

Homebeech Limited

Homebeech

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

Homebeech is a care home providing personal and nursing care to up to 66 people. The service provides support to younger and older adults who live with physical disabilities and/or mental health needs, some people were living with dementia or learning disabilities. At the time of our inspection there were 55 people using the service.

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

People were not always protected from risks. COVID-19 infection prevention and control measures were not robust; visiting professionals were not always asked to provide proof their lateral flow device test results. People's medicines were not always stored and disposed of safely, expiry dates of medicines were not always checked.

People were not always treated with dignity and respect. Staff did not always communicate with people before assisting them in their wheelchairs. Some confidential information about people were accessible to others who did not require to know them.

People did not always experience person-centred care. For example, people's care records did not always contain person-centred techniques to help support people when they were anxious. Some people receiving end of life support had care plans which contained basic information which meant staff could not provide them personalised support.

The provider did not demonstrate a full understanding of regulatory requirements. Consideration had not been given to CQC's publication 'Right support, right care, right culture' to support people living with a learning disability. The provider had not updated their registration with CQC to include providing a service to people living with a learning disability but subsequently did so following our inspection. Quality assurance processes had not identified areas of improvement highlighted at the inspection, such as, recruitment records not being in line with CQC regulations and care records not reflecting people's current needs.

People were supported to maintain a healthy diet. We received mixed feedback about the food provided. One person told us, "The food was good but some of it I don't like, some not cooked properly but you get fish and chips." A relative told us, "They come round and get [person's] food choices for the three meals."

People's associated health risks were appropriately assessed, and care planned for. People were protected from risk of abuse; staff and management demonstrated a good understanding of preventing and reporting concerns. People had access to healthcare services and staff supported them to attend appointments. Professional guidance had been recorded in people's care documentation and followed by staff.

People, their relatives and staff gave positive feedback about the leadership and management at the

service. Comments included, "They are very approachable and always been there for me in personal and work situations." And, "The management are fine. I love my room, it's beautiful, I asked to move to the ground floor, when a room became available, I got the room."

People and their relatives were complimentary of the staff. Comments included, "I can't rate the staff highly enough." And, "I can't say a bad word about any of them." Staff were mostly observed to be kind and considerate to people. Staff spoke in fond terms with the people they supported. One staff member told us, "The best thing is the residents, always, they come out with funny little things, they just make your day."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 August 2020). There were no breaches of regulation, the inspection looked at safe and well-led only and had met the breach of regulation 17 at that time.

The rating for the previous inspection was requires improvement (published 26 April 2019) and there were multiple breaches of regulation. The provider completed an action plan to show what they would do and by when to improve. We looked at all of these breaches at this inspection. This service has been rated requires improvement for the last six consecutive inspections.

At this inspection some improvements had been made and the provider was no longer in breach of regulation 14 (Meeting nutritional and hydration needs) and regulation 18 (Staffing). Not enough improvement had been made and the provider remained in breach of regulation 9 (Person-centred care). We found new breaches of regulation 10 (Dignity and respect), regulation 12 (Safe care and treatment) and regulation 17 (Good governance).

Why we inspected

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 infection outbreaks effectively.

The inspection was prompted in part due to concerns received about medicines and pressure area care. A decision was made for us to inspect and examine those risks. This inspection was also carried out to follow up on actions we told the provider to take at the inspection (published 26 April 2019).

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to infection prevent and control, medicines management, dignity and respect, person centred care and good governance.

We have made a recommendation for the provider to research and make improvements to create a dementia friendly environment.

Please see the action we have told the provider to take at the end of this report.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Homebeech

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 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 Health and Social Care Act 2008.

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 undertaken by three inspectors, and a medicines inspector 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

Homebeech is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Homebeech is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 April 2022 and ended on 10 May 2022. We visited the location's service on 25 and 28 April 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 10 relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, clinical manager, registered nurses, care workers, administrator, activity co-ordinator, laundry worker and the kitchen assistant. We spoke with two social care professionals and one healthcare professional who have regular contact with the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance processes, training records, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always stored and disposed of safely. The inspection was in part prompted by concerns regarding medicines management. Where people required oxygen, the cylinders were not always safely secured to avoid the risk of them falling or rolling. This increased the risk of gasses becoming unstable and could pose as a fire hazard.
- There were some out of date medicines and dressings stored at the service. Some medicines held in anticipation of people requiring end of life care or rescue treatments for infections were stored beyond their expiry date. Whilst these medicines had not been administered to people, they may be ineffective or could be harmful if taken.
- The medicines fridge records showed the fridge was safe to use. However, the fridge thermometer not been reset, and the minimum and maximum readings indicated the medicines may have been stored outside of the recommended temperature range. Staff were unaware of when the thermometer had last been reset, without accurate readings people could not be assured their medicines would remain effective.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. On both days of the inspection, members of the inspection team were not asked to show proof of their lateral flow device (LFD) tests.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some high touch points such as keypad locks were visually unclean. There was a cleaning schedule in place, however, the keypads remained unclean throughout both days of our inspection. We highlighted this to staff who cleaned the keypads.
- We were somewhat assured that the provider was using PPE effectively and safely. A staff member was seen to be wearing their mask under their chin when in very close proximity to a person. The staff member said this was to aid communication, but there was no risk assessment in place to support this. Shortly after the inspection, the registered manager told us they had increased their spot checks on staff to ensure PPE was used appropriately.
- We have signposted the provider to resources to develop their approach.

The provider failed to ensure the safe management of medicines and failed to ensure appropriate infection control measures were in place in response to the COVID-19 pandemic. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive in house visits from their relatives and people were able to go out.

Staffing and recruitment

- There were enough staff to meet people's needs. Where people required two staff to assist them, we saw this had been planned for. Where a person required one to one support, we saw this was met with consistent staff who knew the person well. One person told us, "I feel safe, the staff are always around."
- Staff told us they worked well as a team and had time to spend with people. Our observations confirmed this. One relative told us, "No staff availability issues at all."
- People were involved in the recruitment process. The registered manager told us, "A potential employee may interview well, but it's they way they interact with the residents which is most important."

Assessing risk, safety monitoring and management

- Risks to people's health had been assessed and managed. This inspection was prompted in part due to concerns about people's skin integrity. People at risk of sustaining pressure damage had appropriate care plans and risk assessments in place. Pressure relieving mattresses were on the correct setting and where required, tissue viability nurse (TVN) guidance was sought and implemented.
- People at the service lived with a range of physical and mental health needs which were individually risk assessed. For example, people's risks in relation to Parkinson's disease had associated assessments in place to consider the risk of falls and swallowing difficulties.
- People who required specialised support with nutrition such as percutaneous endoscopic gastrostomy (PEG) feeding had detailed care plans and risk assessments for staff to ensure this was carried out safely. Guidance in care records was in accordance with health professionals' advice. Where people were at risk of choking, speech and language therapist (SaLT) advice had been pursued and followed. People were offered meals at the correct consistency to avoid choking incidents.
- Where people wished to smoke cigarettes, risk assessments enabled them to do so safely. Consideration had been given to emollient creams which could be a fire hazard to people. The fire risk assessment and emergency evacuation documentation included the use and location of medicinal oxygen in the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. One person told us, "I do like it here, I feel safe here, I like the safety of staff being around to talk to." A relative told us, "The staff are very good. I think [person] is far safer there than at home."
- Staff received training and were aware of their safeguarding responsibilities. Staff understood the different types of abuse and how to recognise and report concerns. One staff member told us, "I'd go straight to [registered manager] or [deputy manager]. If I needed to, I can go to social services. And I would complete a report".
- The registered manager demonstrated their knowledge of safeguarding; we saw referrals had been escalated to the local authority appropriately. Safeguarding concerns were appropriately investigated, and plans were implemented where required.
- Lessons were learned when things went wrong. The registered manager analysed safeguarding concerns and arranged training for staff to mitigate reoccurrence. For example, a theme was identified of people becoming dehydrated; additional meetings with staff were held and care plans were reviewed to encourage people to maintain a good fluid intake. A hydration champion had been appointed to oversee this; the concerns around dehydration had reduced.

- Accidents and incidents were recorded and analysed. Trends and patterns were identified, and the registered manager implemented plans to mitigate reoccurrence. Wound care was overseen by a senior staff member to ensure people were receiving the correct treatment. This involved making sure care plans were up to date, appropriate equipment was available and relevant referrals to professionals had been completed.

Is the service effective?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always met by the adaptation of the service. There were three units at the service, Daffodil for younger adults with physical disabilities and mental health needs, Homebeech for older adults with physical disabilities and mental health needs and Beechside for people living with dementia. People living in Daffodil and Homebeech shared a communal living space which included a living and dining area, conservatory and tuck shop. People living in Beechside remained in their unit.
- There had been limited consideration to the environment to support people living with dementia on the Beechside unit. People's bedrooms were not clearly identifiable with pictorial or written signage. Without this, people may not be able to find their bedrooms independently and would rely on staff to support them. A board was displayed with the date and season, to help people's orientation, but the information was out of date. There was one dining table on the first floor of the unit, which did not provide enough space for all people, so some people ate their meals off their laps.
- The corridors on the Beechside unit were dimly lit, which had not been identified as a potential falls risk for people.

We recommend the provider reviews the national guidance on an environment on how to support people living with dementia and makes improvements to the home.

Staff support: induction, training, skills and experience

At our last comprehensive inspection, the provider had failed to ensure staff were suitably competent and skilled to meet the needs of the people living at the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last comprehensive inspection, we identified staff training was not up to date. At this inspection, mandatory training was up to date. The service supported people with a wide range of diverse needs, and staff had the right skills to support people, although further work was required to ensure staff had relevant training to meet people's needs.
- There were some people living with a learning disability residing at the service. Staff supported people appropriately, although they had not received training in this area. After the inspection, the registered manager provided us with assurances that learning disability training had been arranged for staff.
- Staff received regular supervisions which they felt were relevant and supportive. Staff told us they could

request additional training if they had an interest in a particular area. One staff member said, "I have just trained to complete the palliative care, I am telling the guys (staff) about my knowledge."

- New staff were completing an induction programme and the Care Certificate, The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

At our last comprehensive inspection, we identified people's hydration and nutritional needs were not met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to eat and drink enough. The registered manager appointed a nutrition lead who had oversight of people's weights. Where a weight loss was identified, investigations were held, and appropriate referrals made to GPs, speech and language therapist (SaLT) or dieticians. Whilst waiting for professional advice, interventions such as fortifying people's food (adding extra calories) or encouraging people with additional snacks were in place.

- Kitchen staff were knowledgeable about people's dietary requirements and knew where people required a modified diet. Kitchen staff followed the International Dysphagia Diet Standardisation Initiative (IDDSI) standards. IDDSI is a nationally recognised standard for staff to understand what consistency food and drinks should be prepared to minimise risk of choking. We saw food had been prepared to the correct levels for people in line with SaLT advice.

- We received mixed feedback regarding the food, and some people told us they did not like the meals provided. However, during our observations over the two days of the inspection, we saw most people appeared to enjoy their meals. Comments included, "I enjoy it here the food is good, lots of curry and pasta." And, "It's not tasty." The registered manager had held a catering meeting with staff and people to review the menu options. The provider was made aware of this negative feedback to address.

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

- People's needs were not always thoroughly assessed before moving into the service. People were admitted into the service swiftly and at short notice. Staff were not always made aware of people's diagnoses until after they moved into the service. A visiting professional told us, "They take discharges quickly and struggle to write care plans as the back-up professional support is not always there."

- A person who was new to the service could not communicate their distress or unmet need and showed emotion with their reactions. Their preadmission assessment did not highlight this need. We observed occasions where the person expressed emotion and staff did not know how to help them manage those situations. This caused difficulties in their relationships with others in the home which we observed on both days of the inspection. The registered manager told us they were unable to meet the person's needs and they were sourcing an alternative appropriate placement for them.

- Where possible, management would complete a face to face assessment with people prior to them moving into the service. A person and their relative were being shown around the home at the time of our inspection and were given options of choosing a bedroom.

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

- Staff worked well with a range of health and social care professionals. As the service supported a wide

range of people with diverse needs, staff and management had built rapport with various visiting professionals.

- During the inspection a healthcare professional was visiting a person, as staff had contacted them in response to a change in the person's mental health. The healthcare professional told us, "Staff seemed to be responsive to my patients needs and were considerate. I don't know them (the service) well so I can't give a strong opinion. I had no concerns about the way staff were treating my patient."
- A healthcare professional contacted the service during the inspection following a referral made by staff. Staff were able to give immediate and accurate information about people and documented the advice given by the professional.
- When identified, diabetic nurses were involved to review people's needs. One person's medicines had been reduced as a result of this. People had access to domiciliary healthcare services such as opticians and a chiropodist. Advice in people's care plans had been updated following home visits and acted upon by staff.
- The registered manager had researched the CQC publication Smiling Matters; staff had completed work on supporting people with their oral health. Care plans contained the level of assistance people required and people were able to access dental services when needed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments had been carried out where appropriate for people's care and support. Where people lacked mental capacity to make their own decisions best interest decisions were made. These discussions involved people, their relatives and professionals.
- Where required, DoLS authorisations had been completed for some people. The registered manager had assessed their mental capacity and made applications in people's best interests. Where conditions were imposed on authorisations, we saw evidence they had been met. For example, for staff to arrange medicine reviews for people. As a result, people were supported in the least restrictive way.
- Staff told us how they obtained consent from people and described what actions they would take if a person was to decline assistance. One staff member said, "If someone was to decline care, we work in their best interests, but we would go back after a little while. Nine out of ten times we go back and they consent."
- We saw a range of documentation requesting consent from people. Where people had legal representatives, consent forms had been completed on behalf of people. People had access to an independent mental capacity advocate (IMCA) to help them make decisions in the absence of friends and family.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection, people were supported and treated with dignity and involved in their care, but their confidentiality was not always respected. At this inspection people's confidentiality was still not always maintained and staff did not always uphold and respect people's dignity.
- We observed some undignified areas of care. For example, on two different occasions people who used wheelchairs were wheeled to different areas of the service by staff without being asked. On the Beechside unit, a staff member cleaned a person's face without communicating with the person. The person responded, "What are you doing?"
- Staff did not always knock on people's bedroom doors before entering. Whilst we were speaking with a person a staff member entered the room without requesting permission. The person told us, "Sometimes staff forget to knock."
- On the Beechside unit, a person was being cared for in bed, their bedroom door was open. The person was not covered in a dignified way, people and visitors were able to see them when passing in the corridor. We brought this to the attention of staff who offered a blanket to the person to protect their privacy.
- Some staff on the Beechside unit spoke with people in a childlike manner. For example, one person did not wish to eat their lunch, and a staff member told them they would not get pudding if they did not eat more. A staff member flicked a person's hair while they were assisting another person to eat. Whilst it was meant to be a playful gesture, it was inappropriate and unclear whether this advance was welcome.
- Confidentiality was not always respected. Medication administration records (MAR) containing personal details were left on top of the medicine trolley which could be accessed by people. A white board was mounted on the wall in the lounge of the Beechside unit which contained advice to staff about how much one to one time an individual should have. This was on display, so people or visitors were able to read this confidential information.

People were not treated with dignity and respect and confidentiality was not maintained. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's experience was inconsistent. People told us staff were kind to them, offered choices and responded to their requests quickly. For example, to go out for a cigarette or to have a drink made. One person told us, "I get what I want. Staff are nice." Another person said, "Staff are very nice and they're always there to listen if you have a problem, the care here is good."

- Most staff were seen to be considerate and respond to individual requests quickly. A high number of staff had worked at the service for many years and knew people well. Staff were able to describe what a good day was like for people and how they supported their wellbeing.

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

- People were supported to express their views. There were four people who were named as 'resident ambassador'. These people were chosen to represent others with similar needs, for example, a person living with dementia, an older person and a younger person. One of the ambassadors told us they were involved in meetings and were a representative for people's voice. Some of the changes were borne from the ambassadors' meetings, such as, ideas for the activity schedule.
- A visiting professional gave positive feedback about the way staff supported a person. They told us, "[Staff member] did some sensory activities with my client and got a positive reaction. I was impressed there were sensory items in their room such as ceiling lights and a sleeping cat. Staff knows my client likes flowers and took them outside to smell the flowers."
- People's care records were updated with them. This was to ensure their views and wishes were included. Where people were unable to contribute to their care plans, families were involved to ensure support was appropriate. Care records for people who were new to the service did not contain people's specific wishes, which we have written about in the responsive section of this full report.

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last comprehensive inspection, the provider had failed to ensure staff routinely followed people's assessed plans of care. This was a continued breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- At our last inspection concerns were identified and people were placed at risk as staff did not follow people's assessed plans of care. At this inspection, some improvements had been made but people did not always receive individualised care.
- Some people's end of life wishes were not always thoroughly explored. Guidance to staff was basic, for example, for the person to be kept comfortable and not to be resuscitated. Other wishes such as religious needs and personal preferences were not documented; staff did not always have the information required to provide person-centred end of life care.
- One person was assessed to be at the end of their life at the time of our inspection. Their care records did not reflect their current need. Staff updated their care plan during the inspection, however, other aspects of the person's care plan did not reflect their needs and stated they could eat a normal diet independently, although they were unable to. We saw this person was unable to call for assistance but held their hand up to summon support; we raised this with the staff, who assisted the person and planned to check on them more regularly.
- Where some people required support to manage expressions of emotions, their care plans did not always contain enough information for staff to support them appropriately. One person's care plan documented they preferred to be addressed by their nick name. Staff and management called them by their first name despite what was documented. The person's care plan directed staff to reassure them but did not detail what made them anxious and how to do so. We observed the person to be expressing their emotions throughout the inspection and attempts of staff reassurance were not successful.

The provider had failed to ensure people received person centred care and treatment that was appropriate to their needs and reflected their personal preferences. This is a continued breach of Regulation 9 of the Health and Social Care act (Regulated Activities) regulations 2014.

- Some people who lived at the service had care planned to meet their needs and wishes in a person-centred way. For example, one person was afraid of some weather conditions. Staff told us when the person

got worried, they stayed with them, gave warm drinks and provided company until it passed. This was documented in the person's care plan.

- Another person preferred to remain in their wheelchair. A staff member told us this was because they felt more in control, and they had a special cushion to protect their skin integrity. We saw this was documented in the care records and the cushion was in place.
- One person returned from hospital during the inspection, they had been discharged to received end of life care. Staff made a bed up for the person's family member to allow the person to spend their last days and nights with their loved one.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Care plans detailed where people were unable to verbally communicate and how staff could support them. For example, a person communicated with their eyes. We saw staff were able to understand the person's needs and assisted them appropriately.
- Care plans directed staff to use various ways to communicate with people. For example, a person who was hard of hearing had pictorial cards to help them make choices.
- Documentation was available in large print where required. The registered manager told us staff would read documents aloud for people if needed to support their understanding.

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

- People were supported and encouraged to maintain meaningful relationships with friends and family. One relative told us, "You can go as many times as you like and stay as long as you like." Some people preferred to visit family in their homes, go to the local pub or cafe. A person told us, "I come and go when I please, I just let them know where I'm going."
- The registered manager had installed a tuck shop in the service. The shop was requested by and run by people. A library area had been created so people could access books as they wished. Referring to activities, one person told us "They're good, I like to read a book, they built a library for me." Where people had made requests, the registered manager tried to fulfil them. For example, people had requested a football table, and one had been purchased for them.
- People chose, if they wished, to attend group events. We saw people enjoying an exercise class, and staff told us people also chose the music. An activity worker was employed to provide individual support for people to choose what they liked. People told us they enjoyed bingo, so staff had increased the frequency of this.
- People used a variety of technology to keep in contact with friends and family. The registered manager told us they had installed Wi-Fi boosters around the service as requested by people. People told us they could stream films and use the internet.

Improving care quality in response to complaints or concerns

- People and their relatives said they were comfortable to complain and knew who to speak with. One relative told us, "I would make a complaint if I needed to." Relatives confirmed they had a copy of the complaint's procedure. Information on how to complain was displayed on the notice board for people to refer to if needed.
- Complaints were logged, investigated and responded to in a timely way. The registered manager

identified emerging patterns and took appropriate actions.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- At our last comprehensive inspection on 11 February 2019, the provider's systems and processes for quality monitoring had failed to identify significant concerns. This was in relation to nutrition and hydration, person-centred care and staffing. Enforcement action was taken against the provider and conditions were placed upon the provider's registration. We carried out a focussed inspection on 5 August 2020, although, the conditions on the provider's registration was not reviewed. At this inspection we reviewed the report of actions the provider sent us each month against the action taken within the service. The conditions had been complied with; however, some areas required further improvements.
- The registered manager was not always clear about regulatory requirements. They were unaware of 'Right support, right care, right culture' which is CQC guidance that sets out expectations of how to support people living with a learning disability. The service did not notify CQC of the intention to support people living with a learning disability. The provider notified CQC of a change of service user bands shortly after the inspection.
- Quality assurance systems for medicines did not highlight medicine practices shortfalls. Medicines audits were completed by trained nurses and signed off by the registered manager. The monthly audit noted gaps in recording, however, there were no outcomes of investigations as to whether the medicines had been administered and what potential impact this had on people. Quality assurance systems did not identify where medicines were stored beyond their expiry date, and this posed a risk of harm of people.
- Shortfalls identified in quality assurance processes were not always recognised. Care plan audits did not highlight the inconsistencies and lack of person-centred care in some care plans found during our inspection.
- Quality assurance processes had failed to recognise shortfalls in the environment where people's safety could be compromised. For example, on the Beechside unit, there was a broken table which was being used to prop open a door; this could pose a fire risk. There was a pair of shoes in the lounge area throughout the inspection, and unused moving and positioning equipment which posed a trip hazard to people. When this was discussed with the registered manager, they told us they planned to build a storage cupboard and would be walking round the service on a more regular basis to recognise shortfalls.
- The service did not always provide a positive and inclusive culture. People living with dementia did not always experience dignified care in an environment to suit their needs. There was less management oversight in the unit to monitor staff practices and ensure people's needs were met in a person-centred way. The registered manager acknowledged this during the inspection and told us of plans to appoint a team leader and they would carry out more frequent management tours of the building.

- Record keeping of staff recruitment was not in line with CQC's regulations. Recruitment records were not maintained to include information relevant to staff employment and their role. Systems had failed to identify where some recruitment records were incomplete. Pre-employment checks such as Disclosure and Barring Service (DBS) outcomes were not always recorded. DBS checks provide information including details about convictions and cautions held on the Police National Computer. Employment histories and gaps in employment were not always explored which meant the registered manager could not be assured of employing suitable staff.
- Evidence of nursing and midwifery council (NMC) checks for trained nurses were not always documented. Initial checks had been made to ensure trained staff were registered with the NMC but there was no system in place to check for annual updates. Without this information, there was a risk of unqualified staff providing support to people. We raised this with the registered manager, who checked the NMC database to verify the qualification. The registered manager was aware of the regulations and told us they would devise an audit to ensure all recruitments files contained the required information.

The provider had failed to effectively establish and operate systems to assess, monitor and improve quality and safety of the services provided which put people at risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were engaged and involved with the running of the service, although some people told us their suggestions were not always listened to. Feedback questionnaires were distributed, and the registered manager devised action plans to address concerns.
- We received mixed feedback from people. Comments included, "I have made suggestions over the years such as the menu. I have suggested things I wanted to eat, I like dumplings and they haven't made them for me." And, "It's alright here, I get what I want." Ambassadors discussions took place and the resident ambassadors voiced people's opinions.
- Staff told us they felt supported by the registered manager and management team. Comments included, "I am happy here, I think it is the best home. I have a very good manager, deputy is very good, staff all help. We are like a family." And, "[Registered manager's] door is always open if we need to ask for something and change things. They are always open to suggestions and look into things for us." One staff member told us they suggested special cutlery for a person as they bit down on metal cutlery. The registered manager purchased some straight away.
- The registered manager identified ongoing quality issues with the food. They held a catering meeting and people gave feedback on the meals provided. The menu had been revised to cater for differing tastes. A staff member told us, "We are aware of the feedback about food, we are trying to improve this. A month or two ago we added more dishes to the menu."

Continuous learning and improving care; 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; Working in partnership with others

- The registered manager worked alongside other managers in the provider's care group. The registered manager told us cross home auditing helped to identify improvements needed to the service. The provider had an annual development and improvement plan with an action plan. The action plan detailed who was responsible for certain areas and in what timeframe the area of improvement would be addressed. Some of the outcomes were inconsistent with the findings from our inspection.
- One of the areas learned from was for relatives to be communicated with on a regular basis. Staff made sure to contact relatives at least monthly on the 'resident of the day' date. Relatives told us they had noticed

an improvement with communication. Comments included, "I would say generally it's pretty good. I visit twice a week and discuss [person] or they phone me. Yes, I have been kept up to date. If I don't hear I ask." And, "It's very good, I'm kept in the loop always."

- The registered manager attended local authority meetings and seminars. They were signed up with various professional associations to keep their knowledge up to date.
- The registered manager was aware of their obligation to be honest and open in line with the duty of candour. We saw examples of where this had been put into practice. They were also transparent during the inspection.