

## Seely Hirst House

# Seely Hirst House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

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: Seely Hirst House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The care home accommodates up to 38 older people, including some people who were living with dementia, in one adapted building. At the time of our inspection 27 people lived there.

People's experience of using this service:

- The provider had made improvements to the management of risk for falls and behaviours that challenge, fluid intake, infection prevention and control and cleanliness and the application of topical medicines.
- This meant the provider was no longer in breach of Regulation 9, 12 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- However, the provider had failed to ensure equipment used to help people move had been inspected as required. Not all staff who administered medicines had had their competency checked in line with good practice recommendations and we found topical creams were not always stored securely in people's bedrooms. They had also failed to ensure their systems and processes to assess and monitor the quality and safety of services and investigate complaints were effective. In addition, the provider had not always worked effectively with other professionals to ensure continuous learning.
- This meant they were still in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Risks in the environment, such as from legionella were monitored and checked. Risks associated with people's healthcare conditions were identified and managed. Procedures were in place and followed by staff, to ensure infection protection and control practices were effective.
- Sufficient staff were available to meet people's needs and staff were deployed to ensure people received support in communal areas. Staff understood what actions to take to protect people from harm and abuse. The registered manager looked to learn from incidents and make improvements when things went wrong.
- People's needs were assessed and monitored and people's diverse needs were supported. Policies and procedures helped to ensure care was delivered in line with current standards.
- Staff received support and supervision to help them work effectively in their roles, although not all staff were up to date with the areas the provider had identified they required for their job role.
- Staff made referrals to other professionals for their advice and guidance regarding people's care when needed. People had access to other healthcare services as required.
- People had choices of food and drink to help them maintain a balanced diet. Staff supported people with their meals and drinks when needed.
- People liked their home and the premises had been adapted to meet their needs.
- People felt cared for by staff. People's views were taken into account when their care was planned. Staff took steps to ensure people's privacy and dignity was respected. People's independence was promoted.
- People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

- People received personalised and responsive care and enjoyed how they spent their time at the service.
- People had experienced a variable quality of experience when they had made a complaint; plans were in place to ensure people received a consistent and robust response to any complaint made. Information was available on how to complain. People's communication needs were identified and met.
- The registered manager was keen to ensure care promoted positive outcomes for people. The registered manager was considered to be open and approachable. People and staff felt listened to and had opportunities to be involved in the service; more information is in the full report.

Rating at last inspection:

At our last inspection, the service was rated as 'Requires Improvement' overall and 'Safe' was rated as 'inadequate.' (Published 12 September 2018). At this inspection we found the service had made some improvements and some improvements were still required. The overall rating for this service is 'Requires Improvement'. This is the third inspection where the service has been rated 'Requires Improvement' overall.

Why we inspected:

This is a scheduled inspection based on the previous rating. The previous inspection found four breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. These were Regulation 9 (Person-centred care), Regulation 12 (Safe care and treatment), Regulation 18, (Staffing) and Regulation 17 (Good governance).

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

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

## 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.

**Good** ●

### 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 well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Seely Hirst House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people and the care of people living with dementia.

#### Service and service type:

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

- Before the inspection we looked at the information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.
- We also reviewed information from the local authority commissioners on the service. Prior to this inspection, commissioners had met with the provider to identify actions needed to improve the service. Commissioners reported these actions were in progress at their last visit in October 2018. Commissioners

are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

- We checked whether Healthwatch Nottinghamshire had received feedback on the service; they had not. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.
- The provider completed a Provider Information Return. This is information we require providers to send us to give us 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We spoke with five people and six relatives about the service. We also spoke with the registered manager, the staff member with responsibility for training, a senior care staff, two care staff, the activities coordinator, the care-plan coordinator, a volunteer, a domestic member of staff, a maintenance staff member, and two kitchen staff.
- We looked at three people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, accident and incident reports, staff training and policies and procedures.

# Is the service safe?

## Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection on 16 May 2018, we found breaches of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made to the management of risk associated with falls and behaviours that challenge; the cleanliness of the medicines room and equipment and the application of prescribed topical creams. However, we found improvements were still needed in other areas.

### Assessing risk, safety monitoring and management

- We found some equipment used to lift people had not been inspected as required. Inspection certificates showed hoists, stand aids, a bath lift and slings had last been inspected under the 'Lifting Operations and Lifting Equipment Regulations 1998 Schedule 1' (LOLER) on 15 March 2018. LOLER inspections are required every six months and equipment should have been next inspected in September 2018. This had not happened. At the time of our inspection, this meant equipment used for lifting people had not been inspected as required under LOLER for over 12 months. Whilst the registered manager showed us records that slings and hoists were regularly checked by the maintenance person to ensure their safety, this did not replace the requirement for LOLER checks. This means people were not always protected from the risks associated with the use of equipment as they had not been inspected as required. The registered manager told us they had arranged for the equipment to be inspected shortly after our inspection.
- We found some risks to people in the general environment. On one occasion we found the door to the laundry room had been left unlocked. The laundry room contained opened containers of laundry powder on the floor. This area of the building contained potential risks to people living with dementia and should have been kept locked at all times to ensure people were kept safe. The registered manager told us staff had reported the lock had broken that morning and the registered manager sent us information to show the lock had been repaired later that day.
- At our last inspection we found we found risks from falls had not always been reduced. This was because people's beds had not always been used safely as cushions had been used between the bed and the wall. At this inspection we checked a sample of people's bedrooms and found this had improved. Other actions had been taken to help reduce risks from falls. We saw care plans and risk assessments were reviewed and staff maintained a presence in communal areas. One relative told us, "If [person] needs help, staff come straight away; they have a pressure pad on the floor."
- At our last inspection we found risks from behaviours that challenge were not always reduced. This was because staff did not provide consistent care as care plans did not provide sufficient detail. At this inspection we observed staff supported people consistently and staff understood how to help people. Staff understood the actions to take to help prevent behaviours that challenge and told us how the environment had been planned to help support this. For example, ensuring space between people when they sat in lounge areas. However, one care plan, whilst it provided some information on how to reduce risks from

behaviours that challenged, was not comprehensive. This was because we found the care plan section for helping to transfer the person did not make reference to this activity being a potential trigger for the person to express behaviours that could challenge. Other risks related to people's care needs were identified and assessed with a care plan in place to ensure planned actions were taken to reduce identified risks. Staff we spoke with were knowledgeable on people's health care related risks and knew what actions to take to manage these.

- Other steps were taken to help ensure a safe environment for people. For example, water checks were made to help prevent the risks from legionella. A fire risk assessment was in place, people had emergency evacuation plans in place and records showed fire alarm tests were completed.

#### Using medicines safely

- At our previous inspection we found people had not always received their prescribed topical medicines when they should; we also found shortfalls in the cleanliness of the medicines room and in some equipment, such as inhalers. At this inspection we found improvements had been made and records showed people received their topical medicines as prescribed. Cleaning schedules were in place for the medicines rooms and inhalers, which were also regularly replaced. Observations showed the medicines room and a sample of inhalers were clean.

- Four staff who administered medicines had not had their competency to do so checked. It is recommended best practice that staff with responsibility for administering medicines have an annual competency assessment to ensure their practice remains up to date and safe.

- Not all medicines were stored securely. This was because we found topical medicines left out in people's bedrooms. This can present potential risks in care environments where people are living with dementia.

- Medicines systems were organised and people received their medicines when they should. The provider followed safe protocols for the receipt, administration and disposal of medicines.

- We observed medicines were administered safely to people and staff explained the medicines they gave to people and checked if people required any pain relief.

- Medicines, other than topical medicines, were stored securely and safely and kept at the correct temperature. Records of medicines were accurate and complete and enabled staff to know what times medicines had been given. Dates of opening were recorded on any liquid medicines which enabled staff to know when this type of medicine should be disposed of.

- Where people required medicines 'as and when required' rather than at set times, guidance was in place to ensure staff provided consistent care.

- Some medicines are subject to additional controls and we saw these were in place. A sample of medicines held in stock was checked against records and found to be accurate.

- Where people had medicines that were administered in the form of transdermal patches we found records were made of where the patch had been applied. This helped to ensure people received their medicine safely.

#### Preventing and controlling infection

- At our previous inspection we found equipment and the general environment was not always clean and hygienic. At this inspection we found improvements had been made. Relatives we spoke with confirmed this view. One relative told us, "The home is lovely and clean and the room is clean too; [person] always looks nice and clean when we come to see them and their bedlinen is clean too." We checked a number of people's bedrooms, communal bathrooms, the kitchen, lounge areas, dining room and equipment such as wheelchairs and found these to be clean. Cleaning schedules were in place to ensure these were regularly and consistently cleaned.

- We observed staff washed their hands and wore gloves and aprons when for example they gave medicines or food to people. Staff told us and we observed there were adequate supplies of gloves and aprons throughout the service.

- We found some shortfalls in the laundry room. This was because not all mops could be stored lifted out of the mop buckets in order for them to dry effectively. Staff also told us there was a procedure to disinfect the mop heads however, there was no written protocol or records of this to show it was consistently followed. Arrangements to ensure storage and disinfection of mop heads required improvement.
- The food hygiene rating had improved since our last inspection. It was now rated as four out of a maximum of five stars. We found the kitchen to be clean and organised and cleaning schedules were in place. However, we found a sack of potatoes had been store directly on the floor. Food products should be stored on shelves off the floor to ensure the floor areas can be cleaned effectively. Staff told us they were not aware that the potatoes needed to be stored off the floor. However, on the second day of our inspection the registered manager told us the floor was now clear.

#### Staffing and recruitment

- At our previous inspection we found staff were not always planned and deployed to meet people's needs safely; this included staff not being present to supervise people in communal areas who were at risk of falls. At this inspection we found improvements had been made. We observed staff coordinated between themselves to ensure a member of the staff team was present at all times to supervise people in communal areas. We observed there were sufficient staff to ensure people's care needs were met in a timely manner. In addition, activities were provided by dedicated staff and complimented by visiting volunteers. A relative told us, "There is always staff around to take [person] to the toilet. They could always do with more. A few staff have gone but there are always staff around."
- Records showed recruitment of staff included all the required pre-employment checks. For example, references, criminal record checks and identity checks. These checks help providers make safer recruitment decisions to help ensure staff are suitable to work at the service.

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

- People told us they felt safe. One person told us, "Staff look after me very well I feel safe I have never felt unsafe."
- Staff understood how to recognise abuse and protect people from the risk of abuse. Training in safeguarding adults had been provided to support their knowledge and the provider had a policy and procedure in place for staff to follow.

#### Learning lessons when things go wrong

- Systems were in place to support learning from incidents and accidents. Staff told us and records confirmed accident and incident forms were completed. These were reviewed by the registered manager to identify where the service could improve to reduce the chance of risk recurring.

## Is the service effective?

### Our findings

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

Requires Improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection on 16 May 2018, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's fluid intake was not monitored to ensure they received sufficient amounts to drink. At this inspection we found the provider had effective systems in place to monitor people's hydration. This was an improvement from our last inspection.

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

- Records showed improvements had been made to the amount of fluids people received. The registered manager monitored people's fluid intake to ensure they were satisfied people's fluid intake was sufficient. We saw people were supported to drink frequently during our inspection.
- We observed people were offered choices of food and drink throughout the day; we saw people had enjoyed fresh fruit as a snack between meals. Most people told us they enjoyed their meals. For example one person told us, "The food is good I am happy with it." Another person told us, "The lunch experience is okay, I have never had a problem in the dining room. Staff give me what I like and I can sit anywhere I have a choice."
- We observed staff encouraged people to eat and drink well. If people required staff to assist them with their meals we saw this assistance was provided. We had received some feedback that people cared for in their own rooms had on occasion not been provided with a midday meal. We checked the care records for a person cared for in their own room and found they had been provided with meals and drinks throughout the day. The registered manager showed us a checklist was also in place to help them ensure all people had received meals and drinks throughout the day.

Staff support: induction, training, skills and experience

- The staff member with responsibility for staff training told us the provider's expectation was for certain training to be refreshed each year to ensure staff skills and knowledge was kept up to date. We saw staff had mostly up to date training in most, but not all areas identified as 'annual'. For example, health and safety training had been identified for staff to do on an annual basis. However, the training matrix showed 19 out of 49 care staff had completed this training in either 2016 or 2017. Not all training identified as required annually had been completed in line with the provider's expectations. However, the registered manager told us they were reviewing training and had plans in place to ensure relevant training was kept up to date.
- People were supported by staff who had on-going training. Staff had mixed views on the training provided. Some staff felt the training would be better if it was delivered in a face to face learning style as opposed to on-line training. This was a view shared by the registered manager who told us they wanted to develop more face to face training. They told us training for moving and handling was practical based and staff told us they found this beneficial.

- Staff induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. Staff new to care, completed the Care Certificate. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.
- Staff were given opportunities to review their individual work and development needs with senior staff in supervision and appraisal meetings. Staff supervision meetings were not held as frequently as the registered manager told us they had intended. However, staff told us they felt supported and could speak to the registered manager if they needed to.

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

- People's care needs and associated health care risks were assessed with nationally recognised assessment tools and regularly reviewed.
- Assessments considered how to support people with any equality and diversity needs. Staff were knowledgeable of people's cultural needs. For example, staff understood any specific care needs and food preferences related to people's culture. This helped to ensure people did not experience any discrimination.
- The provider's policies and procedures reflected best practice guidance and current legislation, this supported staff to provide effective care.

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

- People told us they liked their home. We observed people enjoyed using the 'quiet lounge; and enjoyed choosing and reading books in a peaceful environment. The premises had lifts and chair lifts so people could access all floors of the building without the need to use stairs.
- Coloured plates had been used for mealtimes to help enhance the colour contrast between plates and tablecloths for people living with dementia. In addition, signage for bathrooms and toilets used yellow backgrounds, again to help people recognise signage when people's vision may be impaired.

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

- Care records showed where referrals had been made for assessments or advice from other agencies, such as GP's, dementia outreach teams or opticians.
- People's needs were assessed prior to admission and these assessments reflected advice and information from other professionals.

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

- People told us they had access to other healthcare services they needed. A relative told us, "The chiropodist is pretty good; [person] can always see a doctor quickly if they need one."
- Staff told us how they monitored people's health needs and obtained relevant advice from other healthcare professionals when required. Records showed this happened.
- Records showed other healthcare professionals were involved in people's care when needed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised

and whether any conditions on such authorisations were being met, we found that they were.

- The provider had properly trained and prepared staff in understanding the requirements of the Mental Capacity Act in general, and any specific requirements of DoLS. Staff had information to hand to help them remember how the MCA and DoLS applied to people in their care.
- People had access to advocates and advocates had been involved in decision making when appropriate. Information was on display for people about how to contact advocacy services. Advocacy services provide help to people to represent their views and opinions.

## 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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection on 16 May 2018, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not always responded to alleviate people's distress and discomfort and provide consistent personalised support. At this inspection we found the provider had made improvements in this area

Ensuring people are well treated and supported; equality and diversity

- People told us they felt well looked after and that staff were caring. One person told us, "Oh yes, the staff will talk to you; they are very caring; if I have any problems I just mention it and they deal with it."
- We observed staff spoke calmly and reassured people when for example, they assisted them to walk to the dining room. On other occasions we saw staff sit and talk with people and ask them how they were feeling.
- Care plans showed where people had any specific needs relating to equality and diversity, for example whether people followed any particular religion or had any specific needs associated with their culture or religion.

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

- Care plans showed where people, or their relatives had been involved in meetings to discuss care plans. This was shown by the signatures of people and their relatives and their views and preferences reflected in care plans. One relative told us, "I am involved in the care plan and I liaise with staff. We have a meeting about three times a year and review it if my relatives condition changes. I can call the meeting earlier if I want to."

Respecting and promoting people's privacy, dignity and independence

- People told us staff took action to promote their privacy. For example, one person told us, "Staff always knock on the door." When staff spoke to people about their care this was done discretely and promoted their dignity. For example, staff checked to make sure people were comfortable and asked discretely if people wanted to visit the bathroom. However, on occasions when staff were organising care responsibilities between themselves they did not always talk discretely about people's care needs. We fed this back to the registered manager who told us they would remind staff.
- People told us they felt supported with their independence. One person told us, "I have a walking frame it helps get me about." Another person told us, "I plan my day and decide what I am going to be doing. Sometimes I go to the market." People's independence was supported.

# Is the service responsive?

## Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

At our last inspection on 16 May 2018, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's personal care and continence needs had not always been met in a timely manner. There was limited evidence to show people had been assisted with baths or showers, people's preferences were not always supported and there was a risk information in care plans was not used to support consistent care to people. At this inspection we found the provider had made improvements to help ensure people received personalised care and the provider was no longer in breach of Regulation 9 of the Act. However, the provider's record keeping was not yet consistent.

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

- People told us staff asked them if they would like baths or showers. For example, one person told us, "Staff take me for a shower then I might have my hair done at the hairdressers." Another person told us, "The staff ask if I want a bath or shower; I say to myself I don't do anything that makes me need a shower, but then occasionally I do some work in the garden here." A family member told us, "Oh yes, they have a shower frequently." Another family member told us, "Person is washed every morning by the staff." Records confirmed people were offered regular personal care. However, records did not accurately show how people who were at risk of developing pressure ulcers had been regularly assisted to reposition themselves to help this risk.

- We observed people received personalised and responsive care. For example, when one person wanted some sweets that they usually kept in their handbag, a member of staff went to get some for them. People and relatives were of the view staff understood and respected their choices. One person told us, "I can choose when I get up and when I want to I come to my room. Staff encourage me to go downstairs but I like it in here. I get a daily newspaper delivered to my room and I have my books." One relative told us, "[Person] has a range of staff who care for them and they all seem to do well; they give them time and they know their speciality of care. Most staff here are very good at their job."

- Staff we spoke with knew people well and told us they received information on people's changing needs in handover meetings as well as from people's care plans.

- People were happy with the care they received at Seely Hirst House. One person told us, "Staff care for me and they don't seem to bother me or order me about; you can have anything you want." Another person told us, "The staff listen to you and they help you go to the toilet and help you."

- People were happy with how they spent their time at Seely Hirst House. One person sat with a book told us, "I'm enjoying looking at this book of old Nottingham; it's got the old Boots the Chemist in it." We saw other people enjoyed choosing books from the quiet lounge and sit and read in the afternoon. Other people took part in art and craft activities. People who chose to spend time in their own bedrooms told us they were happy with this choice and were asked if they wanted to take part in any activities. An activities coordinator planned activities based on people's interests and hobbies. We saw a range of activities were

planned, and also reflected and celebrated different cultures and celebrations.

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. An example of how the service supported people with accessible information was by the provision of large print information on safeguarding and how to make a complaint.

Improving care quality in response to complaints or concerns

- The quality of investigations and responses to complaints was of a variable standard. Some complaints records showed a detailed investigation and demonstrated how complainants had been involved in reaching acceptable solutions. However, other complaints records were not as detailed and did not provide the same assurances that people's complaints had been robustly investigated or any improvements identified fully embedded.

- This was reflected in relatives mixed views of how well the complaints system worked. Some relatives told us issues were quickly sorted, whilst some relatives felt issues had not been fully acknowledged. The registered manager told us they had identified the need to improve the consistency in complaints management and had plans in place to ensure consistency going forward.

- Information on how to make a complaint had been made widely available and had also been made available in large print.

- Shortly after our inspection we received information to say the Local Government and Social Care Ombudsman were considering a complaint made by a relative. The Local Government and Social Care Ombudsman, formerly the Local Government Ombudsman is a service that investigates complaints from the public about councils and some other bodies providing public services in England. It also investigates complaints about registered adult social care providers. The complaint concerned a failure by the provider to respond appropriately to concerns about the quality and safety of their family member's care and that the provider's complaints process had not referred complainants to the local authority's complaints process.

End of life care and support

- The registered manager told us end of life wishes were discussed with people and their relatives if appropriate. We saw these wishes were reflected in people's care plans. The registered manager told us care plans were kept under review as people needed end of life care. At the time of our inspection, no-one was in the final stages of end of life care. However, where it was anticipated people may enter this stage, staff had worked with the person's GP and district nurses to ensure any anticipatory pain relief medicines were available.

## Is the service well-led?

### Our findings

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

Requires improvement:  Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our last inspection on 16 May 2018, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems to monitor and improve the quality and safety of the service were not effective. Relatives had not always been given opportunities to help them be involved in people's care decisions. Care records and care plans were not accurate and up to date, and information was not always stored securely. At this inspection we found the provider stored information securely, people and relatives were involved in care decisions. However, records were not always accurate and up to date, and systems to monitor and improve the quality and safety of services still required improvement. The provider was still in breach of Regulation 17 of the Act.

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

- We were concerned that audits on the quality and safety of services had not identified The Lifting Operations Lifting Equipment Regulations 1998 (LOLER) inspections for lifting equipment had not been completed as required and were over five months overdue.
- Audits and checks on people's care records had not identified records were not accurate or comprehensive. For example, repositioning records we looked at did not record when a person had been assisted into or out of bed at the start and end of the day. This meant there this person's repositioning records were not complete. The registered manager agreed these records need improvements and had sent reminders to staff by day two of our inspection. We were concerned that the shortfalls in repositioning records had not been identified by the provider's own audits and checks on care records.
- The provider had not identified all shortfalls in medicines management. For example, they had not identified four staff with responsibility for administering medicines had not had their competency to do so checked. Nor had they identified not all medicines had been stored securely in people's bedrooms.
- Systems and processes for complaints management had not ensured all complaints had been investigated robustly.

Working in partnership with others and continuous learning and improving care

- Shortly after our inspection social care professionals informed us that the provider and registered manager had refused to participate in a meeting to discuss the outcomes to a safeguarding investigation. We were concerned that the provider and registered manager had failed to seek and act on feedback from social care professionals and relatives for the purposes of continually evaluating and improving the service.
- This is the third consecutive time the service has been rated overall as 'requires Improvement' by CQC. This means the provider has failed to make improvements to ensure people receive a 'good' service. As such, we

have taken this into account when we have rated this key question.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection the provider had made some improvements to the service.
- Records showed the provider's regular audits and monitoring on specific areas, such as people's fluid intakes, had resulted in improved care.
- Improvements had also been secured in the cleanliness of the premises. This was noticeable to people and their relatives who commented on the improved dining room floor and cleanliness. The provider had also improved the cleanliness of the medicines room and had relocated this to ensure ample space to organise and store medicines.
- Staff were motivated and keen to provide quality care for people.
- The provider had displayed the rating from the last CQC report on their premises and on their website as required.

Working in partnership with others and continuous learning and improving care

- Some times we could see the service had worked in partnership with people, relatives and staff to develop the service. For example, other professionals such as advocates, and health and social care professionals were involved in people's care.
- Advice and guidance from other healthcare professionals was known by staff and included in people's care records for reference. For example, when the stroke team or speech and language therapists had been involved in people's care.
- Some, but not all opportunities to learn from incidents had been taken. This needed to be further improved so the provider's audits pro-actively identified shortfalls.

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

- People told us they felt the service was well-led. One person told us, "I think the manager does a good job; it's a job I wouldn't do and she listens to you." One relative told us, "I think the home is well managed." Another relative told us, "The manager is really compassionate; she has been very good to me."
- The provider's policies and procedures aimed to provide care that centred on the individual person and promoted their dignity and independence.
- The provider and registered manager led the staff team in an open and transparent manner.
- Where investigations were required in response to any concerns or issues, these were completed thoroughly and transparently.
- Staff told us the registered manager was supportive and approachable.
- The registered manager had a good understanding of their role and ensured the CQC were notified of all reportable incidents.

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

- Meetings had been organised for people and their relatives to give their views on their care and the developments planned for the home. One person told us, "I have been to a few meetings now and again we talk about everything."
- Staff we spoke with were positive and motivated in their work and felt involved in the service. Staff meetings were held and in addition, the provider consulted staff on an individual basis to understand their views over any potential future plans and developments.

- Staff meetings were held and the registered manager and deputy manager made good use of these to reinforce good practice and the high standards of care they expected.
- People, their relatives or advocates and staff had had opportunities to give their views through an annual questionnaire that asked them about their experiences of care and life at the service. We saw the provider had the results of this on display along with what actions they had taken in response to comments. For example, the improvements the provider had made to cleanliness.
- In addition, the registered manager completed monthly audits by asking people, visitors and staff for feedback on such areas as mealtimes and cleanliness.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems and processes were not operated to ensure the quality and safety of services were assessed, monitored and improved and risks mitigated. Records were not always accurate. Feedback had not always been sought and acted on for the purposes of continually evaluating and improving services.

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

We served a notice on the provider to ensure they took action to assess the quality of care and identify any risks and failures, and for action to be taken to address any shortfalls. We told the provider to ensure records of people's care were accurate.