

Mauricare Limited

Aston Manor

Inspection report

Moorlands Road
Dewsbury
West Yorkshire
WF13 2LF

Tel: 01924439321

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection of Aston Manor took place on 21 and 25 June 2018. We previously inspected Aston Manor in April 2017, at that time we identified multiple breaches of regulation. As a result, the home was rated as 'Inadequate' overall and placed in Special Measures. We also took enforcement action to cancel the registration of the registered manager and vary a condition of the provider's registration. We kept Aston Manor under review and inspected the service again in August 2017. We identified continuing breaches of regulation. As a result, the homes overall rating remained unchanged; 'Inadequate' and the home remained in Special Measures. We therefore, took further action in line with our enforcement procedures to prevent the registered manager and registered provider from operating this service. A further inspection in March 2018, identified improvements had been made therefore the home came out of Special Measures. However, we found the service was still breaching regulations related to person centred care, dignity, staffing and governance. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Aston Manor is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Aston Manor is registered to provide nursing and residential care for up to 32 people, at the time of this inspection there were 26 people living at the home. The home provides communal areas to the ground and first floor as well as single en-suite bedrooms.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we identified that the service was breaching regulations related with person centred care, dignity and respect, consent, safe care and treatment and good governance.

We found staff recruitment was safe. Not all staff training was up to date however, we saw a number of training dates had been booked for the coming weeks. Staff received management supervision. We observed there was sufficient staff on duty to meet people's needs although we noted people's needs were not always met in a timely manner at mealtimes

The atmosphere at breakfast and lunch was calm, people received support and were enabled to make choices about where they sat and what they wanted to eat and drink. We saw examples of good practice but we also saw examples of where staff needed to improve their engagement with people. This was particularly evident where people's ability to verbally communicate was compromised. We saw staff showed people two plated up meals so they could choose which they wished to eat but we did not see any other alternative form of communication being used. This meant people were not always supported to have maximum choice and control of their lives.

We found people who had recently been admitted to the home did not have risk assessments, care plans or capacity assessments in place.

Relatives told us their family member was safe, staff were aware of how to raise any safeguarding concerns. Medicines were stored and administered safely.

The home was clean and odour free. Some improvements had been made to the lounge and dining room. We identified areas where improvements were needed to fire safety.

We saw evidence staff spent time with people but the provision of meaningful activities for people remained inconsistent and records were not always accurate. There was little evidence that life history work commenced earlier in the year had been progressed.

Relatives and staff were positive about the input and support they received from the registered manager. An operations manager had been employed since the last inspection. A range of audits had been completed, including one by the operations manager; an action plan had also been devised to address the identified shortfalls. We were not able to evidence the effectiveness of this plan as it was not implemented until after this inspection.

This is the second time the service has been rated Requires Improvement. We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments had not been put in place for people who had recently been admitted to the home.

Improvements were needed to ensure fire safety was robust.

The deployment of staff was not always effective.

The management of people's medicines was safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The requirements of the Mental Capacity Act were not always met.

Staff's training was not all up to date, but we saw plans were in place to address this.

People were supported to eat and drink, although further improvement was needed to ensure this was person centred.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff did not consistently treat all people with dignity and respect.

Staffs tactics in engaging with people whose verbal communication was limited was not always effective.

Information was stored securely.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's access to meaningful activities was still limited.

Care plans had not been put in place for people who had recently been admitted to the home.

There had not been any recent complaints about the service.

Is the service well-led?

The service was not always well led.

The systems of governance were not sufficiently robust and had not yet addressed regulatory failing identified at our previous inspection.

Meetings were held with relatives and staff.

There was a registered manager in post.

Requires Improvement 

Aston Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection commenced on 21 June 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience in caring for an older person.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire service, environmental health, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in one of the communal dining areas. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two people who were living in the home and three visiting relatives. We also spoke with the, registered manager, two nurses, four care workers, a dignity champion, a member of staff who worked as both a care worker and activity co-ordinator and four members of the catering and domestic team.

We reviewed three staff recruitment files, we looked at three people's care plans in detail and a further six care plans for specific information. We looked also looked at six people's medication administration records and a variety of documents which related to the management and governance of the home. Following the inspection, we also spoke with the operations manager on the telephone and a two external health care professionals who regularly visited the home.

Is the service safe?

Our findings

Some people who lived at the home were at risk of developing pressure ulcers. We checked one person's pressure mattress and found it was set correctly. This is important to ensure the effectiveness of the mattress. This person also required staff to assist them to change position in bed to reduce the risk of them developing pressure ulcers. Records evidenced staff supported them in line with the period specified in their care plan. The care plan for another person directed staff to ensure the person was sat on a pressure-reducing cushion when they were sat in an easy chair. We saw staff followed this guidance. This evidenced this aspect of peoples care and support was planned and delivered appropriately.

Our previous two inspections have identified shortfalls in the accuracy and detail recorded in peoples moving and handling records. At this inspection, we found a consistent level of detail recorded in the care records of three people who required staff to use a hoist to transfer them. During the inspection we observed staff supporting people to mobilise and transfer using the hoist in a safe way.

However, we reviewed the care records for three people who had been admitted to the home during June 2018 and found relevant care plans and risk assessments had not been put in place. For example, one person had been admitted to the home on 18 June 2018. Information within their care records noted they had a history of falls; they had also had a fall since admission to the home. We checked their records on both days of the inspection; there was no risk assessment in place for falls, mobility or moving and handling. Their moving and handling care plan simply recorded they used a zimmer frame. This was shared with the registered manager at the time of the inspection and the operations manager following the inspection.

These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is due to a failure to assess the risks to the health and safety of people and a failure to do all that is reasonably practicable to mitigate any such risks.

The homes maintenance staff completed a range of checks to ensure the premises and equipment were safe. These checks included the nurse call system, window restrictors and water temperatures. External contractors were used to service and maintain the premises and equipment.

Our previous inspection in March 2018 identified concerns regarding fire safety. The registered manager did not have a system in place to enable them to have oversight of when each staff member last attended a fire drill, staff had not practised a simulated evacuation or had a demonstration on how to use the evacuation sledges located in the home. At this inspection we found one fire drill had been completed since the last inspection, notes from the drill recorded a demonstration of the evacuation sledge had been included and a discussion of how to support people to evacuate the building. Following the inspection, we reviewed the training matrix, only one staff member had not completed fire awareness training but of the 32 staff listed, only 17 had attended a fire drill. Of the six-staff listed on the duty rota as working night duties, none had completed a fire drill. Participating in regular fire drills helps to ensure staff are confident in their role in the event the fire alarm is activated. It is of importance for staff who work on night duty because there is only a small number of staff available and people are located throughout the building in their bedrooms. Following

the inspection, we spoke on the telephone with the operations manager and brought these concerns to their attention.

The fire risk assessment for Aston Manor had been completed by the registered manager. It is a legal requirement for all premises to have a fire risk assessment, which must be completed by a suitably competent person. We were concerned the registered manager did not have the relevant knowledge to enable them to complete a robust assessment. We spoke to both the registered manager and the registered provider regarding this; they assured us they would arrange for a suitable qualified person to complete a new assessment.

We checked to ensure each person living at the home had a personal emergency evacuation plan (PEEP). This is a document which details the safety plan, e.g. route, equipment, staff support, for a named individual in the event the premises have to be evacuated. A paper copy of each PEEP was kept in the registered manager's office. We found there was no PEEP for two people; the document retained in the file was a copy of their hygiene and dressing assessment. We brought this to the attention of the registered manager; they printed out a copy of their PEEPs and placed them in the file.

These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is due to a failure to assess the risks to the health and safety of people and a failure to ensure the premises are safe to use for their intended purpose and are used in a safe way. Following the inspection we shared our findings with the fire service.

Each of the relatives we spoke with felt there were sufficient staff on duty to meet people's needs. One relative said, "There's always a lot of staff on here. Other places I visit family, not so much, it's better staffed here." Another relative said, "Yes, there's always someone in this room (communal lounge). Another place I visit, you can be 20 minutes without seeing a carer, not here. They've got quite a few good staff here. There was a turnover at the beginning, but now it's always the same staff, it's more settled now."

However, the staff we spoke with did not feel there were sufficient numbers of staff on duty to meet people's needs. Staff comments included; "We are pushed at the start of the (night) shift when people are still up", "If we had one extra staff, it would make a difference, spending more time with people" and "We still need another member of staff, people are getting harder and more challenging. We are not spending enough time on care" and "I find it difficult to finish my tasks, when we had the second nurse it was much better as there was time to do other jobs. We are supposed to do new peoples care records in the first 24 to 48 hours after admission, it's not easy to fit it in during the day. Night staff struggle as there are only three of them."

The registered manager told us they used a dependency tool to assess the staffing hours for the home. The home was currently staffed with a nurse and six care staff during the day and a nurse and three staff at night. During the two days of our inspection care staff were visible and responded to people's needs in a timely manner. However, as evidenced within this report people did not always receive appropriate, person centred support at meal times and peoples care and support records had not always been completed in a timely manner. This meant the deployment of staff may not always have been effective.

At our previous inspection we found improvement was needed to ensure staff recruitment procedures were robust. No new staff had commenced employment since our last inspection but we checked three random staff personnel files. We found all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in place. Robust recruitment reduces the risk of employing staff who may not be suited to working in the caring profession.

At the previous inspection we advised the registered manager of the process they needed to complete to

ensure the nurses employed at the home were registered with the Nursing and Midwifery Council (NMC). Nurses must be registered with the NMC to enable them to practice in England. The registered manager told us the checks were all up to date. We asked them where they recorded the renewal dates to ensure future checks were completed in a timely manner. They told us this information was, "In their head." We suggested the registered manager retained a written record, thus ensuring the information was readily available in the event of their absence.

Medicines were stored safely and securely and the management of people's medicines was safe. We observed a nurse administering medicines to people, this was done in a kind and caring manner.

A record was retained of medicines received and returned. We checked three medicines and found the stock tallied with the number of recorded administrations. Where people had medicines prescribed 'as required' a protocol was in place which provided guidelines for staff to ensure these medicines were administered in a safe and consistent manner.

Where people were prescribed creams a separate topical medication administration record (TMAR) was retained which care staff completed. TMAR's identified where and when the specified cream was to be applied. On the first day of the inspection we noticed a TMAR was not in place for a person who had been admitted to the home on 18 June. We checked again on the 25 June and saw a TMAR had been implemented on 23 June and staff had recorded they were applying the specified cream.

At the last inspection we evidenced that an assessment of each nurse's competency to administer medicines had been completed, therefore, we did not review this again at this inspection.

The home was clean and tidy. There was no malodour in an area of the home which had been malodourous at the last inspection. A member of the domestic team told us they were to be the infection prevention and control (IPC) lead for the home. They were clearly proud and excited by their new role. This showed the registered manager was being pro-active in ensuring people who lived at the home were protected from the risk of infection.

We reviewed the procedure for reviewing and investigating safety and safeguarding incidents. At the last inspection we noted although the registered manager logged all accidents and incidents monthly to monitor for trends, each month was reviewed in isolation. This meant a pattern of incidents occurring over many months may not be identified. At this inspection the registered manager showed us how they had adapted the system to enable them to have better oversight of emerging patterns. This demonstrated the registered manager had acted to improve an area of identified weakness.

Relatives told us they felt their family member was safe. One relative told us, "its safe here." Another relative said, "Yes, there's a good security system, and good staff. [Person] is as safe as they can be here."

Staff also felt people were safe. The registered manager was the safeguarding lead for the home and was responsible for ensuring all safeguarding concerns were reported to the local authority safeguarding team. The training matrix recorded 27 of the 32 staff listed had received safeguarding training. This ensures staff are aware of what may constitute abuse and know how to raise concerns.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS applications and authorisations were kept centrally in the registered managers office. Where people had a DoLS authorisation in place this was recorded on the handover record. There was no evidence to suggest a DoLS application had been made for a person who had been admitted to the home on 18th June 2018. We asked a nurse if they thought this person had capacity to make a decision about their being admitted to or residing at Aston Manor, they told us they did not. The registered manager told us they did not submit an application to deprive a person of their liberty until they had been in the home for seven days, they explained this enabled them to have sufficient information to complete the application. This evidenced a failure to understand the guidance regarding depriving people of their liberty and meant there was a risk people were being illegally deprived of their liberty. Following the inspection we discussed this with the operations manager and asked them to address this matter.

The previous four inspections identified concerns regarding compliance with the Mental Capacity Act. At this inspection we still found a lack of knowledge and understanding of mental capacity, best interest's decision making and deprivation of liberty safeguards. Two staff we spoke with were not able to identify any of the five principles of the Mental Capacity Act 2005. One staff member told us capacity was about memory loss. Our previous inspection in March 2018 identified 16 out of 36 staff had not yet completed mental capacity training. At this inspection, of the 32 staff listed, 11 staff still had not completed this training. However, we noted further face to face training was planned for July 2018.

At the last inspection we saw evidence of decision specific capacity assessments and records of best interest decision making. The form used was generic and not centred around the individual needs and abilities of the person being assessed. The registered manager told us the document used to complete capacity assessments had been reviewed and updated. They showed us an example of a completed assessment for a person who lived at the home. The record was detailed, person centred and decision specific.

We reviewed the care records on 21 and 25 June 2018 for a person who had been admitted to the home on 18 June 2018. No capacity assessments had been completed and there was no evidence of best interest's decision making for any aspect of their care. On 25 June 2018 we also reviewed the care records for another

person who had been admitted to the home 20 June 2018, again there was no evidence of best interest's decision making for any aspect of their care. We brought this to the attention of the operations manager after the inspection.

These examples demonstrate a failure to understand and comply with the principles of the Mental Capacity Act 2005 and demonstrate a continuous breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager recognised the importance of ensuring peoples care and support was delivered in line with current good practice guidelines. This was evidenced through the involvement of relevant external health care professionals and from reviewing a random sample of the registered provider's policies.

We asked one of the relatives we spoke with if they felt staff had the knowledge and skills to meet people's needs, they said, "Yes I do." An external health care professional told us they felt the skills of the staff team were improving.

A breach of the regulation relating to staff training had been identified on our last four inspections of the service. On this inspection we saw the training matrix listed a range of subjects staff were expected to complete including the time frame for renewal. The matrix recorded medicines training was to be updated annually. Of the four nurses listed, one nurse had not refreshed their training since June 2016 and a second nurse should have refreshed their training in March 2018. Although we saw medicines training was scheduled for July 2018. When we checked the duty rota we also identified a nurse who was not listed on the training matrix, therefore we were unable to evidence their training requirements.

The registered manager told us following discussions with the recently appointed operations manager they had agreed to provide more face to face training for staff. The registered manager said a training provider had been sourced and we saw a list of training topics and scheduled dates was displayed on the front door to the home. Regular, role specific training helps to ensure staff have the appropriate knowledge and skills to perform their job roles.

A breach of the regulation relating to staff supervision has also been identified at the previous three inspections. Records were conflicting and periods between supervision were inconsistent. At this inspection, one of the staff we spoke with told us "I have one to one supervision every two to three months, if I have any questions I see [line manager] every day."

We checked the supervision records for three staff. They had each received a supervision since the previous inspection and the dates on the supervision matrix tallied with the supervision record in their files. The registered manager also told us two staff had completed an online course to provide them with guidance on how to facilitate effective supervision and the nurses were registered to complete the course in the coming weeks. When we spoke with a member of the housekeeping team they confirmed this. Supervision is used to develop and motivate staff, review their practice or behaviours, and focus on professional development.

No new staff had commenced employment at the home since our previous inspection; therefore we did not review the registered provider's induction process.

We asked two relatives about the food served at the home. One said, "[Person] eats very well here." Another relative said, "I see snacks, but not food. On occasions, I know [person] has had an extra pudding."

Tablecloths, napkins and floral arrangements had been purchased and placed on the dining tables. This

made the dining room homelier and more conducive to a pleasant eating experience. The registered manager told us, "A relative has said we have made the dining room more pleasant, they said it makes you want to sit in there now." We observed lunch on the first day of the inspection and the tea time meal on both inspection days. The food served was nicely presented, portion sizes were sufficient and people looked as though they were enjoying the meals they were eating. For example, at breakfast time we saw a person making noises of enjoyment while eating cereal and then bacon and scrambled eggs.

At our previous two inspections we found people were not always enabled to make their own choice about what they wanted to eat and drink. Where people could verbalise their preferences, we noted staff were more likely to ask them their preferences. At this inspection we found a number of improvements had been made but further work was needed to ensure a person centred approach was fully embedded.

At lunchtime staff prompted people to go to the dining room for lunch. The atmosphere in the main dining room was calm, staff prompted people to choose where they would like to sit and what they would like to drink. Where people struggled to make a verbal choice from the two main meals we saw staff showed them both meals, plated and covered in cling film to encourage individual choice. We observed discreet and caring interactions between a member of staff and the person they were supporting to eat.

Some people chose to remain in the main lounge to eat their lunch; we noted some had their meals placed on low coffee tables which meant they sometimes struggled to eat. We observed one member of staff brought a meal to a person without offering a choice. We also saw a member of staff come in with two plated up meals for another person to choose from. We saw one person did not eat much lunch; the member of staff went to get a different meal for them to try and said, "[Name], I've brought you some pork, because you didn't eat all the quiche. Will you try some for me?" The person declined, the member of staff offered them pudding which the person said they would like.

We observed tea in the upstairs lounge /diner on the first day of the inspection. There were seven people and two staff. Although there was a dining table and chairs, only one person was sat at the table. One person was sat in their wheelchair at the far end of the room, they were not asked if they wanted to go to the dining table. Another person ate a plate of salad balanced on their knee. One person stood up and took a meal from the tea trolley, they also attempted to eat the meal another person had left on the dining table. Staff intervened on both occasions. We observed a member of staff support a person to eat their meal, they told the person what their meal was, gave them time to chew and swallow as well as discreetly wiping their mouth for them.

On the second day we sat in the main dining room to observe the tea time meal. Staff supported people into the dining room at 4.30pm and began serving food and drinks within ten minutes, however, one person, who needed staff to assist them, did not receive anything to eat or drink until 5.05pm, despite a drink being poured and left on the table for them at 4.40pm. One person got up and left the table, a member of staff prompted them to return and eat their sandwich but they had to leave the person they were supporting to eat in order to do this. We also observed staff supporting three people to eat, each staff member completed this task in a kind and discreet manner, although staff failed to tell people what they were being supported to eat.

We spoke with the registered manager at the end of the inspection about this to enable them to review the quality of some people's dining experience.

Staff offered and prompted people to drink throughout the day. We observed staff offering people's drinks and biscuits from a drinks trolley at 11.55am. Staff commenced serving lunches at 12.30, this meant people

only had a short gap between their snack and lunch. We had also observed this at the last inspection. A random sample of peoples eating and drinking records evidenced the time people received a mid-morning snack and drink varied between 10.30am and noon.

We spoke with the cook who expressed a good knowledge of people's needs and preferences. We reviewed the eating and drinking care plans for four people and found they were person centred and reflective of their current needs. Where input had been provided from other health professionals, for example, a dietician or speech therapist, this was detailed in their care plan. Two people had lost weight, we saw this had been discussed with their GP and the rationale for their weight loss recorded.

Staff recorded people's dietary intake. We found the general standard of recording to be satisfactory, staff routinely recorded the components of the meal offered and how much the person had eaten. We found the records were collected each day and placed in an office to wait to be filed. There did not appear to be any review or analysis of these records, such as to review the quality of the record or to see if there were any issues which need to be addressed, such as declining meals. This demonstrated the completion of these records was a task rather than an opportunity to assess and monitor people's nutrition and hydration.

At the last inspection we found the manager monitored peoples weight, but the method used meant they could not easily identify where a person may have lost small amounts of weight over a period. We saw they had made changes to the document they used and this provided a clearer picture of people's weight over an extended period. We also noted where a person was seen to have lost weight; the registered manager recorded the action taken. We noted people had not been weighed in June 2018, the registered manager told us this was because the scales had been taken for repair.

We listened to the handover between the night and day shift on the first day of the inspection. This included a summary of the care people had required overnight and some relevant information regarding people's medicines which needed to be passed between the nursing staff. A brief written record was also retained of the handover information.

We saw a pre-admission assessment had been completed for a person who had recently been admitted to the home, whose records we reviewed. This is an initial assessment used to determine people's care and support needs, enabling the registered manager to assess staffs' ability to meet those needs as well as providing staff with relevant information about a person's needs ready for their admission to the home.

A file was retained in the registered manager's office which contained, where appropriate a copy of peoples do not resuscitate instruction (DNACPR) and information regarding the contact details for the home, their GP, family contact information and any allergies. The registered manager told us this ensured this information was ready to go to hospital with a person in the event of an emergency.

We saw evidence people received input from a variety of other healthcare professionals. This included GP's, speech and language therapists, dieticians and the community mental health team. A health care professional we spoke with said they felt staff referred people to their service appropriately. This is important to ensure a holistic approach to the monitoring and management of peoples changing care and support needs. On the day of the inspection we heard a nurse speak to a person, they later told us the person was "Not themselves." Later in the day we saw the nurse had taken appropriate action to review this person's health needs.

At the last inspection, we saw one person who was unable to place their feet on the footrests of the wheelchair, therefore staff pulled their wheelchair backwards to reduce the risk of harm. We suggested the

registered manager refer them to an appropriate health professional for an assessment to reduce the need for staff to transfer them in this manner. At this inspection, we saw an entry in their care records to confirm this referral had been completed on 29 March 2018 but there was no evidence an assessment had been undertaken or that any action had been taken to chase up the referral. At this inspection we saw a further two people were also being transported in this fashion, although we found care records detailed the method staff were to use and the rationale for this, there was no evidence to suggest a referral had been made to the appropriate health professional to review this. Following the inspection, we brought this to the attention of the operations manager.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people did not always receive person centred care which was appropriate and met their needs.

Aston Manor is a converted property with bedrooms on both the ground and first floor; there were a range of communal areas. There had been an ongoing programme of re-decoration which began at the beginning of 2018. Since our previous inspection in March 2018 changes had been made to the ground floor communal lounge. This included wall papering one of the walls, adding a book case mural and changing the layout of the seating to a homelier layout. A unit which was used by staff to store records had been removed and replaced with further seating. The registered manager told us the redecoration had taken place over night to reduce the distress this activity may have caused people. This demonstrated the impact of environmental change on people who lived at the home had been considered.

The home had a secure garden. The doors into the garden were open on both days of the inspection, enabling people to go freely in and out of the garden.

Is the service caring?

Our findings

Our previous three inspections have identified a breach in regulation as staff had not demonstrated a consistently caring and dignified approach towards the people they were supporting. At this inspection, although we found improvements had been made, further work was needed to ensure people received consistently good care.

We asked one person if the staff were caring and kind, they responded, "The staff treat you very well." When we asked a relative they said, "Yes, I do." Another relative said, "[Person] always looks nice. [Person's] hair could do with being done, they have a hairdresser comes on Tuesdays. But [person] is clean, that's all you want."

We saw a particular staff member throughout the day, actively engaging with people, speaking with various people and calling them by name. When staff come over to a person to take them to the dining room for lunch the person offered them a book. The staff member said, "Oh, thank you. Is this a good one? I'll just put it there. Do you want to come and have some lunch?" The person laughed in response.

At lunchtime a person began to cough, a member of staff passed the person some kitchen roll, the staff member came down to their level, smiled and suggested they blow their nose. The staff member mimed blowing their own nose. They stayed with the person while they blew their nose, and asked if they felt better. We observed a member of staff offer a wet-wipe to someone so they could wipe their mouth, assisting them with the task when they struggled. Another staff member was heard asking for consent before wiping people's mouths, they spoke softly to people. They said to one person, "Do you want me to wipe your mouth?" They gave them space to respond and asking again and then wiping their mouth.

We also heard staff asking people's consent, for example if they could put an apron on them to protect their clothes at mealtimes. A member of staff came to sit in the lounge to complete some paperwork, they asked the persons permission before they sat with them, "[Person] do you mind if I come and sit with you? Is that alright?"

Where people had limited verbal communication, staff's tactics in engaging with them were limited and not always effective. For example, we saw a member of staff begin to clean a table in front of a person. The person reached out to the table, the staff member said loudly "No, [name of person] no, no." They moved the table away and left. When a second staff member came over with a mop, they interacted cheerfully with the person, "Hello [name of person], you look like you've had fun there. Have you had fun?" They completed their task and left, the first staff member returned with a dustpan and brush but again failed to interact with the person as they swept the floor. We observed some staff supporting people to eat, they did not converse with the person while doing so. When one staff member had finished supporting a person with their lunch, they began to wipe the persons mouth while talking to another staff member.

Staff told us they supported people to make choices, for example what to wear or what to eat and drink. However, the only methods of communication we saw used were either verbal or a visual choice. One staff

member told us they had pictures which could be used. We asked where they were, they told us they were in a file in the office, we did not see them used on either day of the inspection. This demonstrated a failure to implement accessible ways to communicate where people had limited verbal communication.

The training matrix recorded equality and diversity training was available for staff. Of the 32 staff listed, only 11 had completed the course. Equality and diversity training promotes staff awareness and helps to reduce the risk of discriminatory practices.

These examples along with our observations of meal times, as described in the effective section of this report demonstrate a continuous breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw examples of staff ensuring people's privacy and dignity was respected. For example, staff placed a privacy screen around one person on three different occasions throughout the day. The registered manager told us four staff were dignity champions for the home. Their role was to promote good practice among all staff.

People were supported to retain their independence. For example, staff encouraged people to walk to and from the dining room. We saw staff cut up food for people which then enabled them to eat their meal without further staff support.

At the last inspection we saw the registered had planned and completed 20 review meetings with relatives during January 2018, therefore we did not inspect these records again. The registered manager told us they planned to do all annual reviews each January. They told us when new people were admitted to the home an initial review would be completed approximately a month after their admission. The review for a person who had been admitted to the home the previous month had been planned and diarised with the relevant family member.

Information was stored securely. Lap-tops and computers used to store confidential information were password protected. A cupboard where paper records was also locked and the key retained by the nurse. This reduces the risk of unauthorised access to people's records.

Information about advocacy services was on display in the entrance to the home. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

Is the service responsive?

Our findings

Our previous three inspections have highlighted a failure to ensure people were provided with person centred activities and meaningful engagement. At this inspection, although we saw evidence some action had been taken; further work was still needed to ensure this regulation was being met.

We asked each of the relatives we spoke with about the provision of activities at the home. They said, "On Tuesdays, you can have your haircut, and activities come in", "There's not a lot going on here" and, "[Relative's] attention span is very short. They have Pulse every week. Sometimes when I visit the staff will tell me they have sat with [relative], what [relative] has said to them. So I assume they have had opportunity to spend some time with her." Later in our conversation with these relatives we asked them where they thought the home could improve. One said, "Probably a bit more music. Sometimes when you come, they have the old music on, and it's lovely. They [people] really enjoy it. They've started making improvements, redecorating in the lounge and in the dining room. The other relative said, "More activities. There's often not a lot going on."

We asked staff how people spent their days. One member of staff told us, "We talk to them, sing with them." Another staff member said, "They aren't interested or they are asleep." We also spoke with the dignity champion and another staff member who were both involved in the provision of activities for people. One said, "There is bible reading, two ladies come every Wednesday, Pulse (exercise) once a fortnight. There is reminiscence every two weeks, they bring a box from a different era, last week they had items such as soap, music, posters and they talked about the local area." The other staff member told us they had attended a course to teach them about activities specifically for people living with dementia but they said they did not feel the course had been beneficial. They also said, "(Entertainers) we have them at Christmas. There is Pulse and bible reading Wednesday."

During the two days of our inspection we observed staff spent time in the afternoon, sitting with people. Staff engaged people in chatter and we saw one person play a game with staff. We also saw a member of staff show a person two DVD's, they spoke with the person, encouraging them to choose. The chosen film was then put on for people to watch.

We reviewed a random selection of activity records, the record were not always person centred or accurate. For example, the electronic records for five people dated 20 June 2018 recorded 'interactions prompted with staff, 1:1 times offered'. Some activity was recorded on paper and stored in an activity file, for example where people participated in exercise or bible reading. Where care staff engaged people in any activity this was recorded in people's electronic record. There did not seem to be any correlation between the two. For example, the paper record for one person on 5 June recorded they were singing, their electronic record noted '[relative] visited and had hair done'. People's engagement in activity was infrequent and there was little to suggest the activity reflected their individual tastes or preferences. The electronic record for two people on 12 June noted 'enjoyed listening to music'.

At the last inspection work had begun on developing life history books for people. These recorded

information and photographs about people's early life, family, employment and hobbies. They can be a useful tool for reminiscence and enable staff to engage in meaningful conversations with people. During this inspection we did not see any evidence this work had continued and we did not see any evidence of their use.

Memory boxes were located outside each bedroom door, occupied rooms had a booklet 'who am I' in the box. The registered manager told us the new booklets had been placed in people's memory boxes to enable families to access them and input information. We looked at ten booklets, only one had an entry which simply noted 'call me [name of person]'. People's names had not been written on the booklets and information already known by staff about people had not been transcribed into any of the booklets we saw. We asked a staff member, they said, "Most of them are empty".

These examples evidence a continuous breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's access to meaningful activities had not improved.

Our previous three inspections we identified a breach of the regulation relating to good governance as people's care plans did not always constitute a complete and accurate record of their care and support.

At this inspection we found care records included a range of care plans which noted people's care and support needs. This included, mobility, continence, sleeping, eating and drinking. On the first day of the inspection we reviewed the care records for a person who had been admitted to the home on 18 June 2018. We saw they had a detailed care plan for the care and support relating to a specific health condition. There were also care plans in place for skin integrity, moving and handling, mobility, washing and dressing and continence care. These care plans provided minimal information. We checked their care records on the second day of our inspection; no further detail had been added. For example, their washing and dressing care plan noted they needed two staff but there was no detail regarding the support they needed, if they could complete any tasks themselves or what their preferences were, such as the clothes they liked to wear. On the first day of our inspection we checked the care plan for another person who had been admitted to the home on 16 June 2018, they had no care plans in place for any aspect of their care. We informed the registered manager of this at the time of the inspection and the operations manager following the inspection.

We reviewed the document used by the nursing staff to handover information. We reviewed the template used by the nurses on the second day of the inspection. We found although staff had hand written the name of a person who had been admitted to the home on 20 June 2018, the template document had not been updated to include the details of this person. This meant there was a risk information pertaining to this person's care and support may not be passed on to staff.

The Accessible Information Standard requires staff to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. Where people had a care plan in place for communication, we saw this referenced any aids they may need for example, hearing aids or glasses. None of the care plans we reviewed suggested any other techniques which staff may deploy to aid people's communication, as referred to in the Caring section of this report we did not see staff using picture cards to support communication.

These examples demonstrate a failure to ensure an accurate, complete and contemporaneous record was kept in relation to people who lived at the home. This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff clearly knew most people who lived at the home, well. One staff member said "You get to know people and what they like." We asked staff if they had opportunity to read care plans, one staff member said, "I don't get chance to read them." Another member of staff said, "We don't get much time to read them." We asked them if they had read the care plan for a person recently admitted to the home, they told us they had not read it. On the first day of the inspection we observed a person stand up in the communal lounge, as we were unsure if they needed staff support we brought it to the attention of a care worker. The staff member told us they did not know if the person was safe to stand alone as they had only been admitted to the home the day before. They promptly asked a colleague who provided the information. When staff do not have adequate knowledge about peoples care and support needs there is a risk people will not receive appropriate person-centred care and support.

We asked two of the relatives if they knew how to complain. One told us, "Any problems I would speak to [name of registered manager] or [name of nurse]." The other relative told us they had raised a concern previously but this had been addressed.

There had been no complaints received by the registered manager since our previous inspection. Information on how to raise a complaint was available in the entrance, although this was not accessible to people who lived at the home, and on a notice board in the reception area. The document was not available in a format which may make it easier to understand for a person who had reduced cognitive abilities. This was highlighted at our previous inspection but the matter had still not been addressed. It is a requirement of the Health and Social Care Act 2008 that information and guidance about how to complain should be available and accessible in a format which meets the needs of the people using the service. Following the inspection the registered manager emailed evidence they had adapted the complaints information so it was in a more accessible format.

No one was receiving end of life care at the time of our inspection. We saw where people had a do not resuscitate (DNACPR) instruction in place this was kept in the registered manager office and was clearly recorded on the nurse's hand over record. We reviewed the care plan for one person who had been living at the home for a period. We saw they had an end of life care plan in place although this simply recorded they had a DNAR in place and recorded the name of the funeral directors in the event of their death. Advance Care planning is key means of improving care for people nearing the end of life and of enabling live well and die well in the place and the manner of their choosing.

Is the service well-led?

Our findings

Each of the relatives we spoke with knew who the registered manager was. One relative said, "The manager is, [name of registered manager] she's always here." Staff also spoke positively about the home and the registered manager. One staff member said, "I love this place." They told us improvements at the home were continuing. Another member of staff said, "[Name of registered manager] is very good. She cares and works hard." The community nurse we spoke with was positive about the commitment of the registered manager in wanting to ensure people received appropriate care and support.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. The registered provider had recently recruited an operations manager, one of their roles being to support the registered manager. The registered manager said they felt their relationship with the operations manager was developing, they felt listened to and supported.

The previous five inspections have evidenced a breach of the regulation relating to good governance. At the last inspection we found a number of the audits were not robust, for example care plan audits failed to assess the quality or accuracy of the documentation. At this inspection we found some improvements had been made. For example, an audit of four care plans in April 2018 noted the findings and actions taken to address the shortfalls. An infection prevention and control audit in May 2018 also recorded the action taken to address issues and identified weaknesses. Meal time audits were still being completed; we saw the audit tool had been amended since the last inspection to include the method staff used to encourage people to make menu choices. The registered manager also completed audits of the environment although these were not completed every day and were not completed by any other staff in the registered managers absence, for example, at weekends. This demonstrated changes had been made by the registered manager to improve the audit process.

The operations manager had completed an audit of the home on 23 and 24 May 2018. This reviewed four key areas; quality of care, staffing, the environment, management and leadership. We noted the audits did highlight some of the issues we were concerned about, such as the lack of an activity programme to meet people's needs. However, the audit recorded some areas as meeting the standards when they were not. For example, the question, 'are staff trained in the promotion of Equality and Diversity' was marked 'yes' but when we reviewed the training matrix we found only a third of staff had completed this training. We also noted the percentage score had not been completed for any of the audits. Following the inspection, the operations manager submitted an action plan for the home. An action plan is a document which lists the steps needed to achieve a specific goal. The purpose of an action plan is to clarify what resources are required to reach the goal, formulate a timeline for when specific tasks need to be completed and determine what resources are required to achieve this.

During this inspection we found other improvements had also been made for example, the registered managers oversight of people's weight and the analysis of accidents and incidents. However, as clearly evidenced throughout this report there remain a significant number of areas where improvements were

needed, for example, ensuring care plans and risk assessments are in place in a timely fashion, ensuring the requirements of the MCA are complied with, ensuring people have access to person centred, meaningful engagement and people are consistently treated with dignity and respect. These findings evidence the systems of governance are still not sufficiently robust and therefore demonstrate a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The last recorded relatives meeting was held on 3 November 2017, a further meeting was scheduled for 28 March 2018 but we did not see a record to evidence this meeting had taken place. The registered manager told us relatives meetings were held quarterly, the next one being due at the end of June 2018. A relative told us relatives meetings were held but they said they did not attend.

Feedback from relatives was gained on an ad-hoc basis. Blank feedback surveys were available in the foyer for people to complete as they wished. No new feedback forms had been completed since our previous inspection.

We asked if staff meetings were held, both staff we asked said yes, although one told us the meetings were not held regularly. Since our last inspection in March 2018 we saw minutes from a meeting held on 6 April 2018. The registered manager told us staff meetings were held quarterly but the operations manager was planning to have meetings with specific staff groups in the coming weeks. Staff meetings are a key way to gain feedback from staff and share relevant information within the staff team.

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 9 HSCA RA Regulations 2014 Person-centred care |
| Diagnostic and screening procedures | People did not always receive person centred care which was appropriate and met their needs. |
| Treatment of disease, disorder or injury | People's access to meaningful activities was limited. |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect |
| Diagnostic and screening procedures | People were not consistently treated with dignity and respect. |
| Treatment of disease, disorder or injury | |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Diagnostic and screening procedures | The full requirements of the Mental Capacity Act 2005 were not being met. |
| Treatment of disease, disorder or injury | |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | There had been a failure to assess the risks to the health and safety of people and a failure to ensure the premises were safe to use for their intended purpose and were used in a safe way. |
| Treatment of disease, disorder or injury | |

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 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | The systems of governance had not addressed the regulatory failing identified at our previous inspection. An accurate and contemporaneous record of peoples care and support was not always kept. |
| Treatment of disease, disorder or injury | |

The enforcement action we took:

We served a Warning Notice on the Registered Provider and the Registered Manager.