

Bondcare (London) Limited

# Ashurst Park Care 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

### About the service

Ashurst Park Care Home is registered to provide nursing, personal care and accommodation for 53 older people and younger adults, people living with dementia and people with physical adaptive needs.

At this inspection there were 35 people living in the service all of whom were older people. Most people lived with dementia.

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

People told us they were safe at the service. A person said, "The staff are good to me and I like them." Relatives were consistently positive about the service. A relative said, "They have managed to heal the pressure sores my family member got in hospital. And they have also persuaded my family member to eat properly getting special foods in. Staff are great. Even the cleaner noticed that something was wrong and they immediately changed the bed. This place has been an absolute godsend. I have not got a bad word to say."

Fire safety arrangements were not robust, and some staff did not have all the knowledge and skills they needed to provide safe care and treatment. There were shortfalls in medicines management, enough staff were not always on duty and safe staff recruitment practices were not always followed.

People did not consistently receive person-centred care promoting their dignity. □ Information was not presented in an accessible way. People were not fully supported to engage in social activities and to be involved in making decisions about their care. Quality checks were not robust and had not identified the concerns we found.

There was a poor culture and some staff were not motivated to provide high-quality care.

The accommodation was not adapted for people living with dementia. We have made a recommendation about adapting the accommodation.

Infection was prevented and controlled. Lessons were learned when there were slips, trips and falls to reduce the risk of the same thing happening again. People were supported to eat and drink safely. The service ensured people received coordinated care including any medical attention they needed.

Complaints were properly managed, and people received safe end of life care in line with national guidelines. The registered manager had appropriately responded to a duty of candour event by being open and honest when something had gone wrong. The service worked in partnership with other agencies.

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

## Why we inspected

This service was registered with us on 3 June 2020 and this is the first inspection.

The last rating for the service under the previous registered provider was Good published on 24 October 2019.

The inspection was prompted in part due to concerns received about the measures in place to safeguard people from abuse and provide safe care and treatment. There were also concerns about enough staff being on duty, the provision of person-centred care and the arrangements to supervise the running of the service. A decision was made for us to inspect and examine those risks.

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

In view of the concerns we received we inspected all five key questions.

The overall rating for the service is Requires Improvement. This is based on the findings at this inspection. Please see the Safe, Effective, Caring, Responsive and Well-led sections of the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashurst Park Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of regulations in relation to safe care and treatment, staffing, person-centred care and dignity and respect. There is also a breach of regulation in relation to the systems and processes used to monitor and evaluate the running of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will meet with the registered provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not consistently Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not consistently Effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not consistently Caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not consistently Responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Ashurst Park Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by two inspectors and an 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.

#### Service and service type

Ashurst Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

We gave a short period of notice of the inspection to check if the service had active cases of COVID 19.

#### What we did before inspection

We reviewed information we had received about the service since it was registered on 3 June 2020. We used the information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and health care professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who lived in the service and observed some of the care six more people received in communal areas. We also met with four relatives. We spoke with a nurse, six care staff, a housekeeper, maintenance manager, clinical services lead and registered manager.

We reviewed the care plans for six people. We also looked at records relating to the management of medicines, health and safety records and key policies and procedures.

#### After the inspection

We contacted the Kent Fire and Rescue Service about our concerns relating to fire safety in the service. We also continued to seek clarification from the registered provider to validate evidence found. In addition, we spoke by telephone with a further member of staff who had not been present during the inspection visit.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not fully protected from the risk of fire. Staff had been given inconsistent information about the action to take if the fire alarm sounded. Two staff said they would immediately start to evacuate people from the service whereas the correct procedure was for all staff to congregate at the muster station to receive their instructions. This situation increased the risk of confusion and mistakes being made in keeping people safe in the event of a fire. We have raised our concerns with the Kent Fire and Rescue Service.

Failure to ensure safe operation of the premises in the event of a fire was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks around people's care needs were managed safely. Risk assessments were in place to guide staff how to reduce the risk to people, for example from choking or falls. There was a care plan for each person describing the care and treatment they needed. Some people with reduced mobility needed to be assisted to safely transfer using hoists and other equipment. Staff had received training and were correctly following guidance to assist these people in the right way.
- People were helped to keep their skin healthy. When necessary, people were provided with special air mattresses and were helped to regularly reposition to reduce pressure on their skin. This made the development of pressure ulcers less likely. People were safely helped to promote their continence by correctly using a variety of aids.
- Equipment including hoists and the passenger lift had been serviced. Hot water was temperature-controlled, and radiators had guards to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. External doors were secured and there were security lights at night.

Staffing and recruitment

- The registered manager said they completed a monthly dependency tool to determine how many care staff needed to be deployed. However, the tool was three months out of date and in its place the registered manager said they had used their professional judgement to decide what staffing level was right. On three occasions in June 2021 enough care staff had not been on duty to meet what the registered manager considered to be the minimum safe level. Four people said the service was understaffed saying they often had to wait too long for assistance. During our inspection visit we saw a person walking around in the main lounge asking for assistance from staff when there were no staff present. Five staff said they were concerned about staffing levels in the service. A member of staff said, "There have been recent occasions when we've been down on staff numbers and so quite simply people have had to wait for care." Another member of staff said, "There are too many vacancies having to be filled with agency staff and this just doesn't make for

effective teamwork."

- During both days of our inspection visit we saw people waiting too long for assistance. In one instance a person was distressed when resting in bed and repeatedly called out for help to go to the toilet. No staff were present as they were busy elsewhere in the service. Eventually, we found a member of staff who then went to assist the person. On another occasion we saw a person assessed by the service to be at risk of falling attempting to walk on their own in the lounge. There were no staff around and so we gently escorted the person back to their chair before going to look for a member of staff to help them. On a further occasion a person sitting in the lounge had to wait 15 minutes after requesting assistance to go the bathroom. There were three occasions when we heard call bells ringing for more than the five minutes the registered manager said was the maximum acceptable response time.

Failure to deploy enough staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment practices were not always in place. The registered manager said applicants were required to supply a full employment history so it was clear which former employers needed to be contacted to obtain references. However, one member of staff had not supplied a full employment history. They were 58 years old and had only provided five years of employment from 2015 to 2020. The manager had failed to identify and explore these gaps in their employment history.
- Other recruitment checks were in place. These included from the Disclosure and Barring Service to see if an applicant had a relevant criminal conviction or had been included on a barring list due to professional misconduct. Also, checks had been made to ensure nurses remained registered with their professional body.
- There was always at least one nurse on duty and there were enough ancillary staff.

Using medicines safely

- Medicines were not consistently managed safely in line with national guidance. In July 2021 there were seven occasions when a medicine had been dispensed but not recorded. Accurate record keeping is important so any mistakes in the administration of medicines can quickly be identified and if necessary medical advice obtained. The registered manager told us they had quickly identified these oversights, established how the mistakes had occurred and provided the staff concerned with additional training. However, there were no records to confirm how quickly and robustly action had been taken including considering the need to seek medical advice for the people concerned. Therefore, we were not assured suitable steps had been taken to consistently ensure the safe use of medicines.

Failure to provide safe care and treatment by managing medicines safely was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were reliably ordered so there were enough in stock. They were stored in temperature-controlled conditions.
- Nurses and nurse assistants who administered medicines had been given guidance and we saw them making sure each person took the right medicine at the right time. A person said, "The staff do my tablets so I don't mess them up."
- Some people lived with healthcare conditions needing to be carefully monitored so their medicines could quickly be adjusted when necessary. Staff were correctly following guidance received from healthcare professionals so these people continued to use medicines safely in line with their changing needs.

Systems and processes to support staff to keep people safe from harm and abuse

- Shortly before our inspection visit the registered manager notified the local authority about concerns a



person living in the service had been placed at risk of financial and emotional abuse by a former member of staff. The member of staff was dismissed for their actions and so we were assured the person was safe. The local authority was still investigating the concern and so we did not examine it further.

- People living in the service and their relatives were confident the service was a safe place. A person said, "The staff are kind and I do feel very safe with them." A person who lived with dementia and who spoke very little smiled and gave a 'thumbs-up' sign when we asked them about their home. A relative said, "The staff are lovely to my family member and I can see how much she likes them."
- Staff had received training and knew what to do if they were concerned a person was at risk. They were confident if they raised a concern with the registered manager action would quickly be taken.

Learning lessons when things go wrong.

- Slips, trips and falls had been analysed by the registered manager to see what had gone wrong and what needed to be done about it. An example was identifying the locations when people had fallen so the causes could be identified and action taken.
- Practical steps had been taken to reduce the risk of accidents, including re-arranging furniture in a person's bedroom to reduce the risk of them tripping over. Another example was a person having a low-rise bed and soft bedside mat to reduce the risk of injury if they rolled out of bed.

Preventing and controlling infection

- We were assured the registered provider was preventing visitors from catching and spreading infections.
- We were assured the registered provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the registered provider was meeting shielding and social distancing rules.
- We were assured the registered provider was admitting people safely to the service.
- We were assured the registered provider was using personal protective equipment (PPE) effectively.
- We were assured the registered provider was accessing testing for people using the service and staff.
- We were assured the registered provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the registered provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the registered provider's infection prevention and control policy was up to date.
- We were assured the registered provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Three care staff did not have all the knowledge and skills they needed to provide safe care and treatment. The registered manager said all staff had received training in supporting hydration, managing skin care and promoting continence. However, two care staff did not know the main signs of a person becoming dehydrated. Three care staff were not confident they could recognise the signs of a person developing a pressure ulcer. Two care staff were not confident they could identify if a person was developing a urinary tract infection. These shortfalls increased the risk care staff would not be able to quickly notify nurses when people became unwell with these conditions so prompt action could be taken to maintain their health.

Failure to deploy enough experienced and competent staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff received introductory training and shadowed more experienced colleagues before they provided people with care. Staff had also received refresher training in subjects including emergency first aid.
- Staff met with the registered manager to review their work and plan for their professional development. However, three staff did not consider this to be helpful. A member of staff said, "We're just so busy here at the moment keeping going is my main priority. I don't really have time to talk about my work as I'm too busy doing it."

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

- The accommodation was not properly adapted to support people who lived with dementia. Bedrooms did not have accessible signs to help people find the room they occupied. We saw a person opening several doors until they recognised their own room. Communal bathroom and toilet doors also did not have accessible signs.
- There were no directional signs in corridors. A person who was walking with purpose seemed to be lost and asked us how to get back to the lounge in which they had been sitting. The person said, "It's such a big place and it all looks the same and I'm always getting lost." We raised these shortfalls with the registered manager who said plans had been made to address each of the problems we had identified.

We recommend the registered provider consults current guidance about adapting the accommodation to promote the independence of people living with dementia.

Supporting people to eat and drink enough with choice in a balanced diet

- There was a choice of dish at each mealtime and meals were well presented. People could dine in private in their bedroom if they wished. When necessary people received individual assistance from staff to dine.
- Some people were at risk of not eating enough resulting in them not maintaining a healthy bodyweight. Staff had consulted with dietitians and were offering people food supplements in addition to fortifying their meals to give extra calories.
- Staff had liaised with speech and language therapists when a person was at risk of choking. They were correctly following the advice given by modifying the texture of food and drink to make swallowing safer and choking less likely.

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

- The registered manager had assessed the care and treatment each person needed before they moved into the service. This had been done to establish the service could reliably meet their care needs. The assessment was based on nationally recognised models for establishing how to best support people who need nursing care.
- Healthcare professionals told us they were satisfied with the arrangements made to admit their patients into the service.
- The registered manager's assessment also established how to respect each person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage including how they wished to dress and any dietary regimes they wished to follow.

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

- People were supported to receive coordinated support when they used or moved between different services. This included staff passing on important information if a person needed to be admitted to hospital or if they moved to a different care setting.
- Staff arranged for people to promptly see their doctor if they were not well. Healthcare professionals told us staff carefully recorded each consultation and followed any treatment advice they gave.
- People had been supported to have dental check-ups, eye examinations and hearing tests.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations or orders to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make everyday decisions for themselves. Examples of this were choosing what clothes to wear and how to spend their day.
- When a person lacked mental capacity the registered manager had consulted with health and social care professionals and with relatives to ensure decisions about care were made in the person's best interests. Examples were a person having their bed close to the ground with a 'crash mat' by the side to reduce the risk

of falls.

- The registered manager had obtained DoLS authorisations when people were being deprived of their liberty. The registered manager also knew about the importance of meeting any conditions placed on authorisations and orders. These conditions usually require additional steps be taken to promote a person's well-being by ensuring they only receive the least restrictive support respecting their legal rights. At this inspection there were no conditions in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence:

- Staff did not always promote people's dignity. An example was a member of staff helping a person to drink from a spouted beaker. The member of staff stood behind the person, did not speak to them and did not see when the person indicated they did not want any more to drink. This resulted in drink spilling from the person's mouth and onto their clothes. The member of staff then left without apologising or offering to help the person change their stained blouse.
- The registered manager said one person wanted their close personal care to only be provided by female staff. However, two male care staff told us they did not know the person had made this request. The registered manager also said all male staff were accompanied by a female colleague when providing care. However, a male member of care staff did not know about this arrangement and said they routinely worked on their own.
- Some care staff were not sufficiently fluent in English. They could not readily communicate with people living in the service or with members of the inspection team. An example was a member of staff not understanding when a person wanted to be helped to use the toilet. This resulted in the person becoming upset and frustrated. Another example was a person asking a member of staff if they would bring them a glass of water only to receive a glass of juice that they did not want and did not drink. A person said, "I know it's not their fault, but I just can't understand some of the staff and I get fed up with it all the time." Another person said, "They told me to ring my buzzer, but the nurse could not speak a word of English." A member of staff said, "It is a real problem here. Yes it's annoying for me to have to repeat myself all the time but it's worse for the residents as they live here and you can see them sometimes just giving up and not even trying to explain what they want."
- Staff did not always promote people's dignity by keeping private information confidential. We heard a care staff discussing a person's care needs in the presence of other people living in the service.

Failure to provide people with care promoting their dignity was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal staff closed the door and covered up people as much as possible.

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

- People were not always treated with compassion. A person sitting in a wheelchair in the main lounge had

dropped a sweet on the floor and repeatedly reached down to retrieve it. Two staff were nearby and remarked to each other about the sweet but did not attempt to pick it up instead busying themselves completing care records. In the end we picked the sweet up for the person.

Failure to provide people with care promoting their dignity was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included people who had been supported to meet their spiritual needs by attending religious ceremonies held in the service.

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

- People were supported to say what care they wanted to receive. An example of this was a member of care staff showing a person two different cardigans they often liked to wear. This was so the person could decide which garment they wanted to put on. We heard another member of care staff asking a person when they wanted to be assisted to go to the bathroom to wash. They also asked the person if they wanted to have a bath or a shower.
- All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. In addition, the registered manager had developed links with local lay advocacy resources. Lay advocates are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.
- Written records containing private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager said the previous activities coordinator had left their post ten days before the inspection and they had recruited a replacement. The registered manager said care staff were organising activities until the new activities coordinator could start. However, all the care staff with whom we spoke said in practice they did not have the time to support people to join in social activities.
- During the inspection visit we saw three activities each of which was poorly organised. One was a quiz in the main lounge. Although there were 15 people in the room only three people were able to engage with the activity by offering answers. There was also a bingo session attended by four people but two of these people were not able to relate to the purpose of the game. The third event involved a member of staff rolling a soft ball to three people who lived with dementia sitting around a table. The member of staff did not speak and did not explain how people could get involved by pushing the ball around to each other. The game ended when the ball repeatedly fell on the floor as the people concerned did not know what to do. A member of staff said, "All the activities you see today have been put on for your benefit."
- The registered manager said each person had been consulted about the social activities they would like to enjoy. However, there were no records relating to this matter. We asked five people if they had been consulted about social activities and none of them could recall being asked. The registered manager said there was a weekly plan of activities with attendance being recorded to help ensure everyone was offered the opportunity to be involved. However, staff said they did not follow any plan, only organised an activity when they had some spare time and did not record who had taken part.
- We saw people spending long periods on their own in the lounge without any apparent occupation. Although the television was on no-one was watching it. One person was repeatedly getting up and then sitting down in their armchair. A member of staff said the person did this when 'bored'. Five people told us they would like to have more opportunities to enjoy social activities. A person said, "It can be a very long day when you're just sitting and not doing anything at all." Another person said, "I look forward to mealtimes because they break up the day."

Failure to support people to enjoy social activities meaningful to them was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a programme of external entertainers who called to the service once a month. The registered manager said they intended to make these events more varied and more frequent.

Meeting communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a physical adaptive needs/ sensory loss and in some circumstances to their carers.

- People were not well supported to access written information relevant to them. This was because it was not presented in a user-friendly way with larger print, graphics and more conversational language. Care plans were electronic, written in small print and used technical jargon. Menus were also written in small print. At lunch time we saw two people holding the menu upside down and the sideways. Eventually, they gave up trying to understand it and asked staff about the choice of lunch dishes available.
- Large print versions of key information documents were not available. This included readily available leaflets explaining the role of the local authority in safeguarding people from the risk of abuse and people's legal right to receive the least restrictive care possible.

Failure to provide people with accessible information was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager knew how to arrange for information to be presented in Braille and how translator services could be accessed for people for whom English was their second language.
- Some people lived with reduced hearing. Staff regularly checked hearing aids were working and comfortable to use. Staff also ensured people had their spectacles with them and the lenses were clean.

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

- The registered manager said each person with mental capacity had been invited to contribute to their care plan saying what care and treatment they wanted to receive. However, there was no written evidence to assure us about this matter. None of the people with whom we spoke could recall having seen their care plan. A person said, "I don't have anything to do with the office stuff. I just live here day to day."
- Relatives said they had been consulted about the care their family members received. They also said they had been notified when their family members' care needs changed. A relative said, "Communication with the service is very good and the manager keeps me up to date with how things are going."
- Some people who lived with dementia could be a risk to themselves and other people around them when upset. Staff provided gentle support and reassurance to keep people safe. This included suggesting to people they move to a quieter area when things got too noisy for them. Or helping them engage in a favourite pastime to take their mind off something worrying them.

Improving care quality in response to complaints or concerns

- People and their relatives were confident the registered manager would quickly respond if they had a concern. A person said, "I've not got anything to complain about really but if there was the staff would sort it." A relative said, "I find the manager very helpful and I'm sure she would help if there was a problem."
- There was a complaints policy and procedure describing how the registered provider investigated and responded to complaints. Records showed the registered manager had correctly followed the procedure for the six complaints received since the service was registered. In each case, they had established what had gone wrong, apologised and told the complainant what was going to be done to put things right."

End of life care and support

- People were supported at the end of their life to have a dignified death. People were asked about how they wished to be assisted and relatives were welcome to stay with their family member to provide comfort.
- The service liaised with the local hospice who gave advice about caring for a person approaching the end of their life.



- At the inspection one person was receiving end of life care. There was a care plan describing how staff should support the person including providing reassurance. The service held comfort medicines for the person so pain-relief could quickly be given if authorised by a doctor.
- The registered manager said the service was working towards fully implementing a nationally recognised model of good end-of-life care practice.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider had failed to establish and effectively operate systems to assess, monitor and improve the quality and safety of the services provided. Quality checks completed by the registered provider and the registered manager had not quickly resolved the shortfalls described earlier in this inspection report. As a result, people had not fully benefited from fire safety protection, safe medicines management, deployment of enough staff and safe staff recruitment.
- Some staff did not have all the knowledge and skills they needed, and there were shortfalls in the provision of person-centred care. The registered manager assured us new quality checks would be introduced in response to our concerns. However, the registered manager did not send us any evidence about the new checks after our inspection visit and so we are not assured the necessary changes will be made.
- People had not been fully supported to contribute to the development of the service. Although there were monthly residents' meetings action had not always quickly been taken to respond to feedback. At the meeting on 21 February 2021 a person said they were 'not happy alone in their room'. However, no action had then been taken to look into this concern to see what additional support the person wished to receive. At the meeting on 31 March 2021 people requested a change to the way tea, coffee and biscuits were served mid-morning. However, no action was taken resulting in people bringing the subject up again in the meeting on 30 April 2021.
- Although relatives were free to ask for updates from senior staff about their family member there was not a system in operation to proactively gather feedback and suggestions about the development of the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

Failure to effectively assess, monitor and improve the quality and safety of the services provided was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager completed other quality checks to make sure care plans were accurate, wound care followed national guidelines, food and drink was modified in the right way, hoists were used safely and there were enough continence-promotion aids in stock.
- Health and social care professionals had been invited to comment on the service by speaking with the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Some people considered the service to be well run. A person said, "I have what I need here and I've no complaints." Other people were less positive. A person said, "I don't like all the changes of staff, it feels like a merry-go-round here and I don't like staff not being able to speak good English. I'm in my room and hardly see anyone." However, relatives were consistently positive about the service saying the staff were kind, compassionate and helpful.
- The registered manager said four staff had left the service shortly before the inspection resulting in some existing staff feeling unsettled. Five staff said there was not an open culture in the service. They were concerned about the circumstances under which some longer serving colleagues had recently left. They said morale in the staff team was very low. A member of staff said, "I think this place has seriously gone downhill in the last year or so. I don't feel valued or part of a team and if it wasn't personally convenient for me, I wouldn't stay." Another member of staff said, "This place is dreadful. I have threatened to hand in my notice. A lot of the established staff have left because the atmosphere is so poor. We are no longer giving good care."
- Earlier in our inspection report we pointed to examples of people being treated in a disrespectful and undignified way. This reflected a poor culture in the service resulting from the registered manager and registered provider failing to properly engage and motivate staff to develop high-quality care.
- The law requires registered providers to follow a duty of candour. This means after a significant, unexpected or unintended adverse incident occurs in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibility and had responded appropriately to a duty of candour incident since our last inspection.
- It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider said the report rating of the present inspection would be conspicuously displayed both in the service and on its website.

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

- Staff had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to support staff. There were handover meetings between shifts to update staff about developments in the care each person needed. Staff also attended regular staff meetings to help them work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. Health and social care professionals were positive about their experience of working with the service. A

healthcare professional said, "The staff have always been very receptive of myself and our service. They seem to know the patients well and escalate concerns and action them appropriately. I cannot recommend them enough." Another healthcare professional said, "In all my interactions with the staff I find them to be committed to meeting the needs of their patients. They know when to seek medical advice." A social care professional said, "I have found the home, in particular the home's manager, both efficient and effective in the discharge of patients from hospital. The home carries out extensive assessments with both the hospital and the family prior to discharge to ensure they can safely meet and manage the patient's needs in a timely fashion."

- The registered manager received newsletters from the Care Quality Commission and had used learning and development opportunities to keep up to date with changes in health and social care. They knew about and were prepared for important changes being made to protecting the legal rights of people who may need to be deprived of their liberty to receive care and treatment.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered provider had failed to ensure people received person-centred care.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider had failed to ensure safe operation of the premises in the event of a fire.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider had failed to ensure safe recruitment practices were followed.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider had failed to ensure enough experienced, competent and qualified staff were deployed.