

West Bank Residential Home Limited

Dunmore Residential Home

Inspection report

30 Courtenay Road
Newton Abbot
Devon
TQ12 1HE

Tel: 01626352470
Website: www.bucklandcare.co.uk

Date of inspection visit:
15 January 2020
16 January 2020
26 February 2020

Date of publication:
22 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Dunmore residential home is a care home without nursing and is registered to provide accommodation and support for up to 32 people. People living at the service were mainly older people, living with poor health, or early memory loss. At the time of the inspection there were 19 people living at the service.

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

The inspection took place over three days. Due to unforeseen circumstances we were unable to complete the inspection within the initial two days, so an additional third day of inspection was carried out at a later date. By the third day of inspection we found significant improvements had been made. However, we found a number of areas where further improvements were needed. We need to be certain the improvements will be sustained and will be fully effective.

The service did not have a registered manager in post. However, a manager had been appointed and had made an application to be registered. Prior to this inspection there had been a high staff turnover. All the management team and a high percentage of the staff had left, some of whom had worked at the service for many years. This had impacted significantly on the quality and safety of the service. At the time of our inspection the service was being supported by the local authority quality assurance and improvement team (QAIT) due to concerns over the quality of the care being provided. The provider had decided to voluntarily suspend all new placements to the service until improvements were made. Feedback received from the QAIT team after the third day of inspection was positive about the progress made since the new manager had been in post.

People told us they felt safe living at the service. However, during the first two days of the inspection we identified significant concerns over people's safety. Records of people's care and risks were poorly completed, out of date or absent. For example, records of people's fluid intake were consistently inaccurate, and no clear system was in place for the escalation of concerns about people's fluid intake. This meant there was a risk people received unsafe or inconsistent care, because staff did not have up to date records of people's changing needs. On the third day of the inspection we found while improvements had been made, further improvements were required to ensure people's safety. There was a more robust system of assessing, monitoring and managing risks and this was having a positive impact on people's safety and wellbeing. However, people had not always been referred in a timely way to external health professionals, and it was not always clear that risk management plans were being followed by staff to minimise the risk of pressure area damage.

People we spoke to on the first two days of the inspection could not remember being involved with drawing up their care plans, some of which were out of date or incomplete. Most did not contain information about people's history, background, hobbies and interests. Plans and guidance on supporting people with anxious or distressed behaviours were not in place. On the third day of the inspection we found improvements were being made. Action had been taken to support staff understanding of people living with dementia who

showed distressed or anxious behaviours and behavioural charts were in place to try and identify any triggers. The service was introducing an electronic care planning system and were developing a 'focus' care plan with the support of the quality assurance and improvement team. This would provide a template for all care plans when transferred to the new system, with detailed information about people's needs and preferences.

During the first two days of inspection we found people's medicines were not always being managed safely. However, with the support of the local authority medicines optimisation team, this was no longer the case by the third day of the inspection.

On the first two days of the inspection there were insufficient permanently employed staff. Vacant shifts were covered by agency staff who did not know people or have a good understanding of their needs. By the third day of inspection there was a permanent staff team in place and agency staff were no longer required. The new staff team was getting to know the people they were supporting, and gaining confidence and skills.

People were supported by staff who had been recruited safely. However, during the first two days of inspection we found there was no clear understanding of staff training needs, or systems for staff supervision and appraisal in use. By the third day of inspection we found staff were receiving the induction and training required for their role. The training was documented on a training matrix which gave the manager a clear oversight of what training was still required. Staff had received group supervision with one to one supervision due to start. They told us they felt well supported, and we observed they were skilled and effective in the way they supported people.

On the first two days of the inspection the manager was aware the service did not have clear understanding of people subject to restrictions under the Mental Capacity Act 2005. By the third day they had reviewed and resubmitted all of the Deprivation of Liberty Safeguards (DoLS) applications to ensure they were accurate. Mental Capacity Assessments were due to become part of the overall care planning process when the service moves to a computerised care planning system in the near future. Newer staff had not received significant training in the Deprivation of Liberty Safeguards or on issues of consent, although this was in progress by the third day of the inspection.

Systems for supporting people or their relatives to have a say on the quality of the service had lapsed, however by the third day of the inspection a residents and relatives meeting had been reinstated and was positively received.

On the first two days of inspection we found the providers governance systems, which should help identify risks or where improvements were required, had not been effective. This meant the service had deteriorated in all areas since our last inspection and people had been placed at risk of harm. By the third day of the inspection a comprehensive quality assurance programme was in the process of being embedded and a service improvement plan had been developed with clarity around timescales and responsibility.

By the third day of inspection the manager had improved monitoring and accountability at the service. They were themselves highly visible. They had reviewed the staffing structure, rotas and job roles. Staff now worked in 'zones', and daily checklists were used to ensure all necessary tasks were completed. There was an open, transparent and positive culture at the service. Staff told us they felt valued and part of a dedicated team.

Although we had concerns initially that people were not receiving person centred care in line with their preferences, this was not the case by the third day of the inspection. We saw some examples of supportive

and compassionate care from staff. Staff were positive about supporting people and had a clear understanding of their needs.

Dunmore had an activity programme which meant people had opportunities to be active and reduce risks from social isolation. Links were being established with local services to enable people to spend more time in the local community.

People were not all positive about the meals served, but the manager could tell us about very recent changes they had made to increase people's choice and variety.

Systems for managing complaints or concerns were in place, and staff were aware of how to report any concerns about people's well-being or potential abuse.

We have made a recommendation the environment is assessed for adaptations that may help support people with dementia of who are living with physical disabilities. Otherwise all areas seen were clean, warm and comfortable, with housekeeping staff taking pride in their work. Infection control risks were being managed well.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 10 August 2017).

Why we inspected

The inspection was prompted due to concerns received about people's care and safety, staffing and management and leadership. A decision was made for us to inspect and examine those risks.

We have found evidence the provider needs to make improvement. Please see the safe, effective, responsive and well led sections of this full report.

The provider is acting to mitigate those risks.

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

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. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring

Details are in our Caring findings below.

Good ●

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 ●

Dunmore Residential 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.

The inspection took place over three days. Due to unforeseen circumstances we were unable to complete the inspection within the initial two days, so an additional third day of inspection was carried out at a later date.

Prior to the inspection the Care Quality Commission (CQC) had received some information of concern about the service. A safeguarding meeting had been held and support was being given to the provider to make improvements.

The inspection was also prompted in part by notification of an incident following which a person using the service died. This incident is subject to investigation and as a result this inspection did not examine the circumstances of the incident. The information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

Inspection team:

The inspection team consisted of one inspector and an Expert by Experience on two days, and two inspectors on the third day. 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: Dunmore is a care home without nursing care provided. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager in post. A manager was in post and had made application to the CQC to be registered but this process had not yet been completed. Registration with CQC means that

they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided. They are referred to throughout this report as the manager.

Notice of inspection:

This inspection was unannounced on the first day and started early in the morning. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:

Prior to the inspection we reviewed the information we held about Dunmore and the notifications we had received. A notification is information about important events, which the service is required by law to send us.

The provider completed a provider information return (PIR) prior to this inspection. The PIR contains information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we talked to two visiting relatives, eleven people living at the service, the manager, previous deputy manager, two agency staff members, two chefs, two members of the housekeeping team and eight members of care staff.

We looked at the care records for three people in detail and sampled other care plans and records, such as those for medicines administration, audits and the management of risks. We looked at three staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Following the first two days of inspection, we received some follow up information by email and spoke with the manager on the telephone. We contacted the nominated individual for the organisation to discuss our findings. After the third day of inspection we received additional information by email from the manager and feedback from the local authority quality assurance and improvement team.

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 Good. At this inspection this key question has now deteriorated to 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.

.Assessing risk, safety monitoring and management

- On the first two days of the inspection we identified significant concerns over the management of risks to people, which left people at increased risk of harm.
- Records regarding the management of risks were not always in place. Where they were, they were often out of date or not being used consistently to inform staff practice or reduce risks to people.
- Plans and protocols were not in place to guide staff on how to support people living with diabetes or other long-term health conditions to maintain their well-being.
- Plans and records did not support staff to identify and mitigate risks associated with people's health, such as from tissue damage or poor nutrition.
- One person had developed a Grade 3 pressure ulcer. Although this was receiving appropriate attention from community nurses, and equipment was in place to prevent further tissue damage this was not recorded in their care plan, on body maps in their file or in the daily staff handover notes. The ulcer had not been reported to the CQC as is a legal requirement. This was done following the inspection.
- Records regarding people's meals and fluid intake, were poorly completed. Fluid recording charts were in place but not reviewed to see if they were accurate or if the person was at risk. No information was available to guide staff on how much each person should be drinking to maintain their health. This meant risks were not identified and shared at the staff handover for staff to follow up.
- Risks from poorly completed or absent records were compounded because of the numbers of agency staff or new and inexperienced staff working at the service.
- Where people were living with dementia and showed distressed or anxious behaviours there were no plans to guide staff on how to support the person. Guidance and support provided by the Older Person's Mental Health Team in December 2019 had not been documented in their notes.
- On the third day of inspection we found significant improvements had been made and were being embedded. However, we found there were still some areas where the management of risks needed further action to keep people safe.
- Where people had been identified as being at risk of choking, assessments were included in their care plans, and guidance understood and followed by staff. However, on the third day of inspection we found one person had experienced two serious choking episodes three days previously and was continuing to choke when given thickened fluids. Records did not show the SALT (speech and language therapy team) team had been contacted. We raised this with the manager who confirmed they would do so immediately.
- It was not always clear that the skin care plans in place were being followed by staff, because there were gaps in the records of prescribed creams being administered. We discussed this with the manager who had already identified this risk and was acting to address it.

- Tissue damage risk assessments had been completed but were inaccurate because the guidance given by an external consultant was wrong. This was in the process of being rectified.

The failure to effectively mitigate risks to people placed them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had been working closely with QAIT (the local authority quality assurance and improvement team) to improve the assessment and management of risks to people. QAIT were positive about the progress being made, telling us the leadership team were strong and focussed, and the improvements were having a "huge impact." For example, there had been forty documented falls at the service in November 2019, but just two in February 2020. Work was continuing to ensure risk assessments and care plans supported staff to meet people's needs and keep them safe.
 - On the third day of the inspection we found the manager had introduced a more robust system of monitoring risks, keeping all the monitoring charts in people's rooms where they were accessible to staff.
 - A robust handover system had been introduced, which ensured information about any changes to people's needs, and risks was shared effectively across the staff team.
 - On the third day of the inspection we found fluid input levels were being recorded and totalled at the end of the day, with any concerns shared at staff handover the following morning. Staff told us "We are hot on fluid levels". They said they understood the importance of keeping fluid levels up and always promoted drinks.
 - Action had been taken to support staff understanding of people living with dementia who showed distressed or anxious behaviours. Behavioural charts were in place to try and identify any triggers. Staff were able to describe people's needs clearly. They explained how they supported people when they refused care, and when they became aggressive. The manager was seeking further guidance and training to enable related risks to be better assessed and safely minimised by staff.
 - There was now a stable staff team in place. This meant staff were getting to know people and could recognise when they were at increased risk due to a deterioration in health.
 - Equipment was well maintained and regularly serviced. Regular fire tests and drills were carried out. Systems were in place to assess risks from equipment including bed rails, wheelchairs and pressure mattresses to ensure they were safe, clean and hygienic. Some water temperature valves and a window restrictor were due to be installed but the manager did not yet have an agreed date when this will be completed.
- People told us they felt safe. One person said "I feel very safe thank you. They look after me well."

Using medicines safely

- During the first two days of the inspection we found people did not always receive their medicines safely or as prescribed to promote their health and well-being. For example, one person was prescribed a medicine to manage high blood pressure. Prescription guidance stated this should be taken 30-60 minutes before food, however the medicine was given when the person had already eaten their breakfast. This meant it might not be as effective at managing their condition.
- Some guidance or protocols for the administration of as required or 'PRN' medicines were not in place. For other people prescribing guidance or instructions were not clear. For example, one person was prescribed medicine to control their behaviour, to be given if the person was "Anxious and Irritable." The service had not identified what this meant, and the person did not have the capacity to consent to this medicine being given. There was no guidance for staff on what steps to take to support the person before resorting to using medicines.
- Some medicines audits had been completed, which had identified gaps in the administration records. The manager told us they had been working to reduce these.
- One senior staff member told us the 8am medicines round was sometimes not finished until nearly 11am. On the second day of the inspection the medicines were completed by 10.10am.

- We observed some good and some poor practice when supporting people to take medicines. One person was given their medicines when they had a dry mouth. A tablet stuck to their lip, and they struggled to swallow it down with water. We saw one person being given their tablet in their hand without any explanation. However, we also saw people being asked if they wanted pain relief.
- The manager told us senior staff had received training in the managing and administration of medicines but was not clear they had always been following the guidance they had been given. New training for staff was being sought.
- Medicines were stored safely in a medicine room and taken around the service in lockable trolleys.
- Following the first two days of inspection the service began working with the medicines optimisation pharmacist from the local authority to review the safety of their systems. The service improvement plan seen following the third day of the inspection showed all the issues had been addressed, and this was confirmed in feedback from the QAIT team.

Staffing and recruitment

- The service had been subject to a recent high turnover of staff, with many longer standing or experienced staff leaving the service co-inciding with the retirement of the previous manager and deputy manager. Staff rotas demonstrated enough numbers of staff on duty, however during the first two days of inspection there was a significant reliance on agency staff or inexperienced staff to ensure staffing numbers were maintained.
- On the first day of the inspection the service had a chaotic feel and people did not always receive care when they wanted it.
- By the third day of the inspection we found permanent staff had been successfully recruited, and agency staff were no longer needed. Staff told us, "We now have a more stable staff team and are starting to see the benefits. It's coming together nicely and isn't so manic in the mornings. Now there are more staff we have more one to one time with people."
- The atmosphere was calm. Call bells were responded to immediately. One person pressed their alarm button several times and the whole staff team responded, even though they knew who was calling and it was likely to be a false alarm, they still took it seriously. Staff were attentive, spending time chatting to people.
- Due to the size of the building the service had recently bought in walkie talkies, so staff could communicate their location.
- Recruitment practices were thorough, and pre-employment checks from the Disclosure and Barring Service (police) had been undertaken before new staff started work. Where one staff member had a lengthy gap on their employment history, the manager confirmed they would address this with them. It was understood they had not worked in care or support services during this period.

Systems and processes to safeguard people from the risk of abuse;

- Dunmore had recently been the subject of concerns being raised about the quality and safety of people's care. These had been reviewed by the local safeguarding team and support was being provided from community healthcare professionals and the local authority quality improvement team to address issues.
- People felt safe, and relatives told us they considered their relation was safe from abuse at Dunmore.
- Staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Information was available on how to raise concerns and policies were in place to guide staff on actions to take.
- The manager had reviewed safeguarding audit processes to ensure they were effective.

Learning lessons when things go wrong

- Where incidents or accidents had occurred, there were systems for highlighting concerns within the service. However, the accident and incident reporting forms we saw during the first two days of inspection were

poorly completed and lacked detail. They did not prompt or guide staff on immediate actions to take, for example if the person was taking certain medicines that might increase internal bleeding or had a head injury. The manager had a new format she was planning to implement.

- The manager was proactive in learning from significant events and acting to minimise the risk of recurrence. The significant improvements made during the course of the inspection showed they had taken on board the initial feedback and worked hard to address the concerns raised.

Preventing and controlling infection

- All areas of the service seen were clean, except for the dining room carpet. Cleaning and laundry staff were able to tell us how they managed potential infections and had addressed them when a concern had been identified. Sufficient cleaning materials and equipment were available, and staff were enthusiastic about their housekeeping role, understanding how important this was to people.

- Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and some had received training in managing infections.

- The laundry area was clean and free from a build-up of items waiting to be laundered.

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 now deteriorated to requires improvement. This meant 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 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. 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 on such authorisations were being met.

- On the first two days of the inspection we found people's files did not all contain information about people's capacity to consent to care, records of best interest decisions, or evidence of legal processes in place to identify people with power of attorney. The manager gave us a copy of their DoLS tracker but acknowledged this was out of date. By the third day of the inspection we found improvements were being made.
- The manager had reviewed and resubmitted all the DoLS applications to ensure they were accurate.
- Mental Capacity Assessments were due to become part of the overall care planning process when the service moved to a computerised care planning system in the near future.
- Newer staff had not received significant training in the Deprivation of Liberty Safeguards or on issues of consent, although this was in progress by the third day of the inspection.

Staff support: Induction, training, skills and experience.

- During the first two days of the inspection we identified concerns over the induction, training, skills and experience of staff. There had been a high turnover of staff. Agency staff were being used to fill posts while new staff were being recruited. The manager had no clear idea of the current training needs of staff, many of whom were new or inexperienced in care. They had not received some basic elements of training such as fire prevention, and the manager could not tell us when this had last happened.
- By the third day of the inspection a permanent staff team was in place and agency staff were no longer required. Recently recruited staff had completed an induction, during which they shadowed experienced members of staff and completed the care certificate (a nationally agreed set of standards for care workers).
- The manager now had a training matrix in place, which gave them a clear understanding of the training

staff had completed and when. This showed most staff had now completed the providers' mandatory training, including fire safety training. There had also been more specialist training, including 'dementia-understanding and responding to behaviours'; 'falls-managing risk' and end of life care. Staff meeting minutes showed the manager had encouraged all staff to complete the mandatory training as a matter of urgency. They also supported staff to continue their professional development and undertake relevant vocational courses.

- Formal systems for staff support such as appraisals and supervision sessions had not taken place for some months. A group supervision meeting had now been held, and one to one supervision sessions were due to start.
- Staff told us they had received good training and support. They were able to describe people's needs clearly, including those with complex needs. We observed them supporting one person, who was feeling extremely anxious. They understood the person had poor short-term memory and could not retain the information, so continued reminding them and offering reassurance.

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

- During the first two days of the inspection we found people's healthcare needs had not always been referred to other agencies appropriately. For example, one person said they were concerned over their hearing. They said, "I really can't hear very well, I used to be able to hear quite well actually, but I need them testing." We asked the service to make a referral for this, which was done. We also asked the service to seek guidance on the needs of someone with diabetes and clarify another person's position regarding cataract removal, which was also done.
- The service had recently been involved in a safeguarding process, which had identified several concerns, and was as a result receiving additional support. This included oversight from community nurses, dieticians, and QAIT (the local authority quality improvement team). This helped to ensure people's needs could be identified and met. The manager told us the updating of people's healthcare assessments would take place with the care plan reviews.
- During the inspection the service responded appropriately when a person suddenly deteriorated, seeking emergency medical support swiftly.

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

- Before people came to live at the service, assessments of their needs were carried out. This helped ensure everyone understood their needs could be met before they moved in and were used as the foundation of the person's care plans. At the time of this inspection Dunmore was not taking in any new people until they had managed to stabilise the service.
- The assessments sampled had been completed well, and guidance on best practice was available within the home's policies and procedures.

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

- Dunmore is an adapted period building, long established in providing care services. The property is situated in an elevated area of Newton Abbot, with views out over the town.
- The environment was well maintained and comfortably furnished. There was a choice of communal areas. Some bedrooms were large and bright, others had more limited space, and some corridors were narrow. There was a passenger lift to support people moving between floors, although we were told no-one could use this unsupported.
- Although many people living at the service were living with some degree of memory loss or early dementia, there was little environmental adaptation to support them orientate themselves. Some bedroom doors had photographs of the person and their name, but there was little directional signage to identify for example how to find a toilet. A staff photo notice board in the entrance was out of date. For people with visual impairments there was poor visual contrast between light coloured walls and door frames/light switches.

Some people had used coloured plates, but no accessible cutlery was in use.

We recommend the service undertake an audit of the premises, to ensure they are meeting best practice in environmental design for people living with disabilities, and dementia.

- Adapted bathrooms, mobile hoists, shower rooms and toilet facilities were suitable to meet people's needs. Odour control was good. Steep staircases for staff or emergency use were secured via keypads, which would disable if the fire alarms sounded.
- Some rooms had window restrictors which consisted of several metal bars across the windows. Although these had the desired effect of ensuring the window opening was restricted, they did leave an unfortunate impression of restriction.
- One person was very anxious about their memory. Their room had been customised by their family, using technology, digital signs and clocks. These offered them support and reminders about where they were, what was going to happen at particular times and what they could do to spend their time. The person told us "I have a lovely room and everyone's really helpful here, nothings too much for them."
- Another person said of their room "I would like the room more, if it was a bit bigger, but it's got a beautiful view... it's not easy getting around now, so I stay in my room...."it's not the same as being at home, but yes I feel safe here."

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

- People were not all complimentary about the food they received. On the first day of the inspection people were struggling to eat the lunch which was roast pork. One person said, "the meat's tough, it's horrible", and another said "No I don't feel like eating this thank you.... how do they expect us to eat this.... you can't even cut through the meat." Two people told us they had not received their drinks that morning. One person said they had not had their breakfast. They requested cheese on toast and a cup of tea. This was relayed to the kitchen staff, and the person later told us they had enjoyed this. People's comments on the lunch were relayed to the manager.
- Another person said, "The foods a bit 'samey', it's alright, I suppose" "if I don't like it, there's always a range of other things I can have". Other people were positive about the meals with one saying, "Yes we like the food, we eat what we're given, and it's always good."
- Menu plans demonstrated people's special needs regarding their diets could be supported. For example, one person needed a gluten free diet, another was dairy free. Chefs told us how they ensured this happened. Meals contained fresh fruit and vegetables.
- The chefs could demonstrate how they ensured people received their meals in appropriate textures or fortified meals to meet people's dietary needs. Recent changes to the catering staff rotas meant people could choose to have cooked breakfasts if they wanted, and additional choices at other times.
- The service improvement plan we saw on the third day of inspection showed the manager had listened to people's comments and taken action to improve the mealtime experience, food presentation and staff knowledge around nutrition.

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 outstanding. At this inspection this key question has now deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- During the first two days of the inspection we found there were no systems in place to enable people and their supporters to have a say about the service. On the third day of the inspection the manager told us 'residents and relatives' meetings were now in place and much appreciated. People and their families were now involved in developing and reviewing care plans.
- Not all the care plans we saw included information about people's personal, cultural and religious beliefs. Work was in progress to ensure this information was included when the new computerised care planning system became operational.
- The manager told us the service respected people's diversity and was open to people of all faiths and belief systems or none. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. We did not identify concerns people were subject to discrimination related to the protected characteristics in this legislation.

Respecting and promoting people's privacy, dignity and independence

- On the first two days of the inspection we found whilst staff we saw were caring in their approach, people's care was not always person centred, or in line with people's wishes. By the third day of the inspection improvements had been made.
- On the third day of the inspection one person was having a lie in. Staff had checked on them and provided drinks and medicines during the morning. Staff told us the person's daily routines changed from day to day in line with their wishes, and this was confirmed in their care plan. Other care plans documented people's preferred times of getting up and going to bed.
- Staff understood the things that were important to people. For example, a member of staff described to us how they had supported a person to get up that morning. They could explain in detail what the person enjoyed about getting up, and how they made choices around their clothing and accessories. They told us for example how the person liked to lay out their underwear and ensure everything was matching.
- We saw evidence of positive relationships and sensitive care in place. For example, we saw a person having very tight hold of a soft toy. Staff were encouraging the person to transfer from their wheelchair, but the person did not want to let go of their toy. Staff gently supported the toy, cradling it like a baby in front of the person whilst verbally encouraging them. They said "You put your baby in my arms. I'll take really good care of it." The person was re-assured and transferred safely.
- People told us they were able to maintain privacy in their bedrooms, that staff knocked on their doors and ensured personal care was delivered in private. Staff who knew people well understood where people

wanted to retain their independence, and what they were able to achieve for themselves.

- Minutes of the group supervision meeting showed staff had been reminded of the importance of respecting confidentiality when using walkie talkies to communicate with each other. "Do not use people's names, room numbers will suffice but you must ensure there is limited details. For example, 'Can someone come up to room 4, I need your assistance'. The walkies are loud, and it is not respectful or discreet shouting various things across the radios".

Ensuring people are well treated and supported

- During the first two days of the inspection people told us staff tried their best to look after them but sometimes "support left a bit to be desired". By the third day of the inspection feedback from people was much more positive.

- We observed caring and gentle interactions between people and staff. When staff talked to people, they spoke face to face with them. They sat with people and chatted, sang and laughed with them. There was a very happy atmosphere in the home. All staff were confident and visible.

- During the first two days of the inspection people told us they liked the staff supporting them but were unsettled by all the staff changes. One relative said, "nothing wrong with them [staff], except they seem to change a lot". By the third day they were more settled because there was a stable staff team in place.

- Staff were making efforts to learn how people liked things. A member of staff told us, "It's a nice home and the residents are lovely. We are building relationships and getting to know what people's quirks are."

- People's birthday and special events were celebrated, and visitors were made welcome to the service at any time.

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. This 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;

- An audit of care plans carried out by the provider in November 2019 showed those audited were out of date and did not always record the person's involvement with the decision making around their care. We found this was still the case. Care plans were not always reflective of people's current needs and wishes for their care. People could not remember being consulted over their care plans or reviews.
- During the first two days of the inspection people told us they reminded staff about the support they needed. One person said "I have a shower once a week, otherwise it's a flannel wash, they (carers) always come and help me...I show them my leg, and even shout at them! They (carers) need to be very careful, my skin can ulcerate." By the third day we found staff had a detailed understanding of people's needs, and how to support them.
- Each person had an "Activities of daily living" plan, containing a summary of the support they needed. This was written in the first person, and included some positive focus, for example on areas of care people could undertake for themselves. However, most plans did not contain information about people's life history. These histories are important, especially where the person has memory loss, as they help staff to understand the person and their behaviour in the context of the life they have lived. A senior staff member told us this was an area they would be working on developing.
- The manager told us the service was introducing an electronic care planning system. They were in the process of developing a 'focus' care plan with the support of the quality assurance and improvement team. This would provide a template for all care plans when transferred to the new system, ensuring they contained detailed information about people's needs and preferences.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the service shared information with people to support their rights and help them with decisions and choices.

- The manager told us information could be made available to people in high contrast print or larger font if desired.
- The "assessment of activities of daily living" in people's plans contained details of any communication difficulties where identified. However, this was not always consistent or provided enough detail. For example, one person's plan said they enjoyed watching TV and reading but made no mention of the fact they needed to wear glasses to do so.

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

- During the inspection we saw people being supported to take part in activities such as music and dance, exercises, games and quizzes. These were carried out both by staff employed by the home and external providers. The manager told us the service placed a high priority of activities and stimulation for people.
- However, the service did not always record information about people's hobbies and interests, which meant not all these activities appealed to everyone. Some people did not find themselves engaged with or interested in the activities on offer, so preferred to spend time in their rooms.
- An activities organiser said they had recently been involved in initiatives to improve activities for people. This had included attendance at a local memory café and increasing trips out for shopping or to local places of interest. These had been well supported and they were enthusiastic about expanding them. Records were kept of all activities provided and who had attended. This helped ensure they could be kept varied and were keeping people's interest.

Improving care quality in response to complaints or concerns

- Systems were in place for the management of complaints and concerns. The service had a complaints policy and procedure on display.
- People told us they would feel free to raise a complaint if they needed to, although the manager had not been able to identify any made recently.

End of life care and support

- People's wishes about the end of their lives were recorded in their care files where these were known. We saw one example where the person had very specific wishes about their end of life care, but in another file, there was nothing recorded.
- The manager discussed the care and support given to a person recently at the end of their life. We also saw the minutes of a recent staff meeting where they had reminded staff about the needs to ensure various aspects of their care were carried out.
- Some people also had a treatment escalation plan, known as a TEP, agreed with their GP in place. This covered what treatment the person wanted in case of a sudden deterioration in their health, including their wishes regarding resuscitation or medical treatment to prolong their life.
- Not all staff had received training in supporting end of life care. Additional training was due to take place for staff in supporting positive end of life care.

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. This has deteriorated to 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. Although the provider had a governance framework in place, they had failed to ensure the quality and safety of the service and people were at risk. During the course of the inspection we found significant improvements had been made. However, we found a number of areas where further improvements were needed. We need to be certain the improvements will be sustained and will be fully effective.

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

- The service did not have a registered manager in post, but a new manager had been appointed and had made an application to be registered. At the time of the inspection they had been in post for around six weeks. They told us their philosophy of care was "Anybody coming in here, it is their home and me and my staff work in their home. The bedroom door is their front door, so treat them as you would your own grandma and grandad."
- The previous management team had left the service after many years in post, along with 75 percent of the staff team. This had impacted significantly on the quality and safety of the service. At the time of our inspection the service was being supported by the local authority quality assurance and improvement team (QAIT) due to concerns over the quality of the care being provided. The provider had decided to voluntarily suspend all new placements to the service until improvements were made.
- The QAIT team were positive about the progress made since the new manager had been in post. They told us, "There was nothing in place before. Where do you start when there is so much to address? There have been huge changes. [Managers name] has shown some good leadership. They are calm, transparent and open to feedback. It's a different home. Calm and orderly "
- On the first two days of inspection we found the providers management and governance processes had not been effectively or routinely operated to ensure the safety and quality of the service. Where audits had taken place, we saw they had not been effective in improving standards or safety. For example, we saw an audit that had identified concerns over care planning in May 2019 and another in November 2019, but these had not led to sustained improvements in the plans we saw. A report from May 2019 had also stressed the need to evaluate people's nutritional and choking risks monthly, but this had not happened. The failure to act on these and other concerns had left people at risk.
- On the third day of the inspection we found the quality assurance programme being developed by the new manager was in the process of being embedded. This looked at all aspects of service provision including medication, health and safety, infection control, the environment and documentation. Audits were being carried every three months out by an independent consultant. The findings were used to develop an action plan clarifying the actions required, by when and by whom. The quality assurance programme was not yet fully effective however. It had not identified some of the failings we found, for example staff not promptly

referring a person at risk of choking to the SALT team, and continued gaps in the records of prescribed creams being administered.

- The manager was highly visible at the service, monitoring what was happening over a 24-hour period. They had reviewed the staffing structure, rotas and job roles to improve monitoring and accountability. They had appointed three team leaders rather than a deputy manager, who also worked nights. Staff now worked in 'zones', and daily checklists were used to ensure all necessary tasks were completed. Staff told us, "It's so much more relaxed. There's no senior barking orders. I know that this is my role today and what needs to be done. The seniors then go around and double check."

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

- Staff spoke highly of the manager and their leadership. Comments included, "[Managers name] is brilliant. I can go to them with a problem. I can't fault them as a manager, they are fantastic." and, "If we have any problems, [Managers name] is very open. They tell us, 'Any issues or concerns don't hesitate to come.'"
- The manager told us they were well supported by the provider. The area manager visited monthly and they spoke to them on the telephone daily. The provider visited frequently. The manager told us, "[The provider] will provide anything the home needs immediately."

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 informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. However, notifications of certain events had not been sent to the Care Quality Commission without delay as required by legislation. This was done after the inspection.

Continuous learning and improving care

- The manager told us about resources available, both locally and within the organisation to learn and develop services and make improvements. This included support for managers to share good practice within the organisation.
- The manager was committed to ensuring staff continued learning and had the skills, knowledge and confidence to carry out their roles effectively. Most staff were new to the service. They told us they had completed a lot of training over recent weeks, online, within the home and at external venues. Team leaders were supporting them to gain an understanding of why they did the tasks they did, and to take greater responsibility, for example contacting families to update them about their family member. A senior member of staff told us, "I tell them, if they are struggling and need more time shadowing please come and tell me. Everyone works ok on their zones, but if they get a bit behind, I'll say who wants a hand, who needs me?"

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

- The manager could not identify when questionnaires were last sent to people, friends and family to support them to make suggestions or give feedback about the service. However, they told us they would be doing so.
- People were to be further encouraged to express their views about the service via an online tablet system in the entrance to the service; this was not yet working at the time of the inspection.
- Meetings for relatives and residents had been reinstated and positively received.
- The manager ensured staff were engaged and involved and felt valued for their hard work. This was evident in the minutes of a team meeting which stated, "I want to take this opportunity to thank all of you. I am really impressed with how you have all pulled together. The kitchen staff, if anyone is on leave, you sort it out amongst yourselves, then come and let me know. This is really appreciated. The cleaners pretty much do the same too. You carers have been amazing, you work much more cohesively, you are supportive of each of you and this shows in the home."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to effectively mitigate risks to people placed them at risk of harm.