Hawkinge House Limited

Hawkinge House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:

Hawkinge House is registered as a community healthcare service, domiciliary care service, extra-care housing service, supported living service and a care home. A community healthcare service provides nursing and other clinical resources to people who live in their own homes. A domiciliary care agency provides personal care to people living in their own homes. A supported living service provides care and support to people living in supported living settings so that they can live as independently as possible. Under this arrangement people's care and housing are provided under separate contractual agreements. An extra care housing service provides care and support to people living in 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. In both supported living services and extra care housing services people's care and housing is provided under separate contractual agreements.

• Hawkinge House is registered to provide accommodation, nursing and personal care for 115 people. It can accommodate younger adults, older people and people who live with dementia. It can also provide care for people who need support to maintain their mental health and/or who have physical adaptive needs.

• There were 76 people living in the service at the time of our inspection. Sixty-six people who were living in the service at the time of our inspection had rented their accommodation in Hawkinge House. All these people received their nursing and personal care from members of staff employed by Hawkinge House Limited who was the registered provider.

Ten people received both their accommodation and care as part of a single package that was also delivered by the registered provider. Each person who lived in the service had their own bedroom with a private bathroom.

Rating at last inspection: 'Inadequate' (report published December 2018).

Why we inspected: At the last inspection on 10 September 2018 and 11 September 2018 the overall rating of the service was, 'Inadequate' and was placed into 'special measures'. There were eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were serious shortfalls in the arrangements that had been made to provide people with safe care and treatment. These oversights included the arrangements made to prevent avoidable accidents.

Suitable systems and processes were not in place to supervise the operation of the service so that people consistently received the high-quality care they needed and had the right to expect. Robust arrangements had not been made to reliably safeguard people from situations in which they may be at risk of experiencing abuse.

Sufficient care staff had not always been deployed to enable people to promptly receive all the care they needed. Suitable background checks had not always been completed before new members of staff were appointed.

People had not always received care that promoted their dignity when they became anxious. People had not always received person centred care. This was because they had not always been given information in an accessible way to enable them to be fully involved in reviewing decisions made about their care. In addition to this, they had not always been fully supported to pursue their hobbies and interests.

Complaints had not been managed in a robust way that provided people with reassurance and enabled the service to learn from mistakes that had been made.

We found one breach of the Care Quality Commission Registration Regulations 2009. This was because the registered provider had failed to submit a statutory notification in line with our guidance.

• We told the registered provider to send us each month an action plan stating what improvements they had made and intended to make to address our concerns. The registered provider complied with this requirement.

• At this inspection on 7 March 2019 and 8 March 2019 we found that sufficient progress had been achieved to meet all the breaches of regulations.

• Sufficient provision had been made to provide safe care and treatment. New and better organised arrangements had been made to safeguard people from situations in which they may experience abuse. There were enough nurses and care staff on duty. Suitable arrangements were in place to recruit and select new members of staff.

•Strengthened arrangements had been made to deliver person-centred care. Suitable provision had been made to investigate and quickly resolve complaints. The systems and processes used to assess and monitor the operation of the service had been strengthened. Statutory notifications had been submitted to us in the correct way.

• At this inspection we found that in each key question the service now met the characteristics of Requires Improvement. Although progress had been made we need to be reassured that this can be sustained. We also need to know that some remaining shortfalls will be addressed.

• This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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

What life is like for people using this service:

Our other findings were as follows:

• Although the service was clean and hygienic improvements were needed to ensure that this remained the case. People and their relatives had given their consent to the care and treatment provided. However, these agreements had not always been well recorded. Although most people had been supported to access a range of healthcare services one person had experienced a delay in medical attention being requested.

• Medicines were managed safely and care was delivered in line with national guidelines. People were supported to eat and drink enough. People had been supported by relatives to make decisions about things that were important to them.

• Equality and diversity had been promoted and people had been supported at the end of their life to have a comfortable, dignified and pain-free death.

• Regulatory requirements were met and the manager was working in partnership with other agencies to support the development of joined-up care.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Details are in our Well Led findings below.

Hawkinge House

Detailed findings

Background to this inspection

The 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 checked 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.

• We visited the service on 7 March 2019 and 8 March 2019.

Inspection team: Two inspectors, a specialist professional advisor, and two experts by experience. The specialist professional advisor was a nurse. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

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Service and service type: A part of the registration of Hawkinge House is as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

• There was no registered manager. However, there was a manager in post who had applied to us to become the registered manager. 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.

Notice of inspection: This inspection was unannounced.

What we did:

• Used information the registered provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

• Reviewed other information we held about the service. This included notifications of incidents that the registered provider had sent us since our last inspection. These are events that happened in the service that the registered provider is required to tell us about.

• Invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

During the inspection visit we did the following:

• Spoke with 22 people who lived in the service and with six relatives.

• Spoke with three nurses, three senior care workers, four care workers, three activities managers and the finance administrator.

• Met with the deputy manager, registered manager and compliance manager.

• Reviewed documents and records that described how nursing and personal care had been provided for 12 people.

• Looked at documents and records relating to how the service was run including health and safety, the management of medicines, obtaining consent and the delivery of training.

• Reviewed the systems and processes used to assess, monitor and evaluate the service.

• Used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of three people who lived with dementia and who could not speak with us.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not safe.

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

• At the inspection on 10 September 2018 and 11 September 2018 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because suitable arrangements had not consistently been made to provide people with safe care and treatment. There were shortfalls in the care provided for a person who placed themselves and others at risk of harm when they became distressed. There were also oversights in the steps taken to prevent accidents such as falls by anticipating risks and learning from things when they had gone wrong.

• After the inspection the registered provider sent us monthly action plans. These described what improvements they had made to address the breach of the regulation by ensuring that people received safe care and treatment.

• At this inspection action had been taken to address our concerns. Risks to people's safety had been more robustly assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Nurses and care staff had been given more detailed guidance about how best to support the person noted above when they became distressed. Nurses and care staff were following this guidance. As a result, they were providing the person with more intensive and consistent support that provided the necessary reassurance to keep them and other people safe.

• The registered provider had introduced a new electronic care planning system that better supported the manager and nurses to analyse accidents and near misses so that lessons could be learned to help keep people safe. This had contributed to ensuring that the causes of accidents were quickly identified so that action could be taken to help prevent a recurrence. An example of this was people who were at risk of falling being referred to specialist health care professionals so that nurses and care staff could be advised about how best to keep the people concerned safe. However, further progress still needed to be made. This was because there was no system in place to establish an overview of accidents so that trends and patterns could be established and considered. This was the case even though the new electronic care planning system readily enabled this analysis to be completed. We raised this matter with the manager and compliance manager who assured us that the shortfall would immediately be addressed.

• Records showed that suitable steps had quickly been taken to care for people who experienced pain or who were likely to do so. These measures included consulting with doctors and arranging for pain relief medicines to be available. However, these measures had not always been recorded in an organised and detailed way. This had increased the risk that mistakes would be made resulting in people not receiving all the assistance they needed. We raised this matter with the manager and compliance manager who

addressed the shortfall by the end of the second day of our inspection visit.

• Other risks to people's health and safety had been managed in the right way. Hot water was temperature controlled and radiators were fitted with guards to reduce the risk of scalds and burns. Windows were fitted with safety latches so they did not open too wide and could be used safely.

• The premises were equipped with a modern fire safety system to prevent, detect and contain fires.

• Nursing and personal care was provided in a safe way. This included people who were at risk of developing sore skin being helped to keep their skin healthy. It also included the assistance provided for people who needed help to promote their continence.

• The registered provider had made sufficient provision to provide people with safe care and treatment. This had resulted in the breach of regulations being met. However, more progress was still needed to address shortfalls relating to the prevention of avoidable accidents and pain management. In addition to this, we need more reassurance that the progress made can be sustained. We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall.

Supporting staff to keep people safe from harm and abuse, systems and processes:

• At the inspection in September 2018 there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not made robust arrangements to safeguard people from situations in which they may be at risk of experiencing abuse. Suitable steps had not been taken to respond to two incidents when a person living in the service had been assaulted by another person living in the service. There had been shortfalls in communication within the service resulting in the former registered manager not being informed about the incidents. Further mistakes had then resulted in no action being taken to help prevent the same thing from happening again.

• After the inspection the registered provider sent us monthly action plans. These described what improvements they had made to address the breach of the regulation by keeping people safe from the risk of abuse.

• At this inspection we noted that the local safeguarding authority was investigating a number of historic allegations of abuse that had occurred in 2018. The registered provider had introduced a new and detailed audit tool at the start of 2019. This had been done to ensure that all incidents relating to safeguarding people from abuse were quickly identified and resolved. We found that since the introduction of the audit tool suitable steps had been taken to address concerns when they arose. These steps included revising policies and procedures, removing staff from the roster and notifying the Care Quality Commission so that we could check that people were being kept safe.

• People told us they felt safe living in the service. One of them said, "I feel totally confident with the staff around me and they work together well." A person who lived with dementia and who had communication adaptive needs smiled and waved in the direction of a passing member of staff when we used sign assisted language to ask them about their experience of living in the service. Relatives were also complimentary, "My family member is safe and they are well cared for at all times, so I am happy."

• The registered provider had made sufficient provision to safeguard people from the risk of abuse. This had resulted in the breach of regulations being met. However, given the short timescale since our last inspection

we need more reassurance that the progress made can be sustained. We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall.

Staffing and recruitment:

• At the inspection in September 2018 the registered provider had not made robust arrangements to ensure that sufficient care staff were routinely deployed in the service. We saw that on some occasions people had to wait too long to receive assistance because there were not enough care staff to meet their needs. Some care staff told us that they were concerned about what they considered to be low staffing levels.

• After the inspection the registered provider sent us monthly action plans. These described what improvements they had made to address the breach of the regulation by deploying sufficient care staff.

• At this inspection we found that the manager and compliance manager had reviewed the number of nurses and care staff needed to be on duty using a nationally recognised tool. Furthermore, they had changed the way shifts were organised so that staffing resources were used more efficiently. These changes had increased the ratio of nurses and care staff who were on duty.

• We saw people promptly receiving all the nursing and personal care they needed. Call bells were quickly answered and people told us that there were enough nurses and care staff to deliver care that met their expectations. Summarising this view, one person said, "The home seems more organised now and while the staff do have to run around in general there seem to be more of them and I get the attention I need."

• The registered provider had made sufficient provision to deploy sufficient numbers of suitably qualified and experienced nurses and care staff. This had resulted in the breach of regulations being met. However, given the short timescale since our last inspection we need more reassurance that the progress made can be sustained. We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall.

• At the inspection in September 2018 there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider was not operating robust recruitment and selection procedures. There were shortfalls in the checks that had been completed to establish that three new members of staff were suitable and trustworthy people to be employed in the service. Although other checks had been completed including obtaining clearances disclosures from the Disclosure and Barring Service, the shortfalls we found had increased the risk that people would not receive safe care. This was because there was a greater likelihood that applicants would be appointed to work in the service who were not suitable to have unsupervised contact with the people who lived there.

• After the inspection the registered provider sent us monthly action plans. These described what improvements they had made to address the breach of the regulations by operating safe recruitment procedures.

• At this inspection We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall. new and more robust systems and processes had been introduced to make safe recruitment decisions. These arrangements included obtaining a full and continuous employment history. This is necessary so that registered providers can make informed decisions about any enquiries they may need to make with an applicant's past employers to establish the person's good conduct.

• The registered provider had also obtained references from past employers in addition to disclosures from the Disclosure and Barring Service. These latter checks are important to establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct.

• The registered provider had made suitable provision to ensure that only fit and proper people were employed to work in the service. This had resulted in the breach of regulations being met. However, given the short timescale since our last inspection we need more reassurance that the progress made can be sustained.

Preventing and controlling infection:

• The accommodation, fixtures and fittings were clean and hygienic.

• Nurses and care staff wore clean uniforms and when necessary used disposable gloves and aprons when providing close personal care.

• However, the registered provider had not completed all the audits they said were necessary to ensure that suitable standards of hygiene were consistently maintained. Records showed that this oversight had resulted in 30 soiled cushions and mattresses not quickly being replaced. This had resulted in people not always being provided with soft furnishing that were clean and pleasant to use. Nevertheless, by the time of our inspection visit these items had been replaced. Furthermore, the manager assured us that audits of the prevention and control of infection would regularly be completed in future.

Using medicines safely:

• Medicines were safely managed in line with national guidance. There was a sufficient supply of medicines that were stored securely in temperature-controlled conditions. Medicines that required additional security were stored in the correct way.

• Nurses who administered medicines had received training. We saw them correctly following the registered provider's written guidance to make sure that people were given the right medicines at the right times. A person said, "I get my tablets on time each day and the nurse gives me a drink and makes sure I take them. If I'm off-colour and don't want them they'll bring my tablets back later on."

• When medicines were no longer needed they were disposed of safely.

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.

Requires Improvement: Although people experienced positive outcomes from care delivered in line with national guidance further improvements were needed to ensure that this was maintained.

Staff skills, knowledge and experience:

• At the inspection in September 2018 there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not ensured that all nurses and care staff had the knowledge and skills they needed, to consistently provide care in line with national guidance. Some nurses and care staff did not have the competencies they needed to effectively manage and respond to risks resulting from accidents and untoward events. There were also shortfalls in the knowledge and skills some nurses and care staff used when supporting people who lived with dementia.

• After the inspection visit the registered provider sent us monthly action plans. These described what improvements they had made to address the breach of the regulation by ensuing nurses and care staff had the competencies they needed to consistently deliver care in line with national guidance.

• At this inspection more training and guidance had been provided for nurses and care staff to address the shortfalls. Records showed that new nurses and care staff had received more detailed introductory training before they provided care. For care staff this training included completing the Care Certificate. This is a nationally recognised system for helping to ensure that care staff know how to provide care in the right way.

• Nurses and care staff had received more extensive refresher training in key subjects. This included how to safely assist people who live with reduced mobility, how to manage risks and how to support people who live with dementia. A relative said, "I think that the care staff are more confident in their work. They seem to have a better awareness that my mother won't always say what she wants and they look out for indirect signs that she's comfortable and offer her help before she asks for it."

• Nurses and care staff had more regularly met with a senior colleague to review their work and to plan for their professional development.

• This strengthened training and guidance was reflected in the knowledge and skills that we saw nurses and care staff bringing to their work. We saw care staff correctly using special equipment such as hoists when assisting people who experienced reduced mobility.

• Nurses and care staff providing the right support to people who lived with dementia. This included using innovative methods to explain to people living with dementia why they would benefit from agreeing to accept assistance. An example of this was staff using 'flash cards' on which there were pictures that

described the care the person may wish to receive.

• The registered provider had made sufficient provision to deploy sufficient numbers of suitably qualified and experienced nurses and care staff. This had resulted in the breach of regulations being met. However, given the short timescale since our last inspection we need more reassurance that the progress made can be sustained. We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall.

Supporting people to eat and drink enough with choice in a balanced diet:

• At the inspection in September 2018 suitable provision had not always been made to follow national guidance when assisting people who were at risk of not taking enough hydration. Nurses did not have the necessary competencies to correctly assess the care needed by two people who were at risk of becoming dehydrated. They had wrongly concluded that robust arrangements did not need to be made for care staff to check how much these people were drinking each day. In turn, this had reduced the service's ability to establish if any further action needed to be taken to ensure that each person was having enough hydration to maintain their health.

• At this inspection new and strengthened arrangements had been made to support people who were at risk of not drinking enough.

• Nurses and care staff had received additional training. They told us that this had been helpful because it had given them more guidance about how to support people to have a balanced diet.

• A more robust assessment tool had been introduced to enable nurses and care staff to identify people who needed special assistance to maintain a suitable level of hydration. This tool clearly described how much each person should be drinking each day to maintain their health. It also described the actions for nurses and care staff to take when concerns arose that a person might not be drinking enough.

• When necessary, nurses and care staff had carefully monitored how much people were drinking and eating. In addition to this, nurses had sought and acted on advice from dietitians when concerns had arisen. An example of this was when a person had lost weight and needed to be prescribed a food supplement.

• There was a choice of dish available at each meal time. People could choose to eat their meals in the dining rooms or in the privacy of their bedroom.

• When necessary nurses and care staff provided people with individual assistance to eat and drink. We saw three people being assisted to eat their lunch on the second day of the inspection visit. The care staff provided the assistance in the right way by gently asking each person which potion of their meal they wished to eat next. They also offered them a drink on several occasions.

• Advice from healthcare speech and language therapists had been sought and followed if people were at risk of choking. This included specially preparing food and drinks so that they were easier to swallow.

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

• People had been helped to access healthcare services when necessary. This included requests promptly

being made for doctors and other healthcare professionals to visit the service when people were unwell.

• However, just before this inspection visit there had been a delay of six hours in medical attention being requested for a person after they had fallen. The delay had occurred because the registered provider had not given nurses a suitably detailed procedure to follow when responding to the type of event in question. Records showed that the person had not experienced direct harm because of the delay. Also, the manager and compliance manager had quickly established what had gone wrong and taken effective action to help prevent the same thing from happening again. This included providing nurses with more detailed guidance about how to respond to similar incidents.

Ensuring consent to care and treatment in line with law and guidance:

• The Mental Capacity Act 2005 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 make 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

• We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People had been supported to make decisions for themselves. When people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. However, although relatives told us that they had been consulted about these decisions this process was not always adequately recorded. An example of this was a review of the intensive care provided for a person living with dementia. The review had been completed by a nurse to ensure that the care being provided remained appropriate for the persons' changing needs. However, there was no indication in the record of the review that it had been agreed by the person's relative. This oversight had increased the risk that the person would receive nursing and personal care for which proper consent had not been obtained. We raised our concerns about this matter with the manager and compliance manager. By the end of the first day of the inspection they had prepared a detailed action plan to complete a comprehensive review of the consent obtained in relation to each person who lacked mental capacity. They also assured us that any oversights identified by the review would be quickly addressed.

• Records showed that the registered provider had made applications for DoLS authorisations to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

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

• No new people had moved into the service since our last inspection. However, the manager had developed a more robust tool to ensure that people received care that achieved effective outcomes in line with national guidance.

• The assessment also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. This was so that people could experience care that acknowledged their ethnicity, promoted their cultural identity and respected their spiritual needs.

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

• The accommodation was designed, adapted and decorated to meet people's needs and expectations. The accommodation was divided into different areas that were designed to be smaller and more homely. There were a number of quiet alcoves where people could relax in comfort and look out of large picture windows to the gardens and surrounding houses.

• There were two lifts that gave step-free access to all parts of the accommodation.

• There was a suitable range of fixed and mobile hoists to assist people who experienced reduced mobility.

• There was enough communal space and each person occupied a large bedroom that had a private bathroom.

• Wall coverings, flooring and furniture were in good condition.

• On both days of the inspection the central heating was on and the accommodation was comfortably warm throughout.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

Requires Improvement: People were not always treated with dignity and respect.

Ensuring people are well treated and supported / Respecting and promoting people's privacy, dignity and independence:

• At the inspection in September 2018 there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Nurses and care staff had not been given all the resources they needed to consistently treat people with respect and to promote their dignity. This was because two people who lived with dementia spent too much time on their own and showing no signs of being engaged in what was going on around them. A third person spent most of the time expressing increasing distress. This continued until we raised our concerns with a member of staff who addressed the issue.

• After the inspection the registered provider sent us monthly action plans. They described what improvements they had made to address the breach of the regulation by providing people who lived with dementia with care that promoted their dignity.

• At this inspection we found that suitable provision had been made to address the shortfalls. New and more robust assessments had been completed to identify people who lived with dementia and who needed additional support and reassurance. Nurses and care staff had been given more guidance on how to care for people who lived with dementia.

• People received the individual attention they needed to enjoy their surroundings and to be part of things. An example of this occurred when a person who lived with dementia was listening to some old-time music that was playing in the lounge where they were sitting. A member of care staff saw the person tapping their feet and invited the person to join them dancing to the tune. We saw them dancing together while other people sitting in the lounge smiled and clapped their approval.

• Nurses and care staff offered support in the right way to people when they became anxious and needed reassurance. This included an occasion on which a person who lived with dementia became upset because they could not remember where their bedroom was located. We saw a member of care staff quietly reassuring the person by accompanying them to their bedroom. Once there, the member of staff drew the person's attention to their photograph that had been fixed to the door at their request. This reassured the person who was then happy to return to the lounge where they had originally been sitting.

• The registered provider had made sufficient provision to ensure that people received care that promoted their dignity and was respectful. This had resulted in the breach of regulations being met. However, we found that additional improvements still needed to be made to ensure that the progress made was

sustained and developed. This was because robust arrangements had not been made to consult with people about the gender of the nurses and care staff from whom they wished to receive close personal care. We asked six people who had mental capacity if they had been asked about this matter. None of the people recalled being consulted and three of them said they would have liked to be asked. We raised our concerns with the manager and compliance manager who assured us that steps would quickly be taken to address the oversight. By the end of the first day of our inspection visit they had prepared an action plan for nurses and care staff to consult with each person to establish and act on any preferences they had about this matter.

• Although bedroom doors were fitted with locks we found that suitable provision had not been made to enable people to use them. We asked five people who had mental capacity if they had been offered a key with which to operate the locks. None of them could recall having been asked if they wanted to be provided with a key. Two of them said that they would like to be able to secure their bedroom door by using the lock. We raised this oversight with the manager and compliance manager. They assured us that people would be consulted and as necessary would be provided with a key to lock their bedroom door.

• Two people who received most of their care in their bedrooms could not easily reach their call bells. One of them described how they often had to raise their voice to get the attention of passing nurses and care workers when they needed assistance. We raised this matter with the compliance manager who acknowledged that the arrangement was neither practical nor dignified for the people concerned. They assured us that a review would immediately be completed to ensure that the call bells in each bedroom were accessible.

• Nurses and care staff were consistently courteous, polite and helpful. A person said, "The staff always knock before they come in and when doing personal care they check who is at the door and they make sure I am covered before they open the door to anyone." A relative said, "The staff are so helpful, they take good care of mum. When staff enter the room you can see mum's face light up."

• Communal bathrooms and toilets had a working lock on the door.

• Nurses and care staff only discussed people's individual care needs in a discreet way that was unlikely to be overheard by anyone else.

• People had been assisted to wear clean clothes of their own choice. A person said, "I like choosing my clothes each morning so that they're colour coordinated and sometimes it's like fashion show in my bedroom with me and the carer being right old gossips and me changing one top after another."

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

• Nurses and care staff listened to people and respected what they said by making changes to their daily routine. One person said, "I like to choose the clothes I wear so they match and it's never a problem for the staff who are back and forth from my wardrobe with different tops and skirts."

• Staff knew how to support people who had communication adaptive needs. An example of this was a member of staff who pointed to different objects in a person's bedroom. They did this until it became clear that the person wanted their television to be turned off.

• Most people had relatives who could help them make decisions and communicate their views about things

that were important to them.

• The manager had developed links for local lay advocacy services. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

Responsive – we looked for evidence that people's needs were met through good organisation and delivery.

Requires Improvement: The organisation and delivery of care did not always result in people's needs being met.

Personalised care:

• At the inspection in September 2018 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not consistently been provided with person-centred care. Suitable arrangements had not been made to involve people in making and reviewing decisions about their care. Also, sufficient provision had not been made to fully meet the Accessible Information Standard that was introduced on 1 August 2016. This measure requires all providers of NHS care and publicly-funded adult social care to make suitable arrangements to support people who have information or communication needs relating to physical and/or sensory adaptive needs. Furthermore, people had not been offered sufficient opportunities to pursue their hobbies and interests and to engage in social activities.

• After the inspection the registered provider sent us monthly action plans. These described what improvements they had made to address the breach of the regulation by providing people with person-centred care.

• At this inspection improvements had been made to the way in which people had been involved in making decisions about their care. We examined records in the electronic care planning system for seven people. Six people had been meaningfully consulted about their care. This had been done to establish if it continued to meet their needs and expectations. However, this had not been done for one person and we raised this oversight with the manager and compliance manager. They assured us that a comprehensive review would immediately be completed to ensure that whenever possible people were fully involved in making and reviewing decisions about their care. Also, by the end of the first day of the inspection visit the manager and compliance manager had prepared an action plan to support nurses and care staff when undertaking this task. On the second day of the inspection we asked two nurses about this matter. Both knew about the action plan and both had started work on the review.

• People told us that they received a lot of practical assistance from nurses and care staff. Nurses and care staff consulted with people about the care they wanted to receive. An example of this was people being consulted about whether they wanted to have a bath or a shower. Another example was people being asked if they wanted toiletries to be purchased by the service on their behalf. A person said, "The staff are just good at listening and have worked out the best way to help and look after me."

• Additional provision had been made to support people to access important information about their care. The new electronic care planning system involved nurses and care staff having hand-held devices into which

they could enter information about the care they were providing at the point of delivery. These devices also displayed information about the care being provided using pictures and graphics. This information was being shown to people so that they were better informed about the assistance that was being offered to them.

• Other information was also presented in a more accessible way. There were new leaflets about advocacy services and about the registered provider's commitment to safeguard people from the risk of abuse.

• People told us that they had been offered more opportunities to enjoy pursuing their hobbies and interests. People were supported to join small group activities for gentle exercises, quizzes and artwork. People were also assisted on an individual basis to enjoy activities. We saw two people being supported by an activities coordinator to try different colour nail polishes. People were also assisted to enjoy reading newspapers and looking through magazines. This individual support also included people who were cared for in their bedrooms.

• Records showed that entertainers had regularly called to the service to sing and play music. People enjoyed these events with a person telling us, "I like the musicians because hearing real instruments is much better than listening to recorded music."

• However, little had been done to support people to visit and enjoy community facilities. The service did not have its own transport or ready access to transport suitable for people with physical adaptive needs. Lack of transport limited the ability of the activities coordinators to support people to leave the service. We asked five people about this matter and four of them said that they would welcome the opportunity to more regularly access community facilities. We raised this matter with the manager and compliance manager who told us that steps would quickly be taken to develop this aspect of the social activities provided by the service.

• The registered provider had made sufficient provision to ensure that people received person centred care. This had resulted in the breach of regulations being met. However, we found that additional improvements still needed to be made to ensure that the progress made was sustained and developed. These included further developing the arrangements in place to ensure that whenever possible people were fully involved in making and reviewing decisions about their care. They also included strengthening the service's calendar of social activities. We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall.

• Nurses and care staff understood the importance of promoting equality and diversity. People were supported to exercise their citizenship rights including making sure that they were registered to vote in elections.

• People were offered the opportunity to meet their spiritual needs by attending a religious ceremony that was regularly held in the service.

• Nurses and care staff recognised the importance of appropriately supporting people if they followed gay, lesbian, bisexual, transgender or intersex life-course identities. This included being aware of how to help people to access social media sites that reflected and promoted their choices.

People's concerns and complaints:

• At the inspection in September 2018 there as a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable provision had not been made to manage and resolve complaints in ways that always addressed complaints' concerns. Records relating to the receipt and investigation of complaints were incomplete. Some complainants told us that they had received a dismissive and unhelpful response to their concerns that did not give them confidence that lessons would be learned from things that had gone wrong.

• After the inspection the registered provider sent us monthly action plans. These described the improvements they had made to address the breach of the regulations by effectively managing and resolving complaints.

• At this inspection we found that the manager and compliance manager had revised and strengthened the way in which complaints were managed. They had completed an audit of the limited number of historic complaints that remained to be resolved. This had been done so there was a detailed account of what steps remained to be completed to conclude the complaints. They had also prepared an action plan to ensure that the necessary steps were promptly taken.

• We asked three people who lived in the service and three relatives about their experience of raising issues and concerns about the running of the service. All of them said that there was a much more open approach to the management of complaints. They said that this gave them confidence that any concerns they raised would be welcomed so that lessons could be learned.

• The registered provider had made sufficient provision to ensure that complaints were managed in the right way so that lessons could quickly be learned to put things right. This had resulted in the breach of regulations being met. However, given the short timescale since our last inspection we need more reassurance that the progress made will be sustained. We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall.

End of life care and support:

• Suitable arrangements had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. This included nurses quickly being able to access and use 'anticipatory medicines' prescribed by doctors for people who were likely to experience pain.

• Nurses and care staff had consulted with people and their relatives to establish how best to support a person when they approached the end of their life. This included clarifying each person's wishes about the medical care they wanted to receive and the religious observances in which they wished to participate.

Requires Improvement

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.

Requires Improvement: The service was not consistently managed and well-led. Leaders and the culture they created had not consistently promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care / Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

• At the inspection in September 2018 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not established suitable arrangements to assess, monitor and improve the quality and safety of the service. Quality checks that had been completed by the registered provider had not been consistently robust and effective. Shortfalls in the running of the service had not always been identified and quickly resolved. Suitable provision had not been made to obtain and act upon feedback from people and their relatives about how the service could be improved.

• After the inspection the registered provider sent us monthly action plans. These described what improvements they had made to address the breach of the regulations by strengthening their oversight of the service and by enabling people to contribute suggested improvements.

• At this inspection there was no registered manager in post. The former registered manager had their post shortly after our last inspection. The registered provider had appointed a new manager who was in post and who had applied to us to become the registered manager.

• The manager and compliance manager had significantly strengthened and extended the audits and checks being completed to ensure the smooth ruining of the service. This had resulted in the improvements we have already described relating to the provision of safe care and treatment, management of accidents and near misses, administration of safeguarding concerns, deployment of staff and safe recruitment. Other improvements we have referred to include the provision of training and guidance, supporting people to have sufficient hydration, caring for people who lived with dementia, involving people in making decisions about their care and the resolution of complaints. However, this more rigorous approach to running the service had not quickly resolved other shortfalls we identified. These included oversights in the prevention and control of infection, the obtaining of consent, the provision of gender-sensitive care and the opportunities for people to access community resources.

• Improvements had also been made to the way people and their relatives were invited to suggest improvements to the service. The manager had met with people living in the service and their relatives to assure them about the service's commitment to develop and improve. Further regular meetings were

planned and the manager told us that a record of the meetings would be shared with everyone with an interest in the running of the service. A relative said, "Recent changes in the management of the service have been positive because the home is more organised, clean and well kept. Also, the staff seem more happy."

• People who lived in the service and their relatives had been invited to give feedback by completing questionnaires. We examined a selection of the questionnaires and noted that people were consistently positive in their responses.

• Suggested improvements had been implemented including alterations being made to the menu to respond to people's changing preferences.

• Everyone considered the service to be well run. Summarising this view a person said, "I feel that it is a blessing being here and looked after so well making me feel safe and unworried about my future." Relatives were also complimentary about the management of the service. One of them remarked, "It's definitely better now with the new management, more open and better run. If I mention a problem it gets sorted and I don't have to mention it again which was too often the case in the past."

• The registered provider had made sufficient provision to monitor, assess and improve the quality of the service. This had resulted in the breach of regulations having been met. However, further progress was still needed to fully develop the systems and processes necessary to identify and quickly resolve shortfalls in the running of the service. We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

• At the inspection in September 2018 the registered provider had not made suitable arrangements to ensure that statutory notifications were sent to us in line with our guidance. Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken.

• After the inspection the registered provider sent us monthly action plans. These described what improvements they had made to address the breach of regulations by ensuring that statutory notifications were submitted to us in the right way.

• At the present inspection the manager and compliance manager had introduced a new and more robust system to ensure that notifiable events were more quickly brought to their attention by members of staff. This was so they could promptly make the arrangements necessary to submit statutory notifications. This had resulted in statutory notifications being managed in the right way and promptly sent to us.

• The registered provider had made suitable arrangements to administer statutory notifications. This had resulted in the breach of regulations having been met. However, we need further assurance that the progress made can be sustained. We will inspect the service in line with our published guidance for services that are rated as Requires Improvement overall.

• Nurses and care staff had been supported to understand and manage risks and to comply with regulatory requirements. There was always a nurse in charge of each floor and there were senior care workers who assisted them in managing each shift. Also, there was an on-call system so that nurses could contact the

manager or the deputy manager during out of office hours if they needed advice or assistance.

• Care staff had been invited to attend more regular staff meetings to develop their ability to work together as a team.

• Nurses had been invited to attend new clinical meetings to share and receive information about developments in nursing practice.

• The manager, compliance manager, nurses and care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this nurses and care staff told us that they were confident that they could speak to the manager and compliance manager if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

• It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.

Continuous learning and improving care:

• The service's new electronic care planning system automatically generated a number of alerts to show the manager how well the service was running. This enabled the manager and compliance manager to maintain an real-time overview of key aspects of the running of the service. This included the management of medicines, completion of care tasks and review of care plans.

• Other electronic systems enabled the manager and compliance manager to monitor the completion of health and safety checks, staff deployment and staff recruitment.

• The manager and deputy manager were nurses. They subscribed to a number of clinical journals to keep up to date with recent national developments in good practice.

Working in partnership with others:

• The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included liaising with commissioners about the number of vacancies in the service. This was so that commissioners were able to ensure there was sufficient capacity to meet the care needs of the local population.

• The manager had arranged to meet with the managers of other local services to discuss and share ideas about how to promote best practice in the provision of safe care and treatment. These meetings are held so that managers can discuss the implementation of guidance published by the government and the Care Quality Commission about care practice.