints had been received in the last 12 months, both investigated and responded to.

End of life care and support

- The home did not provide nursing care but the manager aimed to support people's wishes to remain at the home for end of life whenever possible, with external healthcare professional support.
- One end of life care plan clearly recorded the person's wishes, including religious support, how they wanted to be clothed and that they wanted their room decorated with flowers. One person at end of life, had flowers in their room.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement because the provider had failed to have robust and effective quality assurance systems. A lack of effective management and monitoring put people at risk of poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

At this inspection we continued to find similar issues as before. We also found new concerns and following our first day, the provider said immediate improvement actions had been taken, yet we continued to find the same issues remained. The lack of effective management and checks meant there was a repeated breach of Regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) Regulations, Good Governance. Planned improvements to the providers overall governance systems were being rolled out in July 2019 so time is needed to test their effectiveness and sustainability.

Requires improvement: This meant the service management and leadership was inconsistent. 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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had systems and processes to check on the safety and quality of the service. However, these checks had not always ensured areas for improvement were identified or implemented in a timely way. For example, call bell availability, sensor mats, effective pressure relief equipment checks and medicines were identified at the last inspection as needing improvement. This time, we found similar issues. The provider's action plan to address this said, 'A walk around tool has been re-implemented to immediately pick up on any health and safety issues' and 'all of these are already having a very positive effect on the day to day experience of our residents'.
- Daily walk arounds were completed but in this report, we have described call bells out of reach, pressure equipment not set correctly, mealtime experiences not consistent for everyone and medicines not always stored and actions taken, when additional risks were presented. In some of these cases, for example pressure relief checks, regular audits recorded no concerns. Some window restrictors were not the correct type and this had not been identified thorough their own audits or daily walk arounds.
- Cleaning schedules had been implemented in July 2019 to improve the standards of cleanliness, yet some areas remained dirty and cleaning schedules had not been completed. This showed a lack of effective management and scrutiny of checks, especially when checks were delegated to others. When we asked the interim manager if they were aware of a number of these issues, they said, "No one has told me."
- Effective record checks had not identified that staff were not consistently following the provider's policies and procedures for recording marks and bruises sustained by people.
- The quality and accuracy of recording and when records were completed, had potential to provide

misleading and inaccurate information.

- The provider had introduced new hand-held devices for staff to access people's care plans and record care interventions. When we checked the handheld devices, the typeface on the care plans was so small, staff told us it was not possible to read the information. Senior staff and members of the management team confirmed the size of the typeface could not be increased. One member of staff told us, "The old I-pads we used to have, we used to be able to zoom in but now we have to ring down (to the care office)." We also found limited security arrangements to safeguard people's confidential information. A member of the provider's senior team commented, "We are not making it easy for staff."
- Accidents and incidents were recorded and included a summary to show how each individual incident had been investigated. However, although the provider's system recorded and reviewed these centrally, trends were not always obvious at home level. We found five examples of unexplained bruising. One person told us they had suffered a bruise, yet a staff member was also unclear how this had happened. There was no proper analysis to show what actions had been considered or taken to consider the cause and mitigate potential or further risks.
- We found one example where the provider had referred a safeguarding concern to the local authority but had not referred to us. The director of quality and compliance explained this was an oversight but knew this should have been reported to us. The provider sent us a retrospective notification.

These shortfalls represent a continuing breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014. Good governance.

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

- Staff told us they had regular staff meetings, and these were used as an opportunity to share their thoughts whilst receiving feedback and updates about the service and people in their care.
- The rating from the provider's last inspection was displayed, as required, in the communal reception area of the home.
- The provider offered opportunities to people and their relatives to give feedback. Some issues raised in the Fourways 2018 annual quality survey called 'lowest rated areas' were the same as those we found, which meant actions taken had not been sustained or were yet to be implemented.

Continuous learning and improving care

- The provider had not always taken learning from their other homes to implement across all their services. For example, some of the issues we identified on this inspection at Fourways, we found at the last inspection. We had also previously found and told the provider about similar issues around the quality and accuracy of recording, medicines management and risk management when we inspected one of their other homes in June 2019.

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

- Despite these challenges, overall people spoke positively about the service and we saw some people experienced positive outcomes. The director of quality and compliance explained changes to the provider's wider compliance processes. They felt these changes would focus on what needed improving and tighter controls would check if actions had been taken. They also said a lot of work had been made to improve people's experiences following our last visit. Time and embedding of the new quality assurance will test the systems effectiveness and outcomes for people.

Working in partnership with others

- The interim manager worked with other health care professionals to promote people's wellbeing. Links with local clinical commissioning groups and the local authority helped support people's needs. External partnerships were in place to improve people's activities and interests.
- The provider had invited one of the local parent and baby groups, and the local children's nursery to visit the home. Photographs of people's enjoyment of these visits demonstrated the positive impact it had on their well-being and how they benefited from the engagement with babies and younger children.
- Internal safeguarding committees had been set up to focus attention on vulnerable people and to make sure, people were protected.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks. The lack of risk management related to the management of risks associated to managing people's care, medicines management and infection prevention.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not robust, established and operated effectively to ensure risks to people were reduced and to provide a good quality service to people.</p>