

Grandcross Limited

Yatton Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service:

Yatton Hall Care Home provides accommodation with nursing and personal care for up to 48 people. When we visited, 37 people lived there.

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

During this inspection we found that people's needs were not always met due to inadequate staffing levels. People, their relatives and staff said care needs were not always met and we made observations to support this. People's medicines were not always managed safely, and this placed people at risk.

People's risks were assessed and identified, and risk management plans were in place to reduce known risk. However, during a review of some people's care records the service could not evidence care had been delivered in line with people's assessed needs. We observed the service was clean, however observations of staff infection control practice place people at risk.

We reviewed the service practice in relation to the Mental Capacity Act 2005 (MCA). People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. This was not in line with the principles of the MCA. The registered manager did not have robust system to monitor Deprivation of Liberty Safeguards (DoLS) applications and authorisations meaning some people at the service may have been unlawfully deprived of their liberty. Legal conditions on DoLS authorisations had not been identified or met.

Staff were not always fully supported in their roles, and in addition to being below the providers training completion compliance level, staff had not received regular supervision and appraisal. We spoke with staff who confirmed they had not been receiving their supervision and staff new to care had not been appropriately supported in the early stages of their employment. People's feedback was mixed in relation to the current standard of food at the service. We saw records relating to nutritional support were not always accurate.

People spoke positively of the staff and many commented on how they tried their best to provide the best possible care in challenging circumstances. However, during the inspection we made observations and received comments from people evidencing how their dignity had been compromised.

We found the service was not always fully responsive to people's care needs. Whilst we found care was planned, people did not consistently receive care in line with their assessed needs. We found that people's records were inconsistent and information about people preferences, past history, important relationships and religious and cultural beliefs were not always documented. Whilst this had not impacted anybody, it did not demonstrate a consistent person-centred approach.

There was an inconsistent approach to end of life care planning throughout the service. There was a system

to investigate complaints, however it was not evident it had been consistently used and records were incomplete. The service had an activities provision. However, this had been impacted since the passenger lift became defective and people gave us information about how they had become socially isolated.

It was evident that the governance systems in operation at the service at both internal and provider level were currently ineffective. Internal auditing systems had not identified the breaches of regulation we found during the inspection. Provider level governance and auditing in August 2019 had not identified concerns affecting the health, safety and welfare of people at the service. The provider had failed to send a DoLS notification to the Care Quality Commission (CQC) as required by law.

Staff felt unsupported and some commented on not feeling appreciated or valued. People using the service gave mixed feedback about their involvement through continual engagement and meetings. Staff told us meetings were held and we saw supporting minutes.

Whilst it was evident people's needs were not always met through inadequate staffing and management oversight, people and their relatives spoke positively about staff. There was awareness of staff effort in the face of adversity and people felt that staff were doing their best to support them. Staff we spoke with told us they worked well as a team together despite staffing issues.

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

Rating at last inspection:

The last rating for this service was Good (published September 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety and will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our Safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Yatton Hall Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by two inspectors, a member of our medicines team, a specialist nurse adviser 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.

Service and service type:

Yatton Hall Care Home is 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 (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We reviewed information we had received from members of the public and people using the service. We used all of this information to plan our inspection.

During the inspection:

We spoke with 10 people who lived at the service, five people's relatives, and eight members of staff. This included the registered manager, regional manager, nursing and care staff. We reviewed a range of records. This included some people's care records and multiple medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We received clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted eight healthcare professionals who have had contact with the service to gain their views and received responses from four of them.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to Inadequate.

This meant people were not safe and were at risk of avoidable harm.

At our last inspection the provider had failed to operate effective systems to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12. Additionally, further failings within the regulation were identified.

Using medicines safely

- There had been some improvements to the way medicines were managed since our previous inspection. There were now suitable systems for managing 'when required' medicines and the recording of creams and other external preparations.
- However, there were gaps found in four people's medicines records where one or more doses had not been given when due, or it was not possible to tell if the dose had been given. This meant that people had not always received their medicines in the way prescribed for them.
- Fridge temperatures were monitored; however, some temperatures were recorded as lower than the recommended range for medicines stored in the refrigerator. This could affect their safety and efficiency and had been raised at our previous inspection. We found that weekly stock checks of all medicines requiring extra security had not been carried out recently in line with good practice and the providers policy.
- People's allergies were recorded on their medicines record charts and on a cover sheet kept with each person's records. We found two people's records did not match presenting a risk the wrong information may be communicated.
- A healthcare professional we spoke with told us the local authority medicines optimisation team offered support to the service, but the registered manager declined the support.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Medicines were stored safely and securely, including those requiring extra security.
- We saw that medicines were administered in a caring way using a safe method.
- Staff received training on safe medicines handling and competency checks had been carried out to show they could give medicines safely.
- There were systems in place to report any medicines errors or incidents. Regular medicines audits were completed, and we saw that some issues were identified, and action plans for improvement put in place.

Staffing and recruitment

- Most of the feedback we received in relation to staffing levels was negative. People, staff and relatives told us basic care needs were not being met and gave supporting examples.
- The provider used a dependency tool to help calculate appropriate staffing numbers. At the time of the inspection we were advised the service was overstaffed to compensate for the lift being out of order. There were no governance systems to ensure the dependency tool was accurate.
- People we spoke with gave us examples of how the current staffing levels impacted them. For example, one person told us they liked to be up and dressed by 7am. The person was observed still in their pyjamas after 11am. At 12:40pm, care staff on the first floor had not yet completed the morning personal care of six people. Lunch then arrived, and the care staff informed us that in addition to the six people that needed personal care, six required support with their lunch.
- People's comments included, "Nowhere near enough staff, permanent or agency. Very bad at times. Last Sunday week three to four carers max in the whole of the building - very bad. Consistently short of staff. Bad at weekends and can be bad in the week. The main thing is I have to wait to get out of bed." Another person said, "Not by any means enough staff. Two staff the other day for the whole building. I can't remember when that was. I'm waiting a long time. I have to be fed. Food is warm when I get it."
- Staff commented less positively on staffing levels. They told us they felt they were unable to meet people's basic care needs based on current staffing deployment numbers. One member of staff gave us information about a shift they had to work with one new member of staff and one member of agency staff who were unfamiliar with the building. They told us, "People that day didn't get the care they needed." Other less positive information was received about staff turnover and constant sickness. Another staff member when asked about levels in general said, "The needs of the residents has changed but staffing levels stay the same. Staffing done on numbers not need."

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

Assessing risk, safety monitoring and management

- Whilst we found people had current individual risk assessments in relation to falls, skin breakdown and nutrition, we found care was not always delivered as planned placing people at risk.
- We reviewed care delivery around catheter management and fluid monitoring for one person. Records around catheter management were clear for staff. However, records stated that a fluid intake of 1500ml should be encouraged. These fluids were not totalled and there was no evidence this total was being met. This placed the person at risk.
- A healthcare professional also told us they had visited the service and had identified concerns in relation to food and fluid records which did not evidence any support had been given to people.
- We reviewed the care and support records for some people who were at risk of pressure ulcers and required repositioning. We found that some people's pressure relieving air mattresses settings were not recorded within their records. We spoke with a nurse and two care staff who were unclear about the management of the air mattresses, placing people at risk.
- During a review of the care and support records for one person who required repositioning, we found the care records were not accurate, with the care plan stating the person should be turned every three hours and the repositioning charts stating four hours. Checks were noted as completed every four hours in the main, however some of the records showed periods of nearly six and eight hours where care interventions had not been made. On the day of inspection, one person received their repositioning late due to insufficient

staff being available to support them.

- We reviewed the Personal Emergency Evacuation Plans (PEEPs) for people that were located within the fire folder and would have been given to the fire service in the event of an emergency. The overview of the PEEPs contained incorrect information. There were records in place for people no longer living at the service and no records available for others who were living there. This placed people at risk.

Preventing and controlling infection

- People were not fully protected from the risks associated with poor cross infection practice. Whilst in general the service was observed to be clean, staff practice placed people at risk.
- We observed staff wearing gloves and aprons when supporting people with personal care and with other tasks. However, one of the inspection team observed a member of agency staff conveying a bag of soiled laundry without any protective equipment.
- Staff told us that at times, due to current staffing levels, they were required to enter and prepare food in the kitchen and that this was done whilst wearing the same uniform in which they had been supporting people with personal care.
- We observed, and staff confirmed, that slings used for mobility equipment such as hoists were shared between people and people did not have individually allocated slings. This does not comply with the Department of Health and Social Care infection prevention resource or The Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance.
- All of the above observed and discussed practices increased the risk of cross infection and placed people and staff at risk.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- People we spoke with generally felt safe and commented positively about staff. One person told us, "I do feel safe with the staff that support me. They are all very pleasant and do as much as they can to help."
- Another person we spoke with commented, "Yes, I feel safe. I feel safe with the majority of staff unless they get agency nurses that don't know my history." A relative we spoke with when asked if we felt their relative was safe told us, "Yes, safe and safe with staff. No problems."
- Staff we spoke with understood their responsibilities in relation to safeguarding. Staff gave examples of how they would escalate concerns internally but were also knowledgeable of the external agencies they could report concerns to.
- The provider had safeguarding policies in place for staff to access and follow should they be required.
- During the inspection we identified a concern that required escalation with the local authority. This was brought to the attention of the registered manager who stated they would take the required action.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager.
- The provider had an internal system in operation that collated all the reported falls within the service. The registered manager investigated all these matters.
- We saw from records that the investigation action was recorded showing any remedial action that had been taken, for example people's observation frequency increasing or if the person had a sensor mat.
- Where any 'lessons learned' has taken place this was recorded, for example if the matter resulted from a known behaviour.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met.

- The registered manager did not have effective oversight of DoLS applications or approvals. This placed people at risk of being unlawfully deprived of their liberty within the service.
- The registered manager was unaware who had an authorised DoLS in place.
- We established there were no people within the service that currently had an authorised DoLS. Within one person's record we identified their DoLS had been approved in April 2018 and expired in September 2018. The registered manager told us this had been reapplied for but there was no documentation to support this.
- Within the expired DoLS for this person there were conditions imposed the service were legally obliged to meet. The service had not identified or complied with these conditions.
- During the inspection, through a review of records, undertaking observations and speaking with staff it was identified some people in the service should have had a DoLS applied for based on their capacity levels. This would safeguard them from being unlawfully deprived of their liberty. The registered manager had failed to recognise or assess this.

This was a breach of regulation 13 (Safeguarding service users) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We found evidence that there was an evident knowledge gap in applying the principles of the Act for some people. For example, we found the service had completed vaccination consent forms for people. A significant amount of the records had been signed by the person's relative and not by the person themselves or as part of a best interest decision. This is not in accordance with the principles of the Act and was highlighted to the registered manager.

- For one person, they were not supported to eat meals of their choice. The person had full mental capacity to make choices. The service had sought advice and guidance from a Speech and Language Therapist (SALT) due to a swallowing risk. The SALT had made a recommendation about a type and texture food the person should be encouraged to have. The person wanted another specific type of food, but this was declined by staff as they felt the SALT assessment and recommendation took priority and they were fearful the person would choke. Staff were not knowledgeable about supporting people to take a known risk when they had capacity to do so.

- A relative we spoke with told us they had a Lasting Power of Attorney for finance but had been involved in signing consent for a flu vaccination and use of bedrails which is not in line with legislation and guidance.

This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Capacity assessments were carried out where people lacked the capacity to make specific decisions for themselves. We found good evidence of a person's involvement in relation to their use of a recliner chair.

Staff support: induction, training, skills and experience

- There was a system to support staff through supervision and appraisal, however staff told us they have not received regular supervision and records confirmed this. The registered manager told us supervision and appraisal were currently behind.

- Staff we spoke with did not feel supported, however this was primarily impacted by staffing numbers. Staff gave examples of how they had not received supervision and had not had chance to discuss concerns or employment aspirations.

- One staff member who had been providing care at the service for about four months told us they had never received support or a supervision since commencing their new role. Records we reviewed confirmed this.

- We reviewed the training records and noted staff received training such as moving and handling, first aid, safeguarding, dementia, infection control and equality and diversity.

- The current training completion level by staff at the service was under the required compliance standard set by the provider and the regional manager told us this was being addressed.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.

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

- We received mixed feedback on the quality of food provided at the service. Some records evidencing the level of support people needed were not accurate.

- One person we spoke with told us, "The majority of meals are excellent like I would have cooked it myself. Sometimes the food comes up different to the choice you made. One day I ordered salad. They said, "Sorry we haven't got it." They've never got food in. Everything is frozen." Another person said, "Food is awful at the

moment. It really is bad." Another person told how they had received food that was still frozen.

- Other comments we received were positive, with one person saying, "Yes, the food is alright. There is enough to eat and drink." Another said, "The food is nice." Several people we spoke with commented on how the lift being out of action had resulted in them receiving cold food.
- During a review of one person's care needs for nutritional support their requirements were not clear. Their needs were recorded as both 'Low' and 'High' and their records stated they were both independent and required support. We spoke with a nurse who was unable to confirm the person's actual needs. Additionally, at the person's last review stated to 'ensure good fluid intake.' There was no further record of how this would be achieved or a fluid chart for the person. Although there was no impact evident, there was a risk the person's needs may not be met.

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

- People had individual rooms and had access to communal bathroom and toilet facilities.
- There were communal lounge areas that people could use located on different floors of the service.
- On the first day of inspection we established the passenger lift had been out of use for approximately seven weeks and this had resulted in a significant reduction in quality of life for some people. We were advised the lift was waiting for a part to be delivered. The regional manager advised there was a plan for a stair lift to be fitted to reduce disruption should it happen again.
- People's rooms were personalised. People had their own furniture and personal possessions such as paintings, ornaments and objects.

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

- People's needs were assessed prior to them moving into the home. These assessments were used to form the basis of the care plans.
- Assessments of people's needs were undertaken and completed using nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition or obesity.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare services and professionals according to their needs. Records and care plans supported this.
- People were registered with a GP and records showed the service regularly escalated health concerns when required.
- People told us they had access to healthcare support if needed. One person commented, "I see the psychiatrist every so often. The arrangement works for me. I go to the dentist. The staff take me – routine appointments." Another commented, "You can see the GP. They come once a week."
- A visiting healthcare professional commented positively on the service. We invited an additional eight professionals to share their views with us following the inspection and received two responses.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

People did not always feel well supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People spoke highly of the staff at the service and felt they did their best. However, we received information and made observations of people's dignity being compromised.
- One person we spoke with told how they requested support from a nurse to use the toilet and requested an aid to do this. They explained how they waited a significant period of time for the aid. They told us they spoke to the nurse again who said, "Don't worry – use your pad." This was not dignified for the person.
- During the afternoon of the inspection, a member of staff was observed in the main lounge supporting a service user. They were observed emptying the catheter leg bag of that person which was full of urine into a plastic urine receptacle. This was done in front of three other people who were watching TV at the time. This was not dignified for either the person or the others watching TV.
- In addition to the above, during the inspection one of the inspection team observed a full bag of urine in open sight within a person's bedroom. This again did not promote the dignity of that person.
- One person we spoke with informed us about an incident when they had been left during a meal. They told us, "Sometimes there is a long wait [for staff to support them]. Sometimes I'm halfway through a meal and the bell goes. They say they'll be back, but my meal is cold by the time they get back."

This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people. We did however identify that daily care notes were kept in boxes. We identified two of the boxes did not lock and required attention.
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time at we received positive feedback. One person commented, "My family and friends visit as they want and are made welcome." Another told us, "My family visit as they wish. My [relative] has Power of Attorney."

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

- People received care from staff who developed positive and caring relationships with them. Feedback about staff was positive despite the pressures poor staffing placed them under. One person said, "Yes, caring as much as they can be in the time they can give you. Sometimes you feel you're taking too much of their time."

- We observed that people had call bells within reach in their bedrooms and that people looked comfortable. The less positive information received was about the length of time bells could take to be answered. One person said, "Yes, they meet my needs – those that are here. They definitely try to. Sometimes they say, "Back in a minute", and it's 20. Most of the time they do their best but it's the lack of numbers."
- A visiting healthcare professional we spoke with said they had no concerns for people in the service. They told us they thought that the service was good, and the level of care was good. They felt care staff were very good and looked after the people well.
- The service had received one piece of positive feedback on a national website in 2019. An extract from the comment left in read, "In all the time he was there he was well looked after, the staff are lovely, the administration expertly handled, the management helpful, organised and available."
- The service had a selection of compliment cards we reviewed. One extract read, "Thank you all for the care you took looking after our Mother during her short stay with you. You made her life as pleasant as possible and treated her with dignity and respect." Another said, "Friends, family and I are aware of the care, kindness and dedication showed by you all in looking after her during that time."

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

- People's views were regularly sought through day to day interactions, and we observed staff communicating with people well. When staff interacted with people, they appeared at ease and enjoyed the company of staff.
- People we spoke with felt involved in care choices and daily decisions as much as they can be. One commented, "My care is more or less the same. They've got to know my problems and how I need to be looked after."
- We saw people were offered choices in relation to food and drink throughout the inspection and where possible what they wished to do, however this was restricted at the time of the inspection due to the defective lift.
- Staff were attentive to people during the inspection where possible. For example, people that required support with mobility and support to eat received the correct level of care, however as detailed within the report this was not always timely

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Whilst we evidenced people's care was planned, people had not always received personalised care that was responsive to their needs and preferences. During the inspection, people, their relatives and staff gave examples of when care needs had not been consistently met.
- People gave examples of when staff could not find a bedpan for them, when food had arrived cold or when they had been left in the middle of a meal whilst staff attended to another person. Some records did not evidence people had received care in line with their assessed needs.
- We reviewed the personalisation of some care plans and how people's personal preferences and histories had been established and recorded. We found the recording of this information was inconsistent.
- The 'Living My Choices' booklets were either not completed or not fully completed. The ground and first floor booklets had no information. The top floor had some information, but none were detailed or fully completed. This meant information about people preferences, past history, important relationships and religious and cultural beliefs were not documented. Whilst we could not identify any direct impact to people this did not evidence the provision of fully personalised care.
- People gave mixed feedback in relation to the staff understanding their needs and receiving care as agreed. Some people spoke positively and told us, "They understand my needs" and a relative said, "They understand my relative's needs." However, some people commented less positively, and one said, "Some do, some don't [understand their needs]. It takes time for them to know how you like to be treated, what you need."
- Healthcare professionals that provided feedback raised concerns about the responsiveness of the service in relation to the provision of fluid support and oral care. They advised us that safeguarding alerts had been made as a result.
- Another healthcare professional advised the service had undertaken an assessment of a 'fast track' patient but they had not been able to meet the person's needs on arrival at the service due to not having the correct equipment. The local authority had to order the correct equipment to reduce any risk of harm.

End of life care and support

- People's end of life wishes were variable within different care plans and improvements were required to ensure a consistent approach.
- Within some people's records we saw there were formal records relating to resuscitation decisions and further treatment.
- We saw positive examples of end of life care planning within some people's records. They showed discussions had been held around arrangements after the person had died and where they wished to be at

the end of their lives. We saw that in some records it had been recorded people did not wish to discuss this with staff.

- We did however find that in some people's records there was no information relating to their end of life wishes. There was also a notable variance in the quality of end of life care wishes between different floors of the service which further evidences governance systems were not fully effective throughout.
- A healthcare professional we spoke with advised us of concerns they had raised about the knowledge and ability of some nursing staff when it came to the use and management of certain medical equipment. The healthcare professional had raised a safeguarding as a result.

This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People had the opportunity to partake in activities, however this had been significantly impacted following the lift becoming defective.
- The lift being defective had also impacted on people becoming socially isolated through not being able to see friends or relatives who were unable to ascend or descend the stairs. The inspection team received accounts from people and their relatives how this had affected them.
- People were positive about the activities and told us there were no obligation to join in. One person commented, "Activities co-ordinator – does very well. Does all sorts of things with us. Is very, very good. Very caring." Another person said, "We do all different things in the communal lounge. Ok for me."
- A relative we spoke with about activities commented, "[Person's name] takes part in activities. Activities co-ordinator is an absolute gem. Perfect in the job. Couldn't have anybody better. Helps in the home when they can."
- During the inspection the activities co-ordinator was working. It was observed that the activities co-ordinator was visible and did the best they could in the circumstances with people isolated on three separate floors.
- In addition to the activities in the service there were links with the local community through the Church, the local school, the local children's orchestra and the cub scouts.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- We reviewed the complaints records at the service which showed that there had been one recorded complaint from April 2018. We found the electronic record for this complaint was not completed correctly on the system and was blank. The registered manager told us this matter had been resolved and that evidence relating to the complaint was recorded within emails and their diary. We were unable to evidence the outcome of the complaint.
- Whilst there was a record of the complaint on the system from 2018, one person we spoke with told us they had complained recently about the food, lack of staff and the lift however there was no record of this. This did not evidence a fully effective system.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded within their care plans in line with the AIS.
- Where required, communication aids were developed to support people with their communication needs. For example, staff used pictures to aid them in communicating with some people within the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was a range of audits in operation to monitor the health, safety and welfare of people who used the service. However, these had not been effective and had failed in identifying the concerns identified at this inspection.
- We identified concerns in relation to the management of medicines that audits had not identified, this was a repeated breach from the last inspection and the provider had failed to achieve and maintain compliance.
- There were no governance systems in operation to ensure a sufficient number of suitably skilled a qualified staff were deployed. The registered manager was dependent on a staffing calculation tool used by the provider. There were no systems to ascertain if the number of staff the dependency tool generated were meeting the needs of people. This had resulted in a reduction of people's quality of life.
- There was no effective system to monitor compliance with the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards (DoLS). This had resulted in poor practice in relation to consent and a DoLS authorisation expiring and legal conditions not being met.
- We found examples of inaccurate or incomplete records within people's care records. Records were variable throughout the different floors of the service evidencing governance frameworks were inconsistent and had not identified this.
- The service had failed to send a notification following the approval of a DoLS application in 2018 as required by law. This had not been identified through effective and robust governance.
- A provider level audit carried out by a regional manager in August 2019 had also failed to identify the shortfalls evidenced at this inspection.
- Two staff members had recently returned to work following planned absence. There were no risk assessments in place to review and monitor their health, well-being and make adjustments to their work where and if required. These staff members had not received regular monitoring and supervision since returning.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had clearly displayed the current performance rating at the service location and on their website in line with regulatory requirements.

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

- Some people we spoke with unclear about the situation of the defective passenger lift and were unaware of when planned repairs were forecast. This did not evidence good communication and inclusion. Comments from people included that they were frustrated that the lift was out of order and they did not believe that they were being kept adequately informed about when it would be fixed.
- We spoke with people about resident meetings and their involvement in the service. People were able to tell us that meetings were held, and we received mixed feedback on their value. The minutes given to us for review were dated April 2019.
- Some people confirmed they attended meetings and told us, "I go to the residents' meetings. They sort out any issues raised. Things do change." Other comments were not as positive. One person said, "Meeting – yes. Same old things. Food, staff and the lift." Two other people we spoke with referred to a residents meeting but didn't think that this had taken place for some time.

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

- People knew who the registered manager was, and we received positive feedback. A comment received from one person was, "Not spoken since I've been here. Saw the manager in hospital. We got on like we've known each other for years. They would be approachable if available." Another said, "The manager [name] is approachable but too busy. I could ask [name] to pop in but difficult for them."
- Staff commented less positively on how they currently felt supported by the provider in their role. All the inspection team observed staff were both emotive and tired and comments we received from staff reflected this. One staff member said, "I don't find job rewarding anymore. We don't feel appreciated or valued." Another told us, "Sometimes I feel like I want to break down."
- The service had a touch screen feedback facility at the entrance to capture people's views and suggestions. As part of our feedback following the inspection we requested a sample of this information to be sent but this was not forwarded as requested.
- Staff we spoke with told us that staff meetings were held, and we saw the supporting minutes. The last meeting general staff meeting was held in June 2019. Matters such as staffing, agency staff, regional structure changes and care documentation were discussed.

Continuous learning and improving care, working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence and to escalate to relevant healthcare professionals if required.
- A business contingency plan was maintained to ensure the service continued to be operationally effective in the event of an emergency, such as power and gas loss or no available catering facilities.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people. We received feedback from four of the professionals we contacted and their feedback is detailed throughout the report. A visiting professional spoke positively of the service.
- The registered manager gave examples of community links through the Church, the local school, the local children's orchestra and the cub scouts.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records showed that when accidents or incidents had occurred, or people's health had declined, people's relatives or those acting on their behalf were informed as soon as possible. This demonstrated the services ability to follow the duty of candour regulation.

