# St. Helena's Residential Homes Limited

# St Helena's

## Inspection report

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10 April 2018

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## Ratings

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|---|---|
| Overall rating for this service | Inadequate |

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

# Summary of findings

## Overall summary

This inspection took place on the 4, 5 and 10 April 2018.. The visit on the 4 April 2018 was unannounced and the visits on 5 and 10 April 2018 were announced.

We previously inspected St Helena's in October 2017 and the service was rated Inadequate overall. We found nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulations 9, 10, 11, 12, 13, 16, 17, 18 and 19. This meant the registered provider had failed to ensure people were fully protected from the risk of unsafe care, poor recruitment procedures, staff did not have sufficient training, people's care was not planned in a person-centred way, complaints were not managed appropriately, people's rights were not maintained under the Mental Capacity Act and there was ineffective oversight of the service. After the comprehensive inspection, the provider wrote to us to say what they would do to meet its legal requirements in relation to these breaches.

At this inspection we identified repeated breaches of the regulations in relation to assessing and mitigating risks to people's health and wellbeing, person-centred care, dignity and respect, good governance, the management of complaints and the Mental Capacity Act, .

We will update the section at the end of this report to reflect any enforcement action taken once it has concluded.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve in the key questions we ask, is the service safe, effective, caring responsive and well-led to at least good. The provider provided regular updated actions plans since the previous inspection to demonstrate how they thought they were meeting the regulations.

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

The care home accommodates up to 33 people in one building. At the time of this inspection 13 people were living at the service.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had appointed a new manager that was due to commence their employment at the end of April 2018.

People's care records and other records relating to the on-going management of the service were not properly maintained or secure. Care plans did not always maintain accurate up-to-date information

regarding people's care needs.

Risks to people's health and safety were not always considered and planned for. Staff were not always aware of what and when equipment was to be used to meet people's individual needs.

The provider had not ensured that staff understood and always worked within the principles of the Mental Capacity Act to gain lawful consent for care and support.

Complaints made about the service were not always well managed or fully recorded.

Improvements were needed to ensure that staff were deployed effectively around the service. People in communal areas were left unsupervised for periods of time.

There was no effective management and oversight of the service. Monitoring systems in place had failed to identify improvements needed in relation to people health and safety and the general management of the service.

Recruitment checks were not safe. Appropriate references had not been sought for new applicants and application forms had not been fully completed.

Improvements had been made as to how the service reported safeguarding concerns. However, we have made a recommendation in this report as further improvements were required to ensure that all information related to unexplained injuries or potential safeguarding concerns were recorded and managed.

Improvements had been made to the availability of training for staff to participate in. We have made a recommendation that the provider further develops the training available to staff and a system is developed to measure the effectiveness of training delivered.

An activities co-ordinator had been employed to support people in carrying out daily activities.

Improvements had been made as to how people's medicines were managed. We found that people received their medicines safely and when they needed them.

People told us that they enjoyed the foods that were available to them and that there was always plenty to eat and drink.

The overall rating for this service is Inadequate and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate**

The service was not safe

Appropriate steps had not been taken to protect people's health and safety.

Records failed to demonstrate what actions were needed to reduce harm when a potential risk had been identified.

Effective recruitment procedures were not in place and improvements were needed in relation to the deployment of staff.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Staff lacked understanding of and did not always work within the principles of the Mental Capacity Act.

People received support from local health care professionals.

People enjoyed the food provided.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

People's rights to choice, privacy and dignity were not always maintained.

Information relating to people was not always recorded or stored appropriately.

Information was available to people about level of service they should expect.

Positive relationships had been formed between people and the staff that supported them.

### Is the service responsive?

**Inadequate**

The service was not responsive.

People did not always receive care that was planned or centred around their needs. Care plans and risk assessments did not always reflect people's current needs or provide staff with the guidance they needed to provide safe, effective care.

Complaints were not always recorded or responded to in a timely manner.

An activity worker had been employed to facilitate activities for people.

## Is the service well-led?

**Inadequate**

The service was not well led.

There was no registered manager in post.

The provider did not have systems and processes in place to effectively assess and monitor the service people received and drive improvement.

The provider had failed to ensure that records relating to the delivery of care and management of the service were accurate, up-to-date and complete.

# St Helena's

**Detailed findings**

## Background to this inspection

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

This inspection took place over three days. The visit on the 4 April 2018 was unannounced and the visits on 5 and 10 April 2018 were announced. The inspection was carried out by two adult social care inspectors and a pharmacy inspector.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures. We looked at the recruitment records of four recently recruited staff, and rotas. In addition we spent time looking around people's living environment and spent lunchtimes with people using the service.

We spoke with and spent time with 10 people using the service, two visiting relatives, seven staff members, the interim manager, and the provider.

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

Prior to the inspection we assessed all of the information held about the service. This information included concerns and complaints received from people, their relatives and information sent to us by the provider. We spoke with the local authority who commissioned services and the local authority safeguarding team to gather any information they had about the service. The local authority were working with the service in relation to an improvement action plan. In addition, we contacted Health Watch Knowsley. Health Watch is the consumer champion for health and social care throughout England. Health Watch had no information to share about the service at the time of this inspection.

Inadequate

# Is the service safe?

## Our findings

In October 2017 we found that robust systems were not in place to ensure care and treatment was provided safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

On this inspection, we found that improvements had been made in relation to the management of people's medicines, however we identified further areas of concern in regards to the safe care and treatment of people living at the service.

Action was not always taken to mitigate known risks to people. The hot water temperature of a bath that was accessible to all had been recorded as checked on seven occasions between the 2 January 2018 and the 3 April 2018 as being too hot. The temperature of the water posed a risk to all from scalding. In addition, the temperature of hot water available in two bedrooms was also recorded as being too hot on a number of occasions. There were no records to demonstrate that the hot water temperature had been reported or any other action taken to protect people from scalding. We checked the temperature of the hot water on the 05.04.18 and found that the temperature continued to pose a risk to all. We reported our concerns to the provider and requested that the bathroom was not accessible to people until the hot water temperature was safe. Action was taken to make the accessible hot water safe on the 10.04.18.

Cleaning products that could cause harm were found to be stored inappropriately. For example, washing detergent and cleaning products were found unsecured in the small kitchen. In addition, a diluted cleaning agent was found in a container that was not appropriately labelled as there was no information available to inform people of its purpose and action that needed to be taken in the event of the product being misused. This product was stored in a sluice room that was accessible to all. In addition, a hot water boiler was accessible to all in an unlocked staff room. We brought these issues to the attention of staff and arrangements were made to ensure that the identified risks were made safe.

A set of large double ladders were seen lying on the ground in front of a fire escape. The position of the ladders meant that people exiting the building via that door in an emergency would have stepped onto the ladders. This created a risk of injury to people. We brought this to the attention of staff on two occasions who arranged for the ladders to be safely stored.

Personal protective equipment (PPE) was available throughout the service for use to prevent the spread of infection. We saw that staff accessed the equipment on a regular basis. However, we saw that use of this equipment was not always effective. For example, staff were observed wearing gloves whilst carrying a used continence product to be disposed of. Wearing the same gloves staff opened the door of a bathroom. This practice failed to promote good practice in relation to infection control.

Documentation was available to record identified risks to people and what actions were needed to minimise the risks of harm. We identified that these documents were not always completed for people and therefore there was no record of what actions needed to be taken to ensure that wherever possible, risks were

mitigated. For example, one person was at risk of pressure ulcers. A risk assessment was in their personal care plan file, however it had not been completed. Staff were aware that the person was at risk, however, staff told us differing accounts of how the person needed to be supported with their risk from pressure ulcers. It was identified that another person was at risk from potentially choking, however, no risk assessment had been completed to assess, plan and mitigate any risk. Failure to assess, plan and wherever possible mitigate risks may put people at unnecessary risk from harm.

We observed a person accessing the stair lift to get to the ground floor. The person was seen to sit on the seat and place their walking frame on their knee; they then proceeded to try to operate the stair lift. Members of the inspection team supported the person to attach the safety belt on the seat and the walking frame was taken down the stairs by a member of staff. Failure to offer appropriate supervision to people whilst they are using equipment may put them at risk from unnecessary harm.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

In October 2017 we found that the provider had not ensured that staff were deployed in sufficient numbers to meet people's needs and protect them from harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

During this inspection rotas demonstrated that one senior and three members of staff were planned to deliver personal care and support to people between the hours of 8am and 8pm. The rotas demonstrated where cover was required when staff were on leave or off sick. However, the rotas did not always detail which member of staff or agency worker had provided the cover which made it difficult to assess the numbers of staff that had been on duty on certain days.

A person asked a member of the inspection team if they could help them as they felt cold. On arrival at the lounge no members of staff were available to assist. Another person looked extremely uncomfortable and said that they needed to visit the toilet. The inspector activated the call bell and one member of staff responded. The staff member then went to look for another member of staff around the service to assist with supporting the person to the toilet. We saw that the person waited 15 minutes for two members of staff to be available to assist them. We enquired as to where members of the staff team were around the building and when staff checked the rota it was apparent that a member of staff had arranged to leave their shift early that day. One member of staff was on their break which meant that only two staff members were available throughout the building to deliver care and support to people. On another occasion, a health care professional was seen to look for staff in order to hand over information about a person they had visited. Failure to deploy staff around the service appropriately may result in people not getting the care and support they require.

This is a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

In October 2017 we found that the provider had not ensured that the recruitment of staff was safe. This was a breach of Regulation 19 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

On this inspection, we found that improvements had not been sustained and we identified on-going concerns in regards to the recruitment of staff. For one member of staff we saw that their application form had not been completed in full and failed to demonstrate that a full employment history had been sought. The recruitment information of two further members of staff failed to demonstrate that up-to-date

references had been obtained. This demonstrated that the provider's recruitment procedures had not been adhered to. Safe recruitment procedures help ensure the suitability of staff employed. Staff recruited since the previous inspection had completed a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

At our last inspection in October 2017, we found the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the time of the inspection, we noted the service was working closely with the Medicines Management Team from a local National Health Service (NHS) trust and had employed the services of an independent consultancy to improve the medicines arrangements in the service. There were still some issues to be addressed, but we found that medicines were managed safely. We looked at medicine administration records (MAR) for seven of the thirteen people using the service. The service had changed their pharmacy suppliers and since January 2018 were receiving medicines in monitored dosage systems. The service had also changed back to paper MAR from an electronic system which staff felt had previously led to increased errors. Staff told us these changes had improved medicines administration and no errors had been reported since the system was introduced.

We checked records, counted stock and saw that residents had received their medicines as they were prescribed. There were no gaps in signatures and medicines that should be administered at specific times were given correctly. Most people that were prescribed medicines to be taken 'when required' had guidance to help staff understand their needs and preferences. One medicine was handwritten on the MAR without a second staff check as stated in the service's medicine policy. Handwritten charts should be checked to reduce the risk of transcribing errors.

Improvements had been made to the storage of medicines. Excess waste had been removed and all other medicines were kept securely in locked cupboards and a locked fridge. Returned controlled drugs had been recorded in the register, however the balance had been written incorrectly. Daily room and fridge temperatures were regularly recorded but staff did not record the minimum and maximum temperature to ensure the fridge always remained in range. Oxygen was stored securely. A medication information board had been introduced since the last inspection and provided details for staff regarding people's medications, such as early morning doses and appointment dates.

The medicines policy in use in the service did not reflect current practice and procedures. For example, the policy did not include staff training, audits, or details for managing administration using monitored dosage systems, 'when required' medicines or people prescribed thickened fluids.

We saw some staff had undertaken medicines training and workplace observations in the last 12 months including the interim manager and the senior staff responsible for administering medicines. Staff we spoke to knew how to give medicines safely. We did not see however, records for all staff listed in the MAR as able to administer medicines. Some medication audits were seen, including weekly audits of three sets of records and a monthly audit completed in February 2018. We also saw external audits completed with actions set to correct any issues found. These demonstrated improvements had been made.

We recommend that the provider revise medicine policy to reflect current practice and include activities and expectations of the service and staff, such as training and regular auditing. Ensure all residents have a PRN protocol in place where appropriate. Remind staff that handwritten MARs must be checked for accuracy and countersigned, and ensure all staff have received appropriate up- to-date medicines training that was supervised by suitably competent staff.

In October 2017 we found that the provider had not ensured that people were always protected from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We found that improvements had been made in relation to the management of safeguarding concerns. Due to these improvements the service is no longer in breach of this regulation.

Improvements had been made in relation to reporting safeguarding concerns to the local authority and the Commission. However, we found that not all information relating to a situation that had been previously reported and investigated under the local authority's safeguarding procedures were fully recorded or being monitored.

We recommend that the provider develops a system to monitor, record and review all situations that present as a potential safeguarding concern.

People and their family members spoken with told us that they felt the service was a safe place to live.

Requires Improvement

# Is the service effective?

## Our findings

In October 2017 we found that the provider had not ensured that staff who obtained consent of people who used the service were familiar with and acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

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 people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and whether any conditions on DoLS authorisations to deprive a peson of their liberty were being met.

Applications had been made to the local authority on behalf of people when required. However, the provider had not ensured that staff were always aware of and always followed the principles of the MCA. Staff were not aware of what a 'Condition' was in relation to a DoLS. In addition, an application had been made for a DoLS on behalf of a person for the use of bedrails on their bed. This person was able to give their consent to the use of bedrails and therefore the application for the DoLS was not required.

A mental capacity assessment was in use for completion when a specific decision was needed to be made. However, we saw that this assessment was not completed for specific decisions. For example one mental capacity assessment had been completed 'to make decisions whilst at St Helena's. Family members who did not have the legal right to do so were signing to give their consent on behalf of the relative. These practices demonstrated a lack of understanding of the principles of the Mental Capacity Act. Since the previous inspection the majority of staff had received training in the MCA and DoLS, Following feedback, the provider arranged further training for staff in relation to the Mental Capacity Act.

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

People told us, and we saw that people were offered choices of where they wanted to go around the building and what they wanted to eat and drink throughout the inspection.

In October 2017 we found that the provider had not ensured that staff had received training and support they needed to undertake their role and deliver safe and effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. We found that improvements had been made in relation to the availability of training for the staff team. Due to these improvements the service is no longer in breach of this regulation.

Since the previous inspection staff had undertaken further training for their role. The training matrix demonstrated that all staff had undertaken training in relation to first aid; moving and handling and dignity in care. The majority of staff had undertaken training which included safeguarding; fire awareness; infection control, malnutrition universal screening tool (MUST) and personalised care planning, reporting and recording.

We recommend that the provider further develops the training available to staff and a system is developed to measure the effectiveness of training delivered.

Each person was registered with a GP and had access to the community nursing staff linked with these practices. In addition, the service had access to a care home support team whose role included supporting care homes within Knowsley to provide effective care and treatment to people. This team comprised of nursing and support staff with different areas of expertise in order to offer a holistic service to people, where required referrals were also made to other health care professionals. For example, mental health services and occupational health services. We spoke with a representative of the care home support team who told us that they had seen improvements in the service that people received.

At the two previous inspections we recommended that the provider reviewed people's mealtime experience and choice of menu. At this inspection we found that people enjoyed the meals served. Comments included, "I always get a choice", "Staff know what I like", "I get plenty to eat" and "I always eat my meals, they are very nice." People told us that they had plenty of drinks offered to them and that there were always cold drinks available in the lounge and fruit in the dining room. Family members also commented positively about the food. Their comments included "Very nice" and "appetising and wholesome". On the first day of the inspection dining tables were not set. On the second day tables were set with crockery, cutlery and condiments. The menu was written on a white board which also contained pictures of meals. However, the pictures did not represent the menu for the day and the writing was difficult to see. The information also failed to inform people of what alternative meals were available to the set menu. We discussed this with staff and the provider who later obtained magnetic letters to display the menu.

Requires Improvement

# Is the service caring?

## Our findings

In October 2017 we found that the provider had not ensured that people's rights to choice, privacy and dignity were always respected. This was a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

On this inspection, we found that improvements had been made, however further improvements were needed to ensure that people's rights to choice, privacy and dignity were respected.

During two mealtimes were saw that there was little interaction from staff serving people with their meals. Conversation mainly related to task based practice, for example, asking people what they wanted to eat and drink. No stimulating conversation was observed. Two members of staff were seen to use moving and handling equipment to assist a person to transfer them to their wheelchair. The only communication from staff was task based when they said to the person "Come on (name) big stand". Staff were seen during one mealtime wearing latex gloves to serve people with their plated food. During one mealtime a member of staff said about a person they "Used to be a nice person".

People were seen to have freedom of movement around the building with access to all communal areas. However, during mealtimes not everyone had the opportunity to leave the dining room when they wished to. One person was seen to continually ask staff if they could move from the dining room; staff responded by saying that once another person had finished their meal and had moved away from the table they would be able to move. Due to how people were seated there was insufficient room for the person to pass others without disturbing them.

A member of the inspection team used the call bell to request staff to support a person to the toilet. A member of staff arrived and said "Oh, she's a two" meaning that the person required two members of staff to safely access the toilet. On another occasion a member of staff told us "She's no trouble (Name), spoilt by staff" when explaining the needs of a person using the service. These comments demonstrated a lack of respect and person centred approach to people.

People told us that they would welcome their right to vote in the up and coming local elections. This had been raised in the two previous inspections and a recommendation was made that the provider reviewed their system to promote people's right to vote. Staff told us that people's views had been sought and when required people had registered to vote, however they were unsure of who had facilitated this or where it was recorded.

This was a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People's personal records were either electronic or paper documents. Electronic records were password protected so that only staff authorised to access the information could do so. The majority of people's paper records were stored in one office. Certain records we requested were not available and staff told us that

there had been a recent problem with people's care planning records being moved so that they could not be found. Due to this we were unable to ascertain how and if people's personal information was being appropriately managed and stored. A communal communication book was in use in which staff recorded information relating to people's health, wellbeing and appointment outcomes. The contents of this book did not protect people's personal information because the notes for different people were written collectively.

We found a further record book in the office that included people's personal information relating to health care professional visits and notes relating to their care. A member of staff identified this book as their own in which they wrote notes in when health care professionals visited or when taking information over the telephone. We discussed with the staff member and provider the need to ensure that all records relating to people's personal information were maintained in line with current legislation.

This was a breach of Regulation 10 and 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We did see a number of positive interactions between staff and people using the service. Staff demonstrated a caring approach to people by addressing people in a kind and gentle manner. It was evident that staff knew people well and that positive relationships had been formed. Staff were aware of people's likes and dislikes and their preferred daily routines.

A service user guide was available to inform people of what services could be offered at St Helena's. This information included the principles and values of the service; confidentiality; risk taking and management and general information about living at St Helena's. In addition, the document clearly demonstrated that people's lifestyle pathways would be respected to ensure that their rights in relation to equality, diversity and human rights would be maintained. The service user guide stated that it could be made available in large print if required.

Information was available to all on a notice board to inform people of the complaints procedures; information in relation to flu vaccines; end of life care and information about Knowsley Healthwatch. In addition, minutes of the most recent 'residents' meeting were available along with the date for the next meeting. Regular meeting had taken place for family members to keep them information of changes to the service and what was currently happening. Family members told us that they felt these meetings were beneficial.

Family members spoke positively about the caring nature of the interim manager. They told us that they were able to "Confide and trust" them and that they "Put their heart and soul" into their role. Family members said that the service always informs them if their relative is unwell. In addition they told us, "Care and attitude of staff very positive, genuine, make a point of getting to know people" and "Cleanliness, care, consideration all good. Staff remember who you are."

Inadequate

# Is the service responsive?

## Our findings

In October 2017 we found that the provider had not ensured that at all times people received appropriate care and treatment that was centred on them, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

On this inspection, we found that improvements had not been sustained and we identified on-going concerns in regards to how people's care was assessed and planned for in relation to person-centred care.

Since the previous inspection people's care plans had been recreated as paper documents and the previous electronic care planning system was no longer in use. The newly created care plans contained some good person-centred information. However, we found that people's care planning documents did not always reflect people's current care needs. On occasion, care plans were also contradictory. Therefore staff did not always have access to up-to-date guidance they needed to ensure that people received safe and effective care that met their needs.

When changes to people's needs had occurred, care plans were not always updated in a timely manner. One person's care plan stated that they required a pressure relieving mattress and cushion to manage and minimise the risk of further pressure ulcers developing. However, the person was seated in the lounge areas throughout the day without the use the pressure relieving cushion. Staff told us that the person no longer required the cushion as of several days previously, other staff were not aware of this information and the person's care plan had not been updated. Another member of staff stated that the person was spending time in bed due to having sore buttocks. The care plan also lacked an assessment and care plan for skin integrity, to ensure that the person risk of pressure area care was considered and where possible mitigated. The person's fluid intake had been monitored however, the recommended daily intake of fluids for the individual was not recorded. A nutritional needs assessment was in place, however, information on this assessment was not considered on the nutritional risk assessment. The care plan also stated that they had a history of falls however, no falls risk assessment was available to demonstrate that all possible risks had been considered and mitigated. In relation to the person's personal hygiene needs being met the care plan stated that they had a bath. However, the provider and staff told us that the bath was not used by people.

Care planning documents for one person stated that they required the use "cot sides" referring to the use of bed rails. However, staff and a family member stated that bed rails were not in use to support the person whilst in bed. Staff told us that one person demonstrated behaviour that could challenge on occasions. They explained that these challenges could be emotional or physical, such as throwing a piece of equipment. Staff were clear as to how they supported the person at these times however, there was no care plan in place as to how the person needed to be supported at these time. This put the person at risk from not receiving consistent support from the staff team. In addition, this put other people and staff at risk as there was no guidance available on how to safely manage these situations.

A dependency assessment was in place to calculate the needs of individuals and what care and support they required. These assessments scored people's needs to determine if a person required low, medium or

high levels of support. However, there was no information recorded or actions to be taken as to people requiring low, medium or high levels of support. Staff confirmed that people's care plans were not up-to-date. Following feedback from the inspection the provider made arrangements for all care planning documents to be reviewed.

A person returned to the service from hospital with the support of the ambulance service. On arrival a member of staff was concerned that the person had not brought any documentation following the stay in hospital. When asked staff told us that they person had been in hospital for a couple of days. The staff member was informed that the person had attended the accident and emergency department late the previous evening. This demonstrated that staff were not always aware of people's current situations.

Concerns about the availability of incontinence pads available to people who needed them was raised in the previous inspection report. During the inspection staff and a family member told us that there were still constant problems with the ordering of incontinence pads for people. One person who needed to use the pads on a regular basis had only two remaining. A delivery was due, however to ensure that people had the pads they required the provider went and purchased supplies. Staff explained that stock was low as more people, some not assessed as requiring continence support, had required the support of incontinence pads due to a recent bout of illness.

This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

In October 2017 the registered provider had not ensured that they had an effective system in place for receiving and acting on complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

On this inspection, we found that improvements had not been sustained and we identified on-going concerns in regards to the management of complaints.

A complaints procedure was in place and available within the service. We found records of five complaints that had been received by the service since our last inspection. These records failed to demonstrate that all of the complainants had received a formal response to their complaint. In addition complaints were not always responded to in a timely manner or recorded. We found that one complaint had been raised on several occasions for the complainant to receive a response and there was no record of any investigation into the complaint.

This was a continued breach of Regulation 16 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People using the service and their family members knew who to speak to if they wanted to make a complaint or raise a concern. People told us that they would approach staff members of the provider with their concerns.

People's care planning records contained a list of activities for them to tick if they liked to participate or watch others participating. Activities on the list included walking; swimming; meditation; bowls; cricket; tennis and snooker. We saw that recent activities available to people had included film afternoons; bingo; reading daily papers and discussion; reminiscing; sing a longs and armchair exercises. At the time of the inspection staff delivering care to people were responsible for facilitating activities. Following the inspection, the service informed us that an activities co-ordinator was now in post. People were seen reading

newspapers that were delivered to the service and others were seen to watch TV in the lounge and conservatory. Both TV's were in close proximity to each other and on different channels making it difficult on occasion for people to hear what they were watching.

Inadequate

# Is the service well-led?

## Our findings

In October 2017 we found that the provider had continued to fail to assess, monitor and improve the quality of the service and ensure the service people received was safe, effective and responsive to people's changing needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

On this inspection, we found that improvements had not been sustained and we identified on-going concerns in regards to the overall management and monitoring of the service to ensure that the service people received was safe, effective and responsive to people's changing needs.

There was no registered manager in place. The most recent registered manager had left the service in May 2017. Three managers had been employed at the service since May 2017 with a view to them applying to register with the Commission. However, these managers had left their employment prior to registering. At the time of this inspection an interim manager was in post and a new manager had been recruited who was scheduled to start their role at the end of April 2018. We found during the inspection that there was no effective management and oversight in place at St Helena's. Therefore the provider had not identified areas that needed to improve and had missed opportunities to take corrective action.

The provider had no effective quality assurance systems in place to assess and monitor shortfalls and drive improvement in relation to care planning records, assessment of risk, accidents and incidents, health and safety implementation of the Mental Capacity Act, the deployment of staff and the recruitment of staff. Therefore the provider had not identified areas that needed to improve and had missed opportunities to take corrective action. Since the previous inspection the provider had commissioned the service of an external 'turn around' organisation for support and to make positive changes to the service. An action plan had been developed and regular updates were provided to the Commission. However, we found that not all of the actions on the action plan had been sustained or implemented. Following this inspection and feedback of the findings provider and 'turn around' organisation have informed the Commission of their actions to address the areas of concern that were identified.

In addition to the 'turn around' team developing an action plan for improvement, since the previous inspection visits to the service had been undertaken by external agencies that had highlighted areas that needed to improve. We found that through this process the management of medicines had improved.

A weekly 'walk around' audit had been introduced and we looked at the audit report for 26.03.18 that had been undertaken by the provider and the interim manager. We found that the audit had failed to identify areas of improvement that were found during the inspection. Following feedback from the inspection the provider informed us that daily 'walk around' around the service would commence immediately.

There was a lack of oversight of the maintenance of records and staff practice. Risk assessments had not been completed, or were not available for a number of people where risk and care needs had been identified. There were no effective systems in place for analysis of trends, patterns and actions taken in

response to accidents and incidents.  People's personal information was not always managed appropriately and staff reported that records had been moved and could not be found. Complaints and investigations were not always recorded fully and no system was in place to analyse concerns raised and learn from these situations. There was a lack of oversight in relation to the implementation of the Mental Capacity Act and systems in place to check health and safety in and around the service had gone unchecked.

The provider had continued to fail to effectively assess, monitor and improve the quality of the service and ensure that people received safe and effective care at all times. These failing placed people at risk of not receiving the care and support they required.

New policies and procedures had been implemented within the service since the last inspection. The policies and procedures were available to access electronically and in paper form. Staff were initially unaware of where the paper copies of the procedures were kept, however, they were later located in another office. There was confusion over the implementation of the new policies and procedures. A senior member of staff told us that a number of the procedures related more to community based services and therefore the previous procedures were being used. It was later clarified that the newly implemented policies and procedures were to be used. Policies and procedures offer guidance and support decisions made within the service and should relate to current best practice. We could not be assured that all staff were aware of the implementation of the new policies and procedures or that they had access to them at all times.

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

Since the previous inspection regular staff meetings had taken place. Following feedback from the inspection arrangements had been put in place for two staff meetings to take place each week to help ensure that all staff were able to attend. In addition, a daily 'huddle' meeting had been introduced. These meeting took place each weekday at 11:00hrs between representatives from the catering; domestic and care staff. The purpose of these meeting was to share and discuss information throughout the service relevant to that day. Staff told us that they felt these meetings were useful in passing on important information. Brief notes were made at each of these meetings.

The previous rating was displayed within the service in line with CQC regulations and requirements.