

Stable Steps LTD

# Stable Steps Care Centre

## 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

Stable Steps Care Centre is a residential care home providing personal and nursing care to up to 50 people. The service provides support to older and younger adults and people living with dementia. At the time of our inspection there were 46 people using the service. Stable Steps Care Centre is situated in Cale Green, close to the centre of Stockport. The home provides care across two floors, with nursing care being provided primarily on the ground floor and dementia care on the first floor. Most bedrooms are single occupancy but facilities for shared occupancy were available. There were a variety of communal areas including lounge and dining areas, and shared adapted bathrooms.

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

People were not always supported by staff who were suitably deployed and robustly recruited. People did not always feel safe and evidence to show how lessons were learnt was not always robust. We have made a recommendation about the systems for the management of accidents and incidents. Medicines were safely stored and managed, although we have made a recommendation around the systems of clinical management. The environment was clean, and checks of equipment and health and safety were completed. We have made a recommendation about the availability of specialist equipment.

The management team had introduced a number of systems for audits and oversight. These were newly in place, and we were unable to assess the impact of these in improving people's quality of life and experience at the service during this inspection. An action plan was in place and new systems for care planning and recording keeping were being explored. People, families, staff, and healthcare professional's views on the culture of the home varied. We have made a recommendation about the use of CCTV in the service.

People's needs were not always accurately assessed. People and families did not always feel that staff had the necessary training and understanding and not all staff felt supported in their roles. Referrals to healthcare services were made, although we received mixed feedback about how advice from other professionals was incorporated and followed. We were not always assured about staff's understanding of people's needs. The provider had plans to improve the environment but not all work had been completed and people were not always able to access areas of the service, such as outside space. People had mixed views about the food and records in relation to how people's needs were met in this area were not always robust.

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; the policies and systems in the service did not always support good practice.

People had mixed views about how they were cared for. Staff supported people with a variety of complex needs, but records did not evidence that people were involved in decision making and that dignity and independence was always considered.

People were not always cared for in line with their individual needs and preferences, and people and families did not feel communication needs were being effectively met. The service responded to formal complaints, but verbal concerns were not always captured in records, and people did not always feel able to raise concerns or feel confident that these would be addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 04 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection the service remained in breach of some regulations. The provider had made some improvements and was no longer in breach of regulation 12.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up from our findings at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to person-centred care, staffing levels and training, recruitment and systems for oversight and quality of the service at this inspection.

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.

We have made a recommendation about the use of CCTV, availability of specialist equipment, management of medicines, and the systems for managing accidents and incidents.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Stable Steps Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was undertaken by 3 inspectors and a medicines inspector over the course of 2 site visits.

#### Service and service type

Stable Steps Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stable Steps Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on both days of inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. All this information was used to plan the inspection.

### During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 6 people who use the service, 5 relatives and 11 members of staff including the registered manager, compliance manager, care workers, and auxiliary staff including kitchen staff.

During the inspection we visited both units, reviewed multiple medicine administration records and looked at medicines related documentation.

We reviewed a range of records including 6 people's care records. We looked at 8 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined during and following the site visits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection we found systems were not robust enough to demonstrate that staff had been recruited safely. This was a breach of regulation 19 (Fit and proper person employed).

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Recruitment records did not demonstrate safe practices were being followed.
- At our last inspection records did not evidence the interview process or application covered areas including gaps in employment, reasons for leaving or discrepancies in application information.
- We found continued and repeated shortfalls in safe recruitment practice. Concerns included incomplete application forms, gaps in employment and a lack of references and interview notes. We also found right to work documentation for overseas workers was not always in place for everyone where this was needed.
- Recruitment files had been audited and a 'carer of the week' system had been recently implemented. However, this had not yet led to unsafe recruitment practice, including those found at our previous inspection, being addressed.

Robust recruitment processes were either not being followed or not being suitably recorded to ensure staff were safely and appropriately recruited. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team were responsive and took steps to address the specific shortfalls we highlighted in relation to our most serious recruitment concerns.

- Staff were not always suitably deployed to effectively meet people's assessed care needs and preferences.
- At the last inspection we found staff were not always visible or suitably deployed across the service to meet the needs of people. At this inspection we continued to find shortfalls in staffing. We observed people were often left in communal areas without staff and people did not always get the level of support they needed.
- People and families consistently told us they felt that there was not enough staff. One family member told us, "If you use the call bell it can take staff forever to come." One person told us, "I am only to use the call bell in an emergency." Staff generally told us they felt staffing levels were sufficient although acknowledged

that shifts were very busy. We observed staff were entirely task led in how and when they supported people.

- At our last inspection the service told us they were reviewing staffing levels and had introduced additional hours for busy times of the day. This was in place at this inspection which we observed helped the morning routine.
- There was a dependency tool in place to assess staffing levels and the home was staffing to these assessed levels. However, it was not clear this tool considered challenges, such as layout of the building or feedback from people and families regarding staffing arrangements.
- People and families expressed some concerns about the new staff recruited. People and families told us there were often difficulties with language and cultural barriers which impacted on the quality of support and interaction people received.

Staff were not sufficient and suitably deployed to ensure people received timely, appropriate, and safe person centred care. This placed people at risk. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

At our last inspection we found that systems had not been established to assess, monitor, and mitigate risk the health, safety and welfare of people using the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Checks and maintenance of the environment and equipment were completed to manage safety.
- At our last inspection we found there were some shortfalls in the management of environmental checks. At this inspection we found the home had introduced systems for oversight of the environment, and maintenance and safety checks were happening as needed. However, some improvement was needed to ensure records reflected where action had been taken in response to advice.
- A consistent approach to the assessment and management of risk had not yet been implemented. People's individual needs and risk was not always accurately or consistently assessed. The management team were working to improve the quality of care records and were looking at a new electronic care management system which they hoped would assist in this area. This is discussed further in the well led section of this report

#### Using medicines safely

At our last inspection we found that people who required their medicines to be administered in a specific way did not have records to demonstrate this had been fully assessed or detail for staff on how to administer these medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Processes were in place for the timely ordering and supply of medicines. Medicine administration records were able to demonstrate people received their medicines as prescribed.
- Covert medicines were now being given safely. Covert medicines are disguised in food or drink.

- The administration of medicines was monitored by the service through daily and monthly checks. This process of checking the medicines ensured that people received their medicines as prescribed.
- Staff administering medicines had completed safe management of medicines training and had been assessed for their competency to administer medicines safely.
- Medicines were stored securely. However, we were not assured medicines that required refrigeration were being stored within recommended safe temperature ranges as records were not complete.
- People who had been prescribed medicines on a when required basis had written plans in place. However, the information included in some of these plans was not sufficient to inform the staff of how and when to administer these medicines. For example, we saw written information for a sedative medicine telling staff they had been prescribed for agitation. However, the plan did not continue to describe what the symptoms of agitation looked like for this person or when it was appropriate to administer the medicine. The registered manager was responsive to our feedback.
- A system was in place for recording where on the body skin patches containing medicines were being applied. The records showed the patches were not being rotated around the different skin sites to comply with the manufacturer's guidance and this could lead to unnecessary side effects.
- We found that where people needed to have their medicines administered directly into their stomach through a tube there were no robust clinical protocols in place to inform staff on how to prepare and administer these medicines safely. The registered manager assured us that this had been immediately addressed following our feedback.

We recommend the provider consider good practice guidance when developing systems for the safe management of medicines.

#### Preventing and controlling infection

- We found one occasion where a person did not have their own named sling in their bedroom and discussed this with the registered manager who advised that people did have equipment for their own use. However, feedback we received suggested there may be shortfalls in the availability of equipment and some people may have to share specialist equipment such as wheelchairs or bucket chairs. This can place people at risk of cross contamination through the sharing of equipment.

We recommend the provider ensure sufficient availability of equipment to meet people's individual needs.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were mostly assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were mostly assured that the provider was responding effectively to risks and signs of infection.
- We were mostly assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were mostly assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

At the time of the initial visit the service was experiencing an outbreak of diarrhoea and vomiting and was closed to non-essential visitors following advice of the local health protection team. The registered manager advised that under usual circumstances there were no restrictions on visits to the home.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People did not always feel safe. We received mixed feedback from people, families and professionals in relation to low staffing levels and the impact of staffing on keeping people safe, and identifying and escalating changes in people.
- Systems were in place for oversight of accidents and incidents. However, records of when people had accidents did not always have sufficient detail to enable lessons to be learnt as consideration of how the incident occurred was not always evident. For example, one person had been found on the floor on 4 occasions, but it was not clear that action other than hourly checks had been considered. The registered manager was responsive to our feedback.

We recommend the provider review their systems for the management of accidents and incidents.

- The service had suitable processes and policies in place to safeguard people. Staff had completed training in safeguarding adults.

# Is the service effective?

## Our findings

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

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

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

- People had assessments of their needs in place. However, these were not always accurate and there were inconsistencies in information across assessments and care plans. The management team were responsive to specific shortfalls we highlighted and immediately addressed some of the inaccuracies within assessments. The management team told us they recognised there were some difficulties with the current system for care records and were looking into alternative provisions.
- Feedback from visiting professionals about the delivery of care was mixed. One professional told us, "The registered manager is very switched on and know the residents and their families. Advice is normally acted upon in a timely way." However, another professional told us, "Some staff members are very proactive and do seek and follow advice. Some are not very engaging with us, and advice is not always adhered to."

Staff support: induction, training, skills and experience

- Staff gave us mixed feedback about the level of support they received. One staff member told us, "I feel like they are trying to make improvements, but the support could be better." The supervision matrix did not demonstrate that staff had all received regular supervision and appraisals in line with the service's policies. The management team acknowledged there were some areas of management which had fallen behind and told us there were plans to address these.
- There were various assessments of competency for staff and staff had access to a variety of training. Feedback from staff about training was positive and staff felt encouraged to develop in their role. However, the records indicated that staff had not completed training in various aspects of care they provided.
- Feedback from people and families was mixed about the competency and skills of staff. Some people and families discussed some concerns they had in relation to staff skills, for example, the delivery of personal care, or moving and handling. Staff told us they were often expected to support new members of staff but felt they did not have the time to do this and did not always feel confident to do so.

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

- Families raised concerns about how often people were offered drinks. We observed drinks being offered at various intervals throughout the day, but drinks for people in their bedroom were not always readily available.
- Feedback about the quality of food was mixed. We observed a number of people left their meals, and it was not always evident people had the encouragement to eat and drink well. We observed people who required additional support to eat and drink that staff would do this respectfully but would not always provide the verbal encouragement and support that some people might need.

- It was not clear how people were involved in developing the menu and people told us the variety of meals available was limited. The chef understood the importance of providing meals prepared to the right consistency and in line with people's assessed needs.
- People's dietary needs were recorded within care records. However, care records contained some inconsistencies making them confusing for staff who did not know the person well. For example, one person was on a pureed diet and their risk assessment noted they had difficulty swallowing. However, the care plan noted they did not have difficulty swallowing. Records did not consistently demonstrate care was being given in line with assessed needs. This was fed back to the registered manager and is discussed further in the well led section of this report.

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

- Improvements were needed to ensure communication worked effectively within the home. Some staff told us that communication and updates did not always work as well as they could and commented, "Handovers can be difficult sometimes due to language barriers." On the first day of inspection, we found it difficult to establish who in the home was affected by the diarrhoea and vomiting outbreak as staff were not able to tell us or did not know.
- Feedback from people and families was mixed. Some people felt the home was very responsive to their needs whilst others gave us examples of where they felt there had been delays in receiving treatment needed. Families told us communication between health care services and the home could also be difficult at times and the phone would often go unanswered. Feedback suggested that staff were not always able to identify deterioration in people and that liaison and referrals with external services could be improved.
- The service was involved in a number of initiatives run within Stockport. For example, the service was working with the home treatment team to reduce hospital admissions. The registered manager spoke very positively about being involved in these initiatives. A doctor from the local surgery completed a ward round at the home every week and the registered manager told us this worked well to enable people to receive medical input and reviews as needed.

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

- The provider had not completed all plans to adapt and improve the premises to ensure it met people's needs. Some changes following our last inspection had been completed and further work was planned.
- People told us they wanted to go outside but this was not facilitated. The registered manager told us they planned to ensure that at least a few people were supported to go outside for a while each day but due to the outbreak and people being poorly this had not always been happening. However, records did not demonstrate this was regularly happening and the ground floor outside space was not suitable and did not have any seating.
- The home was using best practice guidance to look at ways to improve the environment for people living with dementia. Further work in this area was being developed. Signage was in place to help people find their way round the building. However, not everyone had signs to help them to identify their bedroom.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records regarding people's mental capacity were inconsistent and confusing. We could not be certain that people had been fully assessed in line with MCA.
- The registered manager told us they worked with people to support independence. For example, one person who was expressing a wish to go out had arrangements made for an assessment by a social worker and following this, additional staffing was to be implemented to allow this person to go out with a staff member. However, we received conflicting information from some people about whether their requests and choices were respected.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People did not always feel well treated. Feedback about the care provided was mixed. One person commented, "Some staff are okay, but some don't know the meaning of care. Some can be arrogant and think they are above you." However, another person commented, "Staff are nice here. I'm happy here."
- Families did not always feel people had caring support. One relative told us of several examples of poor practice they had witnessed and told us, "Some staff just don't seem interested." Another relative member fed back, "Staff, they are just getting on with it. I wouldn't say uncaring, but matter of fact."
- Inspectors observed some positive interactions between some staff and people living at the home, and some staff spoke fondly of the people they were supporting.

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

- People did not always feel involved in decisions about their care. For example, feedback indicated people were bathed on a rota basis and although staff told us people could request a shower, people told us they did not want to put staff out by doing this. Care records contained inconsistencies about people's capacity to make decisions.
- Care plans and records did not demonstrate that people or their families had been involved in developing plans for their care and reviewing these at regular intervals. Feedback was mixed. One relative told us, "I get contacted if there are any changes... they listen to me and my [family member]." However, other people and relatives were unable to confirm how they had been involved.

Respecting and promoting people's privacy, dignity and independence

- People were not consistently receiving good quality personal care. People, families and professionals commented that personal hygiene standards could be improved. One person told us, "A carer comes in on a set day for a shower."
- Some people were not clean and care records did not evidence that people were consistently having personal care. This was discussed with the management team who acknowledge that some people had complex needs and would often refuse personal care. However, it was not evident there were robust processes for oversight of this to ensure people received regular support with personal care or escalate concerns where people were consistently refusing.
- CCTV was in place for the purpose of supporting people's safety. The management team had ensured consent forms were signed by people, or their legal representative on their behalf. However, we had some concerns about audio recording and people and relatives told us they felt they were being watched.
- The service used privacy gates to stop people going into the bedrooms of others where this had been

agreed. However, it was not clear that everyone who had privacy gates had given consent or that this consent had been reviewed. One person who had a privacy gate told us, "I don't like it. It feels like I am in a zoo."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection we found that people were not receiving care that was consistently person-centred and met their needs and preferences. This was a breach of regulation 9 (Person-centred care) 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 9.

- Care records did not always demonstrate that care was person-centred, and care plans did not contain enough information about people's preferences. The shortfalls found at our last inspection had not been resolved and care recorded was primarily task focused and did not consistently demonstrate that care was being provided in line with people's assessed needs. For example, diet records did not demonstrate diets had been suitably modified to people's needs, and robust recordings of pressure relief in line with planned care were not being maintained.
- We observed, and people and families fed back, that the quality of care provided to people varied with some care being compassionate and person-centred, whilst other interactions were task focused with limited interactions or reassurances being given.
- People were often left without support whilst staff were unavailable. Feedback from people and families was that people were often left in their rooms as staff were too busy. Throughout the inspection there were significant periods of time where staff were not visible. A number of aspects of care recorded such as personal care and continence care appeared to be provided on a rota basis rather than be targeted in line with people's assessed needs. Several people living in the home walked throughout the home and went into people's bedrooms without staff observation or staff intervention.
- Feedback from people and families indicated shortfalls in frequency and the quality of personal care people received, including oral care. We also observed people did not always get the support or encouragement they needed to eat well. The management team acknowledged there could be challenges in relation to providing personal care for people when they refused. However, it was not evident that there were clear systems for revisiting and escalating the shortfalls in this area.

People were not receiving care that was consistently person-centred and met their needs and preferences. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

## Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and care plans were in place. These did not always contain enough person centred detail to ensure staff knew how to effectively communicate with the people they were supporting and were not always reviewed at regular intervals.
- A communication policy was in place and the service was able to make adaptations where needed. However, it was not evident that staff were consistently considering people's communication needs. For example, one person enjoyed reading but required this to be larger print. When we asked for large print books to be provided staff told us they did not have any. We later found a book that was in large print for this person to read.
- People, and families commented that it was difficult to understand some staff. One family member commented, "Half the staff don't know how to communicate and don't understand what people are saying. I don't think staff have time to listen. Its important staff understand and talk to people."
- We discussed this further with the management team who assured us that staff completed a full assessment of spoken English, but that some accents could be difficult for some people to understand. Staff commented that communication within the team could be difficult at times.

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 told us that there was not very much to do. The activity worker told us they had arranged some trips out, had nursery children visit the home monthly and visited the local community church. During the inspection some craft activities were completed. A visiting professional told us, "The activity co-ordinator is engaging, they focus more with the more able residents, it seems there are limited resources, but they engage well with teams coming in." The activity worker told us they would visit people in their bedroom.
- Feedback from people, families and health care professionals was that there was no safe outside spaces and limited stimulation for people, especially those cared for in their rooms. The registered manager told us that staff would support people to go outside but this was not evident in records, observations or feedback, especially for those who were not readily mobile. Opportunities to use the outside space needed to be embedded within practice.
- The registered manager told us they would support people to access the local community where this could be done safely and were currently working with commissioners to support one person in this area.
- Staff fed back that they would like to see more activities and things for people to do. They told us that the activity worker was often pulled in to do other roles, such as help in the kitchen. We observed the activity workers were often involved in providing care.

## Improving care quality in response to complaints or concerns

- There were systems to investigate and respond to complaints. We reviewed complaint records, and these appeared to have been investigated and responded to. The systems to record verbal concerns were less robust. People and families told us they had raised concerns with the management team and although verbal assurance had been given these had not always led to the changes being actioned, and records of these conversations were not being maintained.
- People and families had mixed views about how confident they felt about raising concerns. One relative commented, "I've made a few complaints, they usually get verbally sorted out ...except one. I am still

waiting to hear back about [specific situation]. I've been waiting [several months]." People did not always want us to share the specific feedback they had given us with the service as some people told us they did not want this to impact on their care.

#### End of life care and support

- The service worked with healthcare professionals to develop advanced care plans to meet people who had been identified as requiring end of life care. We reviewed one person's care records as they were approaching end of life. We found their care plans were primarily task focused and lacked person-centred detail.
- Training was available to staff regarding end of life care. At the time of inspection, a number of staff had not yet completed this. Feedback from healthcare professionals was that staff needed further support to ensure they had the knowledge, skills, and confidence to support people in this area.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found systems were not robust and effective to assess, monitor and mitigate risk for people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Various systems for audits and checks were in place. The quality of how these were being completed varied. Some checks and audits identified areas for improvement, whilst others were not. Paperwork was not always fully completed, making audit trails difficult to establish as to which member of staff had completed checks or where and when. Some audits were newly implemented and need further time to demonstrate how robust or effective they were.
- Systems for oversight were not always being used effectively. For example, care records did not evidence that people who were identified as being at risk of weight loss had their weekly weights completed. We could not be certain that oversight of risk assessments such as Waterlow and MUST were being checked to ensure accurate completion. We were not assured that inconsistencies with care records were being identified through resident of the day, care plan of the week or other review processes in place.
- A service action plan was in place; however, several areas of work were still outstanding. The provider had not made the progress needed to establish and embed all actions from the concerns identified at our last inspection and it was not evident that feedback from people, families, staff and other professionals had been considered within the action plan.
- Peoples' care was not being consistently reviewed and records did not demonstrate where updates were made. Care plans lacked detail and staff were not maintaining accurate records of the care being provided.

Systems were not sufficient to ensure compliance with the requirements of regulation and assess, monitor and improve the quality of the service, and that accurate complete and contemporaneous records maintained. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider had fitted closed circuit television (CCTV) internally and externally to the building. CCTV recorded audio and video footage and had not been installed in accordance with General Data Protection Regulation principles. During the inspection, we requested that the audio facility of the CCTV be disabled throughout the home in consideration of people's right to privacy. The management team assured us they would review the arrangements for CCTV to ensure it was only in place where needed to promote safety and did not infringe on people's and families' rights. We received confirmation from the management team that this had been completed following the second day of our site visit.

We recommend the provider consider current guidance on the use of CCTV and further update their practice accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and families had mixed views about how they had been involved in feeding back about the service. One relative commented, "There are things on the wall about feedback and action plans. I feel that some things from the last CQC report haven't been addressed and are still work in progress." Another relative told us, "They always contact me. I have had a couple of meetings and they answered all my concerns and questions. The [registered] manager is brilliant. Whatever I ask them, they will deal with."
- Evidence of surveys completed in the last 12 months were in place. However, it was not evident that these had been analysed or followed up. Feedback was mixed and some important areas for improvement had not yet been implemented.

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

- The service did not have the CQC inspection report and rating on their website at the time of the inspection. This was addressed immediately following the inspection at our request.
- Records of accidents and incidents were being maintained and the service was sharing information with services including the local safeguarding team and CQC as required.
- Where complaints had been raised, these were responded to, and apologies given where needed. However, we could not be certain all information was recorded as robustly as possible, and feedback from people about the service's response to concerns was mixed. One relative told us, "I feel the atmosphere at the home has changed. Everything seems to be guarded now."

Continuous learning and improving care; Working in partnership with others

- The service was involved in a number of joint working initiatives run by the local integrated care board and the management team were keen to work with partner agencies. The registered manager told us that there were some challenges in communication with other services and that work was ongoing to address this, which included regular meetings with relevant partner agencies.
- The management team were responsive to feedback throughout the inspection and took steps to address any concerns.
- We noted some areas of improvement since our last inspection. However, other areas had not been effectively addressed and records of continuous learning from feedback was not always evident. The management team acknowledged there had been some delays in rolling out surveys and obtaining feedback from people and their families, but they told us work in this area was ongoing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not sufficient to ensure compliance with the requirements of regulation and assess, monitor and improve the quality of the service, and that accurate complete and contemptuous records maintained.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Robust recruitment processes were either not being followed or not being suitably recorded to ensure staff were safely and appropriately recruited.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not sufficient and suitably deployed to ensure people received timely, appropriate and safe person centred care.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not consistently receiving person centred care that met their needs and preferences and was in line with their assessed needs.

### **The enforcement action we took:**

Warning notice