Healthcare Homes Group Limited

Overbury House Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced, comprehensive inspection visit completed on 12 November 2018. This was completed within six months of publication of the last inspection report as the service was previously placed in special measures, with an overall rating of inadequate.

Overbury House is a 'care home' providing residential and nursing care to people, including some people living with dementia. People in care homes receive accommodation and nursing or 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 service is registered to provide care to a maximum of 61 people. There were 29 people living at the service at the time of the inspection, 10 receiving nursing care.

They had an unregistered manager who had been in post for approximately four months prior to the inspection. The service had not had a registered manager since January 2017. 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.

At our last inspection on 18 and 19 April 2018 we identified breaches of regulation in relation to safe care and treatment, the condition and cleanliness of the service, staff training completion to meet the requirements of their roles, reporting of safeguarding incidents to the local authority, governance and managerial oversight of the service. We also identified examples of incidents that had not been notified to CQC.

As an outcome of the last inspection, imposed conditions remained on the home's registration to encourage continued improvement. The provider was responsible for submitting an improvement plan and monthly updates to CQC. This information was reviewed during this follow up inspection.

During this inspection on 12 November 2018, we identified ongoing concerns in relation to the cleanliness and condition of the care environment, and infection prevention control practices. These issues had not been identified through the service's quality audits and environmental checks. We found examples of staff not following guidance from healthcare professionals to manage and prevent the risk of choking. There continued to be non-compliance in relation to submitting notifications to CQC. We identified areas of concern in relation to the service's compliance and implementation of the Mental Capacity Act into practice.

We did identify areas of improvement since the last inspection. Standards of medicines management and staff oversight of medicines had improved. Staff morale was better, with improved working relationships between staff and the management team. There were ongoing improvements in the level of staff training

completed since the last inspection. The management team had introduced resident meetings offering people an opportunity to raise concerns or give feedback on the service.

The overall rating for this service is 'Requires improvement', with the decision for the service to be taken out of '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?

Requires Improvement

The service was not always safe

The cleanliness of the environment and infection prevention and control practices continued to be an area of concern since the last inspection.

Risks to people, particularly in relation to prevention of choking were not always well managed. Staff did not always follow healthcare professional's guidance.

The service had made improvements with the management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective

We identified examples of where the service had not adhered to the principles of the Mental Capacity Act (2005).

Staff appraisals were in place to monitor their performance and development goals.

There were ongoing improvements in the level of staff training completion since the last inspection.

Is the service caring?

Requires Improvement

The service was not always caring

The condition of the care environment was not always conducive to provision of high quality care.

Areas of the home, including people's bedrooms had a malodour, impacting on comfort and dignity.

Regular resident and relative meetings were in place offering opportunities to raise concerns or give feedback on the service.

Is the service responsive?

Requires Improvement

The service was not always responsive

Staff were not always responsive to the management of risks to people, with some incidents requiring intervention for CQC inspectors during the visit.

Handover sheets continued to contain unclear Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) status for people.

Care records contained detailed end of life care plans and evidence this aspect of a person's care had been discussed with people and their relatives.

Staff and people's relatives told us the level of activities and community access continued to improve.

Is the service well-led?

Requires Improvement

The service was not always well-led

Governance processes in place did not always identify areas of concern we found during the inspection, particularly in relation to gaps in recording, the environmental condition and cleanliness.

The management team were not always submitting notifications to CQC.

Staff morale had improved, with improved working relationships between staff and the management team.

Overbury House Nursing and Residential Home

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 was an unannounced, comprehensive inspection, which took place on 12 November 2018. The inspection team consisted of two CQC inspectors, one medicines inspector, one specialist advisor for nursing 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.

Before the inspection, we looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

We liaised with stakeholders for information and updates on the service prior to the inspection visit.

During the inspection we spoke with five people living at the service, four relatives and observed care and support being provided in communal areas. We spoke with 12 members of care staff including the manager, regional director, nurses, support workers, housekeeping and kitchen staff.

We reviewed 11 people's care records in detail including their daily records, fluid and repositioning charts where applicable. We checked fifteen people's medicine administration record (MAR) charts and reviewed the medicine management procedures in place. We looked at three staff recruitment files as well as training, induction, supervision and appraisal records. We reviewed policies and procedures relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 18 and 19 April 2018, we identified a breach of Regulation 13 (safeguarding) and an ongoing breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe was therefore rated as Inadequate.

During this inspection, we found improvements with medicines management. However, we found ongoing concerns regarding the cleanliness and mitigation of risks relating to people and infection prevention and control. We therefore rated this key question as Requires Improvement.

Care records identified two people who were assessed to be at risk of choking when eating and drinking if they were not seated in the correct position. The guidance provided by speech and language therapists said for these two people to be sat upright at 90 degrees while eating and drinking and for a specified time afterwards. For these two people, we observed them to either be eating and drinking while lying flat in bed, or not being seated in the correct position while staff assisted them to eat. Inspectors intervened to ensure these risks were addressed during the inspection. However, we were concerned that staff were not following the guidance as directed in people's care records.

We identified inconsistent completion of records for people receiving topical medicines such as creams. There were also gaps in the recording for people being turned and repositioned. One repositioning chart did not clearly state how regularly staff should assist the person to adjust their position as the person sometimes adjusted their own position independently. We identified gaps on repositioning charts where people needed to be repositioned while seated. Incomplete records did not demonstrate staff consistently followed the guidance in people's care records.

From reviewing people's care records, including their continence records these did not demonstrate that people were regularly being encouraged to access the toilet or commode. From the records reviewed, people's continence pads were regularly recorded as wet. Most people living at the service required support from staff to maintain their personal hygiene and levels of comfort.

We identified continued poor standards of cleanliness and infection prevention and control practices. Areas of the service, including people's bedrooms had a malodour. We found visibly unclean toilets and ensuite bathrooms which we checked at intervals throughout the visit. Equipment in place to assist people getting on and off the toilet or in and out of the bath was rusty making it difficult to keep clean. Slings to assist with transferring people were found hanging on the back of communal toilet doors. Where people had slings in their bedrooms, these did not have their names on them to prevent use with other people, increasing the risk of infection and cross contamination. Some people had mats by their beds to prevent injury in the event of rolling or falling out, some of these were found to be split making them difficult to keep clean. The main equipment storage room for the service was found to contain unclean and clean equipment stored together. After the inspection visit, the management team sent us photographic evidence that the condition of the equipment storage room had been addressed. However, the environmental concerns we found had not been identified as part of the management team's audit processes.

We identified gaps in completion of cleaning records. We found some tasks were signed off on the records as completed for the whole week, when we inspected the service on a Monday. We observed the cleaning trolley containing risk items such as cleaning products being left unaccompanied by staff. We were told by the housekeeping team that trollies should be with a member of staff at all times, but this was not what we observed in practice. Due to the level of risk this posed to people living at the service, we spoke with the manager who agreed to make arrangements to address this risk immediately.

A member of staff brought their dog into the care home regularly. This gave enormous pleasure to people who enjoyed stroking it, and spending time with it. However, measures had not been put in place to ensure people washed their hands before eating, and we observed the staff member to hold the dog while wearing their work uniform. We would not wish for the dog to stop being part of people's lives at the service, but would suggest greater consideration is given to infection prevention control measures being put in place.

Relatives gave us feedback on the condition of the environment. One relative told us, "The toilet does smell a bit of urine. I don't notice it around the home but my [Relative] tells me they smell it every time they come into the building."

Maintenance records showed that regular safety checks of wheelchairs and walking aids were not being completed, with the last checks recorded for January 2018. This meant the service could not be assured that the equipment was safe to use.

Records listed 69 accidents and incidents happened between January and November 2018. From a sample examined, post fall head injury monitoring forms remained inconsistently completed. This was an area of concern identified during the last inspection. However, staff demonstrated understanding of the reporting processes to follow in the event of an incident.

The above information meant provider remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated a clear understanding of safeguarding practices and procedures, and recognising types of abuse. However, there remained some gaps in the completion of safeguarding training.

We asked people if they felt safe living at the service, and sourced feedback from relatives. One relative told us, "I was worried at first about [name] personal safety because [name] just wouldn't sit down, but with encouragement from the team here, including [manager] [name] has settled. [Name] has pressure mats if they fall out of bed and there's a mat in the dayroom. I feel [name] is safe and secure, this is their home." Another person said, "I'm very happy and comfortable here and have nothing to worry about. Yes, the staff give me confidence. I get my medicines on time."

Medicines were stored securely for the protection of people who used the service and at correct temperatures. Staff giving people their medicines had received training and had their competence assessed to ensure they handled their medicines safely.

Records showed people living at the service received their medicines as prescribed. Changes made by prescribers were accurately recorded. Regular internal audits were in place to check people's medicines and any issues raised by the audits were raised with the management team. We noted that whilst there had been overall improvement since our previous inspection there were still some gaps in records for medicines prescribed for external use such as creams and ointments where records did not always confirm they had been applied as intended by prescribers.

Supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities and information about how people prefer to take their medicines. There were additional records to ensure safety. For example, for people prescribed skin patches staff completed additional records to show where they were applied to their bodies and to confirm they were later removed before the next patch was applied.

When people were prescribed medicines on a when-required basis, there was written information available to show staff how and when to give them to people to ensure they were given consistently and appropriately. For people prescribed pain-relief medicines on this basis and who were unable to tell staff about their pain there were pain assessment tools in place. When people had their medicines given to them mixed in food or drink the service contacted the pharmacist for guidance about this for most medicines but we noted some where this advice had not yet been sought and documented.

Where people were assessed to be at risk of developing sore skin and pressure ulcers, pressure relieving mattresses and cushions were in use. Care records contained clear reasoning for the use of bed rails to prevent risk of people falling out of bed. Where rails were assessed to increase risk, for example if someone would attempt to climb over the rails, padded mats were put in place to protect a person when falling or rolling out of bed. If a person developed an area of sore skin, staff completed a root cause analysis to determine areas of improvement and kept photographic records to chart improvement. Mattress and bed rail audits had been completed within a month of the inspection visit.

Each care record reviewed contained risk assessments for the safe storage of creams in people's rooms, this was an area of improvement since the inspection. Each person had an evacuation plan in place for use in the event of an incident such as a fire. These contained clear guidance for staff to follow. Plans recognised that people living at the service may not understand or react to noises such as fire alarms.

Staff completed regular legionella water safety temperature checks including flushing of the water system and had a legionella test certificate with tests completed by an external company. The service had up to date fire and electrical safety checks in place and they completed fire safety drills regularly during the year. Window restrictors were in place to maintain people's safety while having the windows open.

Staff HR records contained character references and details of Disclosure and Barring Service (DBS) checks completed. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 18 and 19 April 2018, we identified staff were not up to date with the necessary training for their roles and for nurses, this linked to reviews of clinical competency. Staff did not receive annual performance based appraisals. This key question was rated as Requires Improvement.

During this inspection, we found improvements in the overall level of training completion and checks of nurse clinical competency, and staff were receiving performance based appraisals. We found improvements in the overall standard of recording of capacity assessments. However, we found areas of concern in relation to adherence to sourcing consent from people's relatives where they held the correct legal responsibilities. Therefore, effective remained rated as Requires Improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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). At the time of the inspection, 25 DoLS applications or renewal documents had been submitted to the local authority. Care records reflected where a person was subject to DoLS. The management team held concise records of all DoLS applications made.

We found an example of an incident which had occurred due to the service not having a copy of a person's lasting power of attorney (LPA) paperwork on file. The person had become unwell and needed to be taken to hospital to receive treatment. The ambulance service requested to see the person's LPA paperwork before transporting the person to hospital, but this was not on file. The ambulance service were therefore unclear if they were acting in line with the person's wishes and preferences.

One care record examined contained verbal consent from relatives for a person to have their flu jab. The relatives consulted gave consent, but records did not demonstrate that they had the legal authority to make that decision on the person's behalf.

We identified examples of where staff should have completed a capacity assessment. A person was not always compliant with accepting drinks containing thickener to prevent risk of choking. The record contained a letter from the speech and language therapist that advised for a best interest decision to be made if the person continued to be non-compliant, as they felt the person lacked capacity to make this decision and understand the implications. The care record did not contain a capacity assessment relating to this aspect of the person's care.

We identified gaps in the overall completion of MCA and DoLS training, however staff spoken with demonstrated a clear understanding of MCA and DoLS and its implementation into practice.

The above information meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meeting minutes and data held by the service detailed completion of regular staff supervision sessions, with future dates booked in. Supervision offers staff the opportunity to discuss their work, receive feedback on their practice and identify training and development needs. Staff told us they accessed regular support from colleagues and the management team between formal supervision sessions. Since the last inspection, we noted improvements in the level of checks relating to nursing clinical competence, with greater nursing oversight from the manager (as a qualified nurse). From the HR records reviewed, these contained evidence of performance appraisals being in place.

Improvements had been made to the completion rates of the provider's mandatory training through on line and face to face sessions. However, completion rates ranged from 64% to 100%. We identified shortfalls in training completion for safeguarding, moving and handling, Mental Capacity Act and Deprivation of Liberty Safeguards training. We sourced assurances from the management team that dates for training sessions were in place. New staff completed the Care Certificate as part of the induction process; the Care Certificate is a set of induction standards that care workers should be working to.

Since the last inspection, the manager told us completion of training had been prioritised. From our discussions with staff, they demonstrated implementation of training into practice and linked this information to people's individual care and support needs.

We received feedback from relatives on the skills of staff to meet the needs of people. One relative told us, "I see them [staff] with [name] and they are very good with them, especially the regular staff. I do feel the agency staff are not the same quality and occasionally I can't understand them and they can't understand my relative." Another relative told us, "They [staff] explain what they are going to do and they'll speak to [name] reassuringly all the time as they do so because [name] hates it [being hoisted] and will scream out. They understand that [name] mood can change instantly from smiling to aggressive. They report back all the time on how things are going. We look at [name] records and they are making regular observations and writing it down, like [name] wanted to go to bed at 4.30pm. I notice how good they are in dealing with and supporting residents."

Staff confirmed they were completing more training courses since the last inspection. A newer member of staff gave positive feedback on the quality of staff induction and the level of support provided by having an allocated 'buddy.'

From speaking with staff, and reviewing records, people's weights were checked each month or more frequently if needed. If staff identified changes in a person's weight risk management plans were put in place. However, care records did not always reflect that snacks and alternatives had been offered where a person had declined to eat their meal or as a means of increasing a person's calorie intake.

The service made onward referrals to speech and language therapists and dieticians in consultation with the GP to source specialist advice and assessments for people when needed.
Staff and relatives supported people to access GP and medical appointments. Since the last inspection, improvements had been made in the working relationship with the GP practice and the manager had arranged a meeting with the surgery.

The service was wheelchair accessible throughout, with ramped access to garden areas outside. Staff used assistive technology to monitor people, particularly those at risk of experiencing falls. The home had an

improvement plan in place to address the condition of the service, including repairs to damaged flooring and replacement of furnishings. At the time of the inspection, everyone was living on the ground floor. The service planned to separate people into a nursing and a residential floor, with the installation of a people carrying lift to give people separate entrance areas. People and their relatives were being consulted on changes, for examples redecoration colours for communal areas. When moving into the service, people were encouraged to choose paint colours for their bedroom.

Requires Improvement

Is the service caring?

Our findings

At our previous inspection on 18 and 19 April 2018, we identified the condition of the care environment was not conducive to provision of high quality care. However, people were treated with kindness, respect, dignity and compassion. We therefore rated caring as Requires Improvement.

During this inspection, we found the overall condition of the care environment remained an area of concern. We therefore continued to rate caring as Requires Improvement.

The management of risks to people remained an area of concern. The cleanliness and condition of the service continued to not be conducive to providing high standards of safe and dignified care. Areas of the home, including people's bedrooms had a malodour, impacting on people's comfort and indicating that people's continence needs were not always well managed.

One person's care records indicated for them to wear glasses and a preference to wear their hearing aids overnight. Both items were not being worn when we visited the person after breakfast. We observed a staff member went to find the person's hearing aids. The lack of hearing aids significantly impacted on the person's abilities to communicate with us. From reviewing their care records, there was no reference to the use of hearing aids in the person's hospital passport to aid care provision in alternative settings.

Relatives and people gave feedback on the care provided. One relative told us, "Carers want this environment to be cheerful. I can tell that by the interactions." Another relative said, "They treat them like a grandparent. They love [name]. They talk to them and hold their hand. They know [name] background and talk about things with them. [Name] is a cheeky person and they just warm to that." A third relative said, "The staff are very, very good, caring and kind. They call [name] by name and say hello. They are friendly but not warm and friendly." One person told us, "They treat me very nicely. They are very respectful and kind. I get on with every one of them."

From observations of staff interaction with people, staff treated people with kindness and were familiar with each person's support needs and preferences. We observed staff knocking on bedroom doors before entering. Staff placed signs on door to prevent people entering while they completed personal care tasks.

We saw staff position themselves to be at eye level with people when speaking with them. Staff called people by their preferred name, and adapted their communication techniques and approaches to accommodate people with communication and sensory difficulties. Staff training included courses in communication skills and another in dementia awareness. Staff gave reassurance and emotional support to people when they showed signs of distress or feeling unwell.

Staff supported people to maintain choice, control and involvement in their care and daily routine. Care records contained night time routines, with preferences of times for getting up and going to bed. Most care records demonstrated that staff discussed care plans with people and their relatives to ensure incorporation of opinions into the development of the plans.

People had personal effects in their bedrooms and were supported by staff to share choice over what to watch on television or what music they wished to listen to in communal areas. Care plans indicated people's individual preferences for showers or baths, however, records did not reflect regular completion of baths and showers. Care records and the condition of the care environment, did not evidence that value was placed on completion of regular personal hygiene tasks. This was important to maintain people's comfort and dignity particularly where people experienced difficulties with continence management.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection on 18 and 19 April 2018, we identified care plans did not consistently link to risk assessments, with guidance for staff to follow in relation to the management of risks such as choking and emergency evacuation plans.

During this inspection, we found concerns regarding the management of certain risks to people and examples of staff not adhering to guidance in place. However, the standard of end of life care was well recorded and considered in consultation with the GP surgery. We therefore continued to rate responsive as requires improvement.

From our observations, we found ongoing concerns regarding the management of and staff's adherence to guidance relating to risks associated with choking and aspiration. This was of particular concern as the service's level of agency use had needed to increase since the last inspection. Permanent staff explained the guidance they needed to follow, but we were concerned that agency staff would not be familiar with the needs of those people to ensure a timely response to associated risks. One page summary sheets did not contain key information from speech and language therapist guidance, therefore staff needed to review the full care record to know the risks. Shift handover sheets, which were given to agency staff did not contain speech and language therapy guidance or highlight this as a point for the agency staff to read in people's care records. Some risks observed related to care provided by agency staff, and had required intervention by inspectors for these risks to be addressed.

When the new manager started in post, they reviewed the quality of the care records and introduced a summary overview sheet. They also recognised the need for care records to contain personal goals, this was something being reviewed for each person in consultation with staff, people and their relatives. This was an area of improvement yet to be embedded within practice. The manager told us they had been giving staff members more responsibilities with developing care records to empower them and increase confidence. This was reinforced by feedback we received from relatives. One relative told us, "The manager talks to the staff and gives them responsibility. This empowers staff and makes them feel valued."

Handover sheets used by staff and agency staff continued to have unclear decisions listed regarding people's Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) status. This was an area of concern found during last inspection. We discussed this risk with the manager, who immediately changed the handover sheet to ensure the information listed was accurate.

The service completed a dependency assessment for each person living at the service, and used a dependency tool to determine the level of staffing required on each shift. We found examples of dependency assessments completed, but the corresponding calculations were not always recorded to reflect if the scoring was accurate.

The manager confirmed the minimum staffing levels they had on each shift. From examining staffing rotas, there was not a consistent level of nurses on each shift particularly when needing to cover annual leave and

training. However, we received assurances from the service that the manager and deputy manager would offer additional nursing support to address shortfalls when required. Agency staff were regularly used to support people with care on a one to one basis. Whilst this meant people's one to one support was covered, agency staff may not be familiar with the person and their individual needs. We observed agency staff working with people on a one to one basis and providing very low levels of social interaction when with them.

Staff including the nurses, told us there were a large number of people requiring assistance of two carers. Staff told us this could impact on time spent getting people up and ready in the mornings, and effect the time people got to eat their breakfast. Records listed 14 people requiring assistance of up to two staff for safe completion of moving and handling tasks such as transferring in and out of bed.

People's care records contained discussions with relatives or people, where appropriate in relation to end of life care planning. Staff had not received formal end of life care training but were supported by experienced members of the management team to have the skills and confidence required to have such conversations. From reviewing care records for a person who had recently died, the service had worked effectively with the person's relatives and the GP surgery to ensure the person experienced a dignified, pain free end to their life. Staff were continuing to offer emotional support to the family. The management team had booked staff onto the local health service end of life training, but the next course was not due to run until September 2019.

Since coming into post, the new manager had worked hard to form relationships with people's relatives and offered an open-door approach to ensure people and their relatives felt able to speak with the management team as needed.

We received feedback regarding activity levels from people living at the service. One person told us, "We get taken out to different things like the Aircraft Museum and Castle Museum. I prefer my own company, there's not a lot of stimulation in the lounge, so the room's fine for me. I do like the singing. Some people are miserable and it doesn't pay to be. Boredom doesn't cross my mind. I like TV." Another person said, "I go in the lounge and I do karaoke. There's enough to keep me busy here. I enjoy my knitting." Care records contained great examples of activities and birthday celebrations with photographs in care records and on communal notice boards.

People continued to access the local community with support from staff or relatives. The activity co-ordinator had completed a piece of work that was in progress during the last inspection, to support people to complete 'this is me' documents. These documents demonstrated that time was taken by staff, particularly by the activity co-ordinator to source information from the person, their relatives and friends. This offered an important source of information for the person and for staff to talk to them about, and greater understanding of the individual, their likes and dislikes etc.

The activity co-ordinator had developed use of rummage boxes, cleaning boxes and set up an ironing area. These were designed to offer people activities they were known to have previously enjoyed. However, staff had not considered the potential for people to accidently access the actual cleaning trolley rather than the one intended for activities use, and the associated risks.

The service had received eight complaints between March and October 2018 and two complements. Themes of complaints included around communication between the service and relatives and about standards of care provided. The current manager had followed up on complaints received in line with provider's guidance while they had been in post. Since the last inspection, staff told us they felt more

confident to raise concerns with the management team without fear of reprisals. Regular staff meetings offered staff a forum to give feedback.

Relatives told us they knew how to make complaints, and felt comfortable to raise any concerns as needed. The management team held regular relative meetings, with dates booked for the rest of the year. The new manager was very passionate talking to us about the value relative feedback and forming relationships with relatives had on the running of the service. One relative told us, "We have meetings once a month with management. It's a chance to get together. It used to be a moaning and groaning session. Now they are comfortable, friendly sessions." Another relative told us, "They've never asked me generally about [name] care, but if I wasn't happy I'd go to the manager."

We identified an example of positive joint working between the service and healthcare proferssionals, for a person who was non-compliant with having their blood tested relating to diabetes care. The healthcare team had introduced guidance for staff to follow, while recognising the person's diagnosis of dementia and linked behaviours which may challenge. This resulted in staff proactively supporting this person with the management of their diabetes.

The manager completed preadmission assessments. From talking with the manager, they completed a face to face assessments with the person to determine if they could meet their needs, and considered the needs of existing people living at the service. The manager also reviewed people before returning from hospital admissions to ensure the service could continue to meet their needs.

We spoke with relative of a person who had recently moved into the service. They told us, "The induction was impressive. The manager was so helpful and welcoming and the staff looked happy. Here they've asked about [name] interests and wellbeing. They will paint [name] room the colour they choose. The manager is on the ball. The manager spent an hour talking to us. The nurse genuinely wanted to find out [name] interests. We had a home visit."

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection on 18 and 19 April 2018, we identified an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated this key question as Inadequate.

During this inspection, we found ongoing concerns around the running of the service and the quality of governance arrangements in place. We continued to identify examples of incidents that had happened, that the service had not notified to CQC. However, we identified areas of service improvement relating to the new manager in post. We therefore rated this key question as Requires Improvement.

We identified an example of a serious incident that had not been submitted as a notification to CQC. The nature of incident resulted in a safeguarding referral to the local authority. The notification was submitted retrospectively to CQC at our request. At the last inspection, we had identified examples of incidents that had not been submitted to CQC. We would recommend that the provider reviews their safeguarding policy, as this does not stipulate that where the local authority have been informed of safeguarding concerns, this information also needs to be shared with CQC.

The above information meant the provider was in breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The service had a manager who had been in post for approximately four months prior to the inspection. There had not been a registered manager in post since January 2017. The service needed stable management and leadership to drive improvement and embed changes.

We found gaps in recording of repositioning charts and cream applications. Whilst this was an area of concern, on balance this was felt to be a recording issue as the service had a low number of people with sore skin or pressure areas.

From reviewing people's bathing records, it was unclear if gaps were a recording issue or if people were refusing to have a bath and staff were not documenting this information. For one record examined, this resulted on paper in the person having gaps of up to 20 days without a bath or shower. Incomplete records did not enable the management team to accurately monitor completion of personal care tasks.

We identified that completion rates for the service's mandatory training in key areas had improved, but some courses including safeguarding and Mental Capacity Act had gaps in completion.

The management team had implemented quality audits, regular evaluations of care records, and medicines management. Completion of quality audits was an area of concern from the last inspection. From the information given to us by the management teams, infection control audits had not been completed for the three months prior to the inspection. The service was not adhering to the provider's guidelines for frequency of completing audits where concerns had been identified and compliance was not 100%. The guidance

stated 'if non-compliant complete a re-audit next month.' The lack of infection control audits, and environmental quality checks correlated with the concerns we identified in relation to the overall condition of the care environment.

We found examples of audits where compliance ratings meant a follow up audit should have been completed, but had not been. These included health and safety audit (91% compliance) not completed since September 2018, fire safety (90% compliance) not completed since September 2018. Records reviewed showed wheelchair and walking aid maintenance checks had not been completed since January 2018. Infection control and food hygiene audits had not been completed for September, October or November 2018 based on information provided.

We identified that not all staff followed aspects of people's care records. The quality of care records were reviewed monthly as part of the resident of the month checks, but gaps in recording such as repositioning and cream application charts were not being identified or measures put in place to address this issue.

The above information meant the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider demonstrated awareness of staff performance management processes and gave examples of procedures implemented to address concerns in relation to individual staff members performance. Improvements were in place for the monitoring of staff performance and nursing competence since the last inspection. The manager was completing out of hours quality visits, with two recorded since they had come into post.

Staff told us there had been improvements to the level of information discussed during shift handover meetings. The manager was regularly attending these meetings. On the day of the inspection, the service was expecting a new admission, the manager attended the morning handover meeting to ensure all preparation was in place ready for their arrival.

In September 2017, we imposed positive conditions on the provider's registration at this location in respect of breaches of regulations relating to person-centred care, dignity and respect, safe care and treatment, meeting nutritional and hydration needs and good governance. The management team had provided assurances to CQC through their improvement plan relating to the conditions imposed on their registration. This had improved the overall quality of medicines management, weight, incident and accident monitoring and was in line with our findings during the inspection.

Each person's care records were stored in locked offices or with some notes in people's bedrooms. This meant that information was only available to people authorised to see it and protected people's privacy.

Staff told us they worked closely as a team, to offer high and consistent standards of care to the people living at the service and their relatives. Staff morale had improved since the last inspection, and staff spoke positively about their relationship with the management team. Staff told us the new manager had an open-door policy and offered hands on support when onsite. Staff told us the culture within the team had changed, and they felt more confident to raise concerns to the management team. Staff told us they felt their workload was distributed fairly, with staff helping each other when needed to ensure people received consistent care.

We received feedback from people and their relatives regarding the management of the service. One person told us, "The place runs well I think but I'm in my room so things don't affect me. The manager occasionally

pops their head round the door and asks me if I'm okay. I do go to the residents' meetings. Only four of us attend." One relative said, "The new manager is good. At a recent meeting they said that if they have to have agency staff they will always request the same ones so people get to know them." Another relative told us, "The manager is on the ball."

The management team had improved the frequency of resident meetings as a means of sourcing feedback from people living at the service. This offered the management team opportunities to make improvements to the service. However, these meetings did not capture feedback from people who may not wish to discuss their views in a group forum.

Staff told us they were getting regular breaks during each shift, and this was being monitored by the management team. Staff breaks were planned during shift handover meetings to prevent breaks being taken at busy times during each shift such as at meal times.

Staff demonstrated awareness of the service's whistleblowing process to enable them to report concerns or areas of unsafe practice. Staff told us they felt confident to raise any concerns without fear of reprisals. There were no whistleblowing concerns under investigation at the time of the inspection.

The service had good links with other care homes within the wider organisation, and relationships with health and social care professionals was continuing to improve since the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The care provider was not always submitting notifications to CQC relating to safeguarding concerns. Registration regulation 18 (1) (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The care provider did not always work within the principles of the Mental Capacity Act (2005). Regulation 11 (1) (2) (3) (5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care provider was not always managing risks to ensure people and their care environment were kept safe. Regulation 12 (1) (2) (a) (b) (c) (d) (e) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 17 HSCA RA Regulations 2014 Good governance The care provider did not always have good governance processes and procedures in place,

Treatment of disease, disorder or injury

including the completion of quality audits.

Regulation 17 (1) (2) (a) (b)