Haldane House Limited

Haldane House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Haldane House Nursing Home is a care home with nursing registered to provide personal and nursing care for up to 25 people. At the time of inspection there were 17 people living in the home.

People's experience of using this service and what we found
The provider did not operate effective quality assurance systems to oversee the service. These systems did not ensure compliance with the fundamental standards and identifying when the fundamental standards were not met.

The provider did not ensure that clear and consistent records were kept for people who use the service and the service management. The management of medicines and premises was not safe. Effective recruitment processes were not in place to ensure, as far as possible, people were protected from staff being employed who were not suitable. Risks to people's health and wellbeing were not consistently assessed and staff did not always follow guidance to support people in the right way. Staff deployment was not always managed effectively as we observed people did not always receive timely or effective support. People were at risk of social isolation because the provider did not organise and upskill staff to provide further support with stimulation.

The provider did not inform us about notifiable incidents in a timely manner. When incidents or accidents happened, it was not always clear the provider had fully investigated them, or that any lessons were learnt, and themes or trends identified. Care plans and related documents had information about people, but these did not always contain information specific to people's needs and how to manage any conditions they had. We were not assured people's hydration and nutrition needs were monitored and met in a consistent way. The provider had not ensured staff were provided with appropriate training, knowledge and skills so they could do their jobs safely and effectively. People's and relatives' feedback were not consistently sought and used to make improvements to the service. We observed a mixture of interactions between people and staff which did not always show effective practice.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service were in place but did not support this practice.

There had been management changes since the last inspection, which affected the service management and the culture at the service. The new home manager was in the process of getting to know the service to ensure they could review, assess and monitor the quality of care in a consistent way.

Families felt they were involved in planning people's care and were informed of any changes in health or wellbeing. Relatives were mostly positive about the staff and the service. People were safe living at the service and relatives felt their family members were kept safe. Staff understood their responsibilities to raise

concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. The management team was working with the local authority to investigate safeguarding cases and provided support to address any issues. People were able to access healthcare professionals such as their GP. The service worked with other health and social care professionals to provide care for people.

The dedicated staff team followed procedures and practices to control the spread of infection and keep the service clean. There was an emergency plan in place to respond to unexpected events and equipment was kept clean. Relatives said they could approach the manager and staff with any concerns. The management team appreciated staff contributions and efforts to ensure people received the care and support.

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
The last rating for this service was requires improvement (published on 22 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations and the rating has changed to inadequate

Why we inspected
The inspection has been carried out based on the previous rating of requires improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We carried out an unannounced comprehensive inspection of this service on 20 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements. During this inspection we have inspected the key question of Effective as we identified concerns to be reported in this key question. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Haldane House Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to quality assurance; risk management; notification of incidents; record keeping; effective and person-centred care planning; management of medicines and premises; staff training, competence and deployment, and recruitment. Please see the action we have told the provider to take at the end of this report.

We took civil enforcement to ensure people's safety and ensure improvement occurred at the service. We served a warning notice to the provider following the inspection for the breach of regulation 12 (Safe care and treatment), managment of medicine. A warning notice gives a date the service must be compliant by

and we inspect again to check that compliance against the content is achieved within the timescale.

Please see all the actions we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Haldane House Nursing Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Three inspectors carried out this inspection. An Expert by Experience supported us to speak to relatives. 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
Haldane House Nursing Home is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. A new manager had been in post for three months and had submitted an application to register. We are currently assessing this application.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Prior to the inspection we looked at all the information we had collected since the last inspection about the service including previous inspection reports and notifications the manager had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke to the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people living at the service. We gathered feedback from 11 staff members. We spoke to one professional and two relatives. We reviewed a range of records relating to the management of the service, for example records of medicine management, premises and equipment, risk assessments, accidents and incidents, quality assurance system, and maintenance records. We looked at 11 people's care and support plans, associated records and medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the manager to validate evidence found. We looked at further records and evidence including quality assurance records, training data, meeting minutes, and policies and procedures. We contacted 15 relatives and spoke to 11 relatives about their experience of the care provided to their family members. We contacted six professionals who work with the service and received three responses.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of Regulation 12 for the third time.

- People's medicines were not managed safely.
- We reviewed medication administration record (MAR) sheets and identified people were given prescribed 'when required' (PRN) medications daily to support their behaviours without an appropriate rationale.
- For example, one person had 1 mg of lorazepam prescribed as PRN for "anxiety". The PRN protocol also noted that the response to medication and its effectiveness should be monitored and recorded on MAR sheet and daily records. If needed, to refer to GP if the medication did not alleviate the condition. We looked through the care notes and there were four occasions recorded the person being 'anxious'. It did not include clear information about how the person was supported and the rationale for administering lorazepam. The PRN protocol did not give any guidance on how to support the person to manage their emotions, moods and distress effectively, and only to administer lorazepam as the last resort.
- Other PRN medications such as pain relief were also given without a clear rationale for administration.
- PRN protocols did not contain clear information specific to the person such as symptoms to look out for, how people expressed themselves when in pain, any side effects to look for, the correct dose of medicine or when to review it. There was a reminder for staff to ensure PRN medication administration was also recorded at the back of the MAR sheets. However, this was not completed.
- We found there were 6 people receiving medicine covertly. There were no personalised care plans on how to manage medication covertly, the need for covert administration for each medicine prescribed and for how long these care plans should be used.
- Usage of covert administration of medication should be for as short a time as possible. There were no dates noted when such administration should be reviewed to check if there was still a need to use covert administration of medication. Covert administration must be the least restrictive option after trying all other options. There was no evidence to show this practice was carried out by staff administering medicine.

The registered person did not ensure medicines were managed safely at all times. This was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● The provider did not ensure risk assessments were robust including documenting sufficient information about how identified risks were to be managed or mitigated to ensure people's safety.
● For example, some people were staying in bed for long periods of time. People had a few different mattresses used to support their skin integrity. We asked one of the senior staff about how they decided what setting the mattress should be on for each person according to the person's weight. However, staff were unable to clearly state why they had used the different settings on people's mattresses. Later we were informed that the provider of the mattresses would put the settings for people. This meant it could delay timely response to people's skin changes and increase the risk of skin damage.
● One person's mattress was set at 75 kg but the last weight check in June 2022 was significantly less. The person also refused to be weighed. After we highlighted this as a concern senior staff used Mid-Upper Arm Circumference (MUAC) to help estimate people's weights. MUAC can also be used to assess malnourishment. The measurement indicated the person was at similar weight as in June 2022. This meant the person was at risk of pressure damage by laying on the mattress with an incorrect setting.
● Where people received support with moving from a bed to chair for example, care plans did not always contain specific instructions for staff to provide safe support and help them mitigate risks. For example, one person's care plan stated, "To ensure that all transfers are carried out safely in accordance with procedures in order to reduce risk of injury and avoidable harm as far as reasonable possible".
● We found some accidents or incidents were not always accurately noted or recorded. For example, looking through daily notes we found one person had an incident where they struggled to breathe. Although support was provided there was no form completed to review the occurrence, any other analysis of why it happened and what to do if this happened again.
● The same person had a wound that needed dressing, but there was no form completed to indicate how and when it appeared, and any other risks to review.
● Another person had several falls in the last year. The falls risk assessment noted the person had one fall in the past year. However, incident reports indicated there were two separate falls within the last year. Furthermore, when we spoke to the relative, we were told this person had three falls this year, resulting in some injuries. We noted that the call bell was not within reach for the person either when they were in their bedroom. This was observed later in the day as well.
● The records kept for this person did not give staff a full view of the incidents or accidents so they could review any triggers, issues and reduce the risk of recurrences.
● We observed 2 other people stayed in their rooms all day and did not have call bells in reach.
● Looking through incidents and accident records, we noted people had multiple falls. However, we were not assured that the provider gathered and monitored safety-related information to look for themes and trends to identify strategies to prevent falls and risk reduction of falls and consequently, injuries. The service did not demonstrate they were consistently learning from concerns, accidents, incidents and adverse events.
● The provider did not ensure the premises and safety of the living environment were consistently checked and managed, to support people to remain safe.
● We asked to see the legionella risk assessment. Health and social care providers have a legal duty to carry out a full risk assessment of their hot and cold water systems and ensure adequate measures are in place to control risks. A competent person should routinely check, inspect and clean the system, in accordance with the risk assessment. They are also required to regularly review the risk assessment, monitor and make any necessary changes as a result of the review.
● The provider confirmed that such risk assessments had not been completed. This meant the provider did not ensure safety of the premises at all times. This increased the risk of harm to people, staff and visitors.
● We checked records of fire drills and the last one was completed on December 2021 during the day. There was no record of a fire drill completed at night. The law states all employees must do a drill at least once a year but there was no evidence it was completed.

● We checked fire evacuation information for people and at least 3 people needed one to one support from staff during the evacuation due to the risk they might try to abscond. Other people needed 2 staff to support them during the evacuation.
● At night there were fewer staff, 2 care staff and 1 registered nurse. This meant if staff had to stay with 3 people, there were not enough staff to carry out the rest of the evacuation. This meant people and staff were at risk of harm due to being trapped in the building during a fire.
● One person needed oxygen to support their health and condition. However, there was nothing recorded in the personal emergency evacuation plan (PEEP) about how to manage this highly flammable gas and take precautions in case of fire, to ensure this did not pose risk of harm to people, visitors and staff.

The registered person did not consistently assess risks to the health and safety of people. Insufficient action had been taken to mitigate identified risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● The provider did not follow safe recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
● We found gaps and inaccuracies in employment histories and missing current photographs to confirm staff identities.
● Where required, the provider had not always obtained satisfactory evidence of an applicant's conduct in prior employment working in health or social care. They did not consistently seek verification of the reasons why the employment ended.
● By failing to obtain all required recruitment information before staff started work, the provider put people at risk of being supported by unsuitable staff.

The registered person had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had a Disclosure and Barring Service (DBS) check completed before they started supporting people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff were not always deployed effectively to ensure people received timely support. We observed staff were patient with people however they were not deployed effectively to support people.
● During 2 days of inspection, we also observed very few activities going on. Most people spent time in the lounge sitting with little stimulation or they were sleeping.
● We spoke about the staffing numbers, deployment and our observations with the manager. They told us the staffing numbers were already set when they started working. They had not reviewed or reassessed staff deployment to ensure it met people's diverse needs effectively.
● Staff felt there were times where they could have had more staff to help carry out their roles and responsibilities effectively. Comments included, "No, not all the time. Sometimes there is a shortage of staff. Every task will not be done on time….and residents will not get care they should be getting", "Sometimes it's not enough [staff]" and "I feel an extra member of staff would be helpful to provide activities".
● Some relatives noted there were not enough staff at all times to support people. They said, "[The staff] keep [the person] clean, they sit with [the person], but not all the time because there just isn't enough staff to go around everybody", "Staff shortages are a part of life sadly, not enough of them at times" and "I have raised issues with lack of staff in the past, sometimes I have been the only adult in the lounge with potential issues".

● The provider did not ensure there was enough staff to do their job effectively and safely, including for one-to-one support for people to take part in activities.

The registered person did not ensure there were sufficient numbers of staff deployed effectively to ensure they can meet people's care and treatment needs. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We also observed how staff worked together and supported each other. Some staff agreed there were enough staff to complete their work.

Systems and processes to safeguard people from the risk of abuse

● Staff knew how to protect people from abuse. Relatives stated people were safe at the service. They said, "Although [the person] is confused, [the person] is very well looked after, no sign of any form of abuse, staff all helpful, cheerful, I know full well that they are looking after [the person]", "Oh yes very safe, looking a lot better, now gaining weight, more content, staff are amazing, such a lovely place, [the person] likes the carers, no sign of improper behaviour" and "Yes, [the person] is very safe, [the person] is looked after very well, never had a reason to complain, [the person] is happy which gives me peace of mind, no sign of any abuse, security is good, all perfectly safe".

● Staff received training in safeguarding adults at risk. They confirmed they knew how to recognise the different types of abuse and how to report it. Staff also said they knew the provider's whistleblowing policy and when to raise concerns about care practices.

● The manager knew when to report allegations of abuse or neglect to the local authority, so they could be investigated. There were no safeguarding cases at the time of inspection and the provider was working with the local authority as and when needed.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● Relatives confirmed they did not have any issues with cleanliness of the service. They said, "Absolutely spotless, two people cleaning all the time, clean laundry every day, no hazards, I have no reason to worry about anything", "Everywhere is clean and tidy, [person's] room is spotless, very clean bathroom, immaculate food table, no smells" and "Always clean and tidy, no smells, [the person] is also clean and tidy and well looked after".

Visiting in care homes

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The staff at the service carried out checks and recorded information before the inspection team could enter the premises.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had not ensured people's needs were effectively met and positive outcomes were being achieved consistently for people.
- We looked at different records relating to people such as care plans, current assessments and long-term care plans along with daily notes with information about how people should be supported.
- Records did not always demonstrate staff were delivering care in line with people's assessed needs.
- For example, due to anxiety, 1 person could refuse support and the care plan offered ways to help them. Staff recorded when the person was resistive to care but did not record how they supported the person to overcome their stress or anxiety. The daily notes did not give any indication if the person was supported according to their care plan or if the desired outcome had been achieved.
- The person also refused to maintain their oral care, but staff did not record how it was managed and if anyone tried to do it at different times.
- Another person needed their blood sugars monitored weekly. The care plan noted risks to the person resulting from blood sugars which were too high or too low including seizures or fits. Staff did not record the checks in the daily notes clearly. This person had an incident but it had not been reviewed by senior staff to look for any further information to identify if it was due to low blood sugar levels and highlight any further specific support, monitoring and risk mitigation needed to ensure this could be prevented in the future.
- We also observed 1 person during an activity on both days of inspection, and regularly visited them during both days. They were on their own, sitting in front of the television. They did not have a call bell near them either. We also showed this to the nominated individual and informed them the person had been sitting in the same place all day.
- Where guidance was provided by professionals to help people with their behaviours, there was little evidence recorded that this has been followed and recorded as part of the support and monitoring.

The registered person had not ensured people's care and treatment was appropriate and met their individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider did not ensure staff had the knowledge and skills they needed to meet people's complex and diverse needs and ensure their safety and welfare.
- We reviewed the training matrix provided to us which recorded mandatory and role dependant staff training. Although staff had a variety of training provided, our observations did not always confirm the staff

were confident, knowledgeable and competent to support people in a consistent way and guided by best practice.

● For example, 1 person kept going into other people's rooms without their permission and we supported them to leave during both days of our inspection. We observed on 2 occasions the person, whose room it was, shouted to staff to "get [the person] out of my room!". Staff did not know how to monitor this person effectively and respect other people's privacy. Staff failed to recognise and anticipate such behaviour so the person would not be at risk of harm from other people.

● The care plan noted such behaviours and how to help the person including to be aware of their whereabouts and engage with the person for brief moments and encourage them to communicate. It also noted the person could be disorientated so 1 staff member needed to be around them. We observed that this was not happening consistently in practice and records confirmed this. We also observed the person often wandered alone.

● Another person's care plan indicated how staff should support them with emotional wellbeing such as "encourage, explain and reassure [the person]" and "to ensure that they assist [the person] at own pace so that [the person] does not become overwhelmed or feel rushed and/or unsafe". The daily notes recorded a brief statement of "General emotional support, needed the action done for them, was content" but it was not clear what this meant.

● During both days of inspection, we observed this person spent long periods of time on their own, either sleeping or sitting without much interaction. The care plan noted they should be encouraged to participate in activities, but this was not done by staff.

● Not all staff were up to date with all required training. For example, people needed support to use equipment and transfers from one place to another. However, assessments for moving and handling to check staff's competency were not completed.

● Senior staff assessing medicine competencies did not have training to check staff's competencies. We asked to see any training information for senior staff to be deemed as competent assessors to carry out these checks. We had information for 1 staff and the manager was in the process of completing the training. However, when we checked with the training provider if this aspect was included, they confirmed the staff would not be able to assess competencies such as medicine or moving and handling.

● We found information in records that concerns had been raised about 2 staff members' practice moving people. The provider confirmed the staff members no longer worked in the service. Considering these concerns have been raised in March and May 2022, but the remaining staff had not received further training and competency checks to ensure they used equipment safely and correctly. This meant people were at risk of harm and injury because staff were not trained in moving and handling.

● We also observed staff were standing and supporting people to eat rather than sitting together with the person and ensure good dining experience.

● Although staff felt they had enough training to do their job effectively but we observed the staff support to people with such needs was not consistently provided and people were left with unanswered needs.

The registered person did not ensure all the staff were competent, skilled and had up to date training in order to carry out their role when supporting people and perform their work. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives were complimentary about their experience with staff. They said, "From what I see, all the staff are very caring, also very pleasant to me", "Very caring staff, lovely manner, staff always talk to me, always helpful" and "Brilliant staff, very caring, the care they show me and [the person] shows consideration to us both. I never feel like an inconvenience when I visit, staff always ask how I am which I appreciate, lovely feel to the home."

Supporting people to eat and drink enough to maintain a balanced diet
● People's hydration was inconsistently managed. We noted that people's food and fluid intake was being recorded both on paper and electronically.
● We reviewed fluid records for 6 people and noted they did not have any targets set. Other people had targets of 1500 ml per day. However, from the records we identified that people were not achieving their daily targets with some intake recorded as low as 135 ml and 140 ml a day.
● People who were at risk of urinary tract infections (UTIs), did not consistently get fluids. For example, according to 1 person's care plan, it was noted to reduce the risk of UTIs, staff had to "make sure [the person] is well hydrated". The fluid chart indicated the person was not meeting the set fluid target.
● Another person's fluid balance record noted they had to have 1500 ml per day. Between the dates of 10 to 17 October 2022, this person's average daily fluid intake was 854mls. They were only offered the full amount of fluids on two days during this period and the lowest daily intake of fluid intake recorded was 285 ml.
● We also observed during lunchtime, people were supported by staff intermittently. For example, one person needed help with eating and staff encouraged them to start eating but left them. The staff member came back 2 minutes later and put some food on the fork for the person to take it and walked away again. There was a risk of staff not observing how much people ate thus not having accurate information about food and fluid intake.
● Another person did not have food and fluid records completed clearly to ensure they ate or drank sufficient amounts on the day.

The registered person had not ensured the nutritional and hydration needs of service users were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We noted that consent forms were singed by staff members. For example, consent to have photographs taken, care provision and share information with health care providers was signed by the senior staff on behalf of person's relatives. There were no records of these people's relatives having been appointed as people's legal representatives. This did not reassure us the staff had considered where people may be capable of making certain choices and give consent to different decisions. This was an infringement on people's human rights.
● We found during the review of the records that 6 people had medicines covertly, meaning without their consent. We did not find consistent records or evidence to show that these decisions had been made in people's best interests and put in place with the right professionals involved. Capacity assessments were carried out already assuming people did not have capacity to understand this decision regarding

medication.
● The daily notes did not support the fact people were offered medication in a normal way and only after those attempts it would revert to covert administration of medicine. The staff administering medicine could not confirm to us they were following this practice.
● Care plans noted some people accepted medication without problems so there was no need to have a care plan for covert administration. But these specific care plans were kept and noted as "covert medication remains an option should it be required".

The registered person did not keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. This was a breach of Regulation 11 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider ensured applications were made to the funding authorities for the required annual reviews of any DoLS assessments and authorisations. They had submitted appropriate applications for DoLS to the local authority.
● Staff sought people's consent before providing care or support. We observed staff were polite and respectful towards people and respected their decisions. People's rights to make their own decisions, where possible, were protected.
● Relatives were complimentary about staff's support and the way they treated people. They said, "Always treat [the person] with dignity and respect, encourage [the person] if reluctant to do something", "Absolutely respect [person's] choices, [the person] always wore a necklace and staff continue that, matching clothes and hair done as [the person] likes" and "[The person] is never just treated as a number, always with dignity, respect and compassion".

Adapting service, design, decoration to meet people's needs
● There were people living with dementia in the service and there were some adaptations made for them to promote independence.
● People had any signs of significance to them or pictures on their bedroom doors to help them identify which room was theirs.
● There was some dementia signage indicating the doors for the toilet or other areas of the home.
● Communal areas like the dining room and lounge presented a light, bright environment where people moved around freely. There was a small area available in a separate room for people to enjoy activities, spend time following personal interests and to receive visitors. However, this room was not big enough to accommodate more than (number) people.
● However, we observed aids such as coloured crockery to support some individuals when eating, were not used.
● We looked at an environmental audit carried out by a previous manager and made recommendations as part of the ongoing programme of refurbishment and improvements to support people living with dementia.
●We noted there was calm atmosphere and people were not rushed to do things. Relatives agreed it was a nice and homely place for their family members to live in.
● Relatives said, "Friendly lovely atmosphere, staff all get along together", "Atmosphere is happy despite the Home looking tired in places as an old property it still has a nice feel" and "Friendly and homely atmosphere always."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were referred to various health professionals to address any health issues or changing needs.

People were supported to remain as healthy as possible. Most people's health and wellbeing needs were supported the majority of the time.

● The manager and staff had has been using a new computerised system to improve the care and treatment of people using the service. It also supported the service to contact professionals quicker for early interventions when a person was deteriorating. This system was designed to prevent hospital admissions and people would be looked after at the service.

● Relatives said they were informed what was going on with people, any changes in their health or wellbeing. One professional added about person's care, "Things have been really good. The way they have addressed [person's] issues has been good. [The person] is socialising and they know them well".

● Another professional added, "I feel the staff at [the service] are really receptive to any advice given. On my visit, if I had advised something, action would be taken immediately (on the day). They have been transparent and do not hesitate to ask questions or seek advice if they are unsure of anything. I find them very responsive to our visits and there is a positive attitude in the home."

Inadequate

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the registered person had failed to operate an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17 for the third time.

- The provider did not have robust systems and processes in place to assess, monitor and mitigate any risks relating to the health, safety and welfare of people using the service, staff and the operation of the service.
- The provider's quality assurance systems was not used effectively to promptly identify the shortfalls we found during our inspection highlighted in the safe and effective sections of this report.
- The provider had no real oversight of staff practices, competency, or of the quality of care being provided. This meant that were not able to identify the areas where improvements were needed.
- There was little evidence the provider, the manager and staff proactively looked at trends or themes in the incidents and accidents that occurred so that they might identify areas of concern and take action to prevent reoccurrence.
- The provider did not provide further evidence they had gathered feedback from people and relatives about the quality of care provided. This was a missed opportunity to use feedback to develop the service and drive improvements.
- The provider and the manager did not always ensure that accurate records were maintained or updated when necessary. Care records for people did not consistently include sufficient or personalised information for staff to follow so that they could meet people's needs safely and effectively.
- The leadership, management and governance of the organisation did not always assure the delivery of high-quality and person-centred care.

The provider had failed to effectively operate processes to ensure compliance with the regulations and to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

● Services registered with the Care Quality Commission (CQC) are legally required to notify us of significant events and other incidents that happen in the service, without delay. This is important as it means we can check that appropriate action had been taken to ensure people are safe.
● During this inspection, we found the registered person had failed to notify CQC of a number of five outcomes of DoLS approvals for people.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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
● We discussed duty of candour, requirements of the regulation and what incidents were required to be notified to the Care Quality Commission. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.
● There had not been any notifiable safety incidents where duty of candour would apply.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The manager expressed a commitment to providing people with quality care and support and to instilling a culture where staff felt valued and promoted people's individuality. They understood more action was required to ensure there was 'a whole team' approach and a positive culture to be created in the service again.
● The manager and provider were receptive of our feedback and informed us after inspection the actions they have started to take to improve the service.
● We noted that the feedback from relatives was positive so in order to be proportionate, we have added some comments from them.
● Staff felt they could approach the management team with any concerns. Staff also added, "The team is very good helping each other", "The team that we have here are flexible and we work well together to provide good care" and "Staff morale is generally good and good working relationships".
● Professionals added, "[The manager] has worked very closely with [the local authority] since starting at [the service], [the manager] has utilised training offered by the [local support team]…[the manager] attends all our care home forums and has always been polite and good at communicating".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
● The registered manager spoke of ways and plans how to help the service improve and changes needed. They felt supported by the provider and professionals working with them. They said, "I think the home is supported by professionals. [One professional] has been so brilliant since I started here, really understood our challenges and been very supportive".
● Relatives said they had not had any surveys. They said they used to have meetings but not recently. Relatives added they knew they could contact the service if needed.
● Staff felt supported by the management. Some staff said communication could be improved in the service. Staff had handovers and team meetings to discuss various matters about the service.
● The local authority also worked with the service on an ongoing basis to support the management team to improve care and support provided to people. They completed their own checks on whether people received safe, effective and well-led care. The service engaged well with the local authority and other

professionals to work through the issues.

● One professional told us, "I find the team at Haldane House are very receptive to my advice and support, and act quickly to any action points that I recommend…the staff at Haldane House have always been very transparent and I am confident that staff can ask for support for any actions that an internal audit has highlighted".

● Relatives added, "My overall impression is it is generally alright at [the service], not all singing and dancing, it is family orientated and a small care home, maybe more activities to aid [person's] stimulation, they do have a chart, and always clean and tidy" and "I take it week by week, day by day and try to look on the bright side, I am happy with [person's] care. The home could do with a lift, it is an older building so hard for the staff."

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 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission about specified incidents without delay. Regulation 18 (1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way. The registered person did not ensure the nutritional and hydration needs of service users were met in time, appropriate to their wellbeing and support was provided. Regulation 9 (1)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not keep complete and accurate records of consent and decisions made by people or on their behalf in their best interests. Regulation 11 (1)(3)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A). Regulation 17 (1)(2)(a)(b)(c)(d)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed. Regulation 19 (1)(2)(3)(a) and Schedule 3

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure they can meet people's care and treatment needs. The registered person had not ensured staff supporting people were appropriately trained and supervised in order to perform their work. Regulation 18 (1)(2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of premises was not safe. The management of medicine was not safe. Regulation 12 (1)(2)(a)(b)(d)(g)

The enforcement action we took:

We have issued a warning notice to the provider for the failure of meeting regulation 12(1)(2)(g).