Light and Hope (UK) Limited

LIGHT AND HOPE

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Light and Hope is a residential care home providing the regulated activity of accommodation for person's who require nursing or personal care for up to six people. The service does not provide nursing care. The service is registered to provide care and support for younger adults, older people and people living with mental health, dementia or physical disabilities.

The home is a modern end of terrace building that has been extended and provides accommodation over two floors. The home had limited dining and communal living space for people to spend time together. Some bedrooms had en-suite facilities, with shared bathroom and toilets also available for people. At the time of our inspection there were two people using the service.

People's experience of using this service and what we found
The registered manager and provider had not developed a system of quality monitoring to help ensure they were managing a safe, effective and well-led service.

The provider's fire risk assessment had not been reviewed. Fire doors were wedged open, self-closing mechanisms had been de-activated, staff fire awareness was poor and emergency evacuation risk assessments did not reflect night-time, where staff presence in the home was reduced to one.

People were supported safely with their medicines; however, medicine management processes were not always safe. Risks to people had been assessed, however assessments were not always sufficiently detailed to guide staff how to support people safely.

Staff had received training in all basic core areas prior to joining Light and Hope. The registered manager and provider had failed to assess staff understanding of their training and their competencies to help ensure people received safe and effective care and support.

Infection prevention and control practice in the home was not in line with current guidance. The registered manager was not aware of the current government guidance relating to care services.

People were not always supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support best practice. People were cared for in bed and in their rooms, not supported to go out into the wider community. We have made a recommendation for the provider to seek additional guidance and training in this area.

People were not always supported with kindness and compassion and their privacy and dignity was not always respected. People's end of life care wishes were not recorded or explored at a time when they could voice their opinions, therefore the plans in place for any future care needs were not personalised.

People's needs were not always met. Staff supported people with essential care needs but did not spend time chatting with them or supporting them with social interests. People received their personal care and medicines, were offered food, drinks and were kept warm. The only interaction people received was whilst staff were providing personal care. People were not supported with activities to engage them and help to avoid isolation and boredom.

People were protected from abuse. Staff and management demonstrated a good knowledge of safeguarding and how to report any concerns.

Staff felt well supported and could ask the manager for any help they needed.

People were supported to see health professionals if this support was needed.

The manager had a complaints policy in place but stated they had not received any complaints.

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

Rating at last inspection
This service was registered with us on 04 January 2021 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received about medicines, infection control, the use of restraint and lack of social interaction for people using the service. A decision was made for us to inspect and examine those risks.

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 safe care, personalised care and management processes.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate

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 well-led.

Details are in our well-led findings below.

Inadequate

LIGHT AND HOPE

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
This inspection was conducted by one inspector.

Service and service type
Light and Hope is a 'care home' without nursing care. 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. 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 04 July 2022 and ended on 12 July 2022. We visited the care home on 04 July

2022 and had an inspection feedback call with the registered manager and company director on 15 July 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service and received feedback from one relative. We received feedback from four staff including the provider, registered manager and two care staff. We received feedback from representatives of the local authority commissioning team, the clinical commissioning group pharmacy team, the care home support team and the fire service. We reviewed a wide range of records including care plans, risk assessments, documents relating to fire safety, staff training records and the provider's policies and procedures relating to fire safety, complaints and infection prevention and control.

Inadequate

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 of this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were digital and incorporated within care plans. Care plans and risk assessments were accessible to staff via their phones, there were no hard copies of basic care documents available in the home. This meant, should a person fall ill during the night and need external support the one staff member on duty would need to access the computer and print off a list of the person's medications and basic core information for the emergency care team. This would be in addition to contacting health support, contacting relatives, letting the management team know and comforting the person needing support.
- The registered manager said they would create a 'grab sheet' with basic core information, including each person's medicines, to be made available for staff to access in the event of an emergency.
- The provider's fire risk assessment had not been reviewed in a timely manner but was reviewed following this inspection. A number of shortfalls were identified during this process such as fire doors were propped open, some door self closing mechanisms were disconnected or not working properly, staff knowledge required refreshing and no records of weekly testing of fire detection and alarm system were maintained. This placed people who used the service at risk of potential harm.
- One staff member said no evacuation drills had been undertaken to help ensure staff and people understood the quickest and safest way to exit the building in an emergency situation. However, another staff member said, "When I first started at light and hope there was a fire drill taken place where we were shown how to evacuate people."
- Staff had a limited understanding of how to support people in the event of an emergency. Risk assessments were not always clear regarding how to support people should there be a fire or other emergency at night-time.
- The registered manager reviewed incidents and accidents for any potential lessons that could be learned. However there were no actions recorded as being taken as a result of incidents happening and it was unclear how lessons were being shared with the staff team.

Using medicines safely

- During the week prior to this inspection a clinical commissioning group pharmacy technician had visited the service to review the medication storage and administration. Significant recommendations were made including to obtain a control drug register, to keep the drug cupboard keys safely separate from the drug cupboard when not in use, to store medicines within the original box containing the prescriber's instructions and to monitor and record the temperature of the room where medicines were stored.
- When we inspected five days later no remedial actions had been taken. The drug cupboard keys were still on top of the cupboard, medicines were not appropriately stored within original boxes, room temperature was not being monitored. This placed people at risk of receiving the wrong or ineffective medicines.
- Some people were prescribed 'as and when required' medicines. Protocols in place for these were not

always detailed to let staff know when these medicines should be administered. This meant people may be at risk from not receiving pain relief when they need it.
● Medicines were administered only by the registered manager who was a qualified nurse. The training matrix indicated care staff had received training to give them the skills and knowledge to safely administer medicines. However, when we requested evidence of competency assessments in this area the provider and registered manager were not able to provide these. This meant, should the registered manager be unable to attend the home to administer medicines people would either not be able to have their medicines at the right time or may receive them from staff not assessed as competent to safely administer.

Preventing and controlling infection
● We were not fully assured the provider was preventing visitors from catching and spreading infections. The provider's infection prevention and control policy did refer to COVID-19 however did not include information about visitors to the home, the use of face masks in care facilities or the staff testing regime within the home. We were not asked to provide evidence of a negative lateral flow test during our visit to the service.
● We were not fully assured that the provider was meeting shielding and social distancing rules.
Staff and management were not wearing face masks when within two metres of a person using the service. The registered manager told us they believed because they were a small service they were exempt. We directed the provider and registered manager to up to date guidance.
● We were not fully assured that the provider was promoting safety through the layout and hygiene practices of the premises. Communal toilets did not have hand towels. Mops stored in the staff toilet were not colour coded and were stored together despite the registered manager explaining the two mops were for different purposes.
● We were not fully assured that the provider was using personal protective equipment (PPE) effectively and safely. Face masks were not used in accordance with current guidance.
● We were not fully assured that the provider's infection prevention and control policy was up to date, it did not reflect current government guidance regarding visitors to the home and the wearing of face masks.
● 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 (when needed) and staff.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

We have signposted the provider to resources to develop their approach.

● People were supported to have visitors to the service in line with current government guidelines.

We found no evidence people had been harmed. However, systems were not robust enough to mitigate risks, where possible to people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Two people were using the service at this time, one staff member was on duty during the day to manage people's care needs with support of the registered manager. Night shifts were a 'sleep in' duty for one staff member. A person's care plan stated, 'To support and supervise [person] especially at night whenever they are incontinent.' However, staff advised the person did not require personal care during the night. A staff member told us, "There is only one staff member on duty at night and this is certainly manageable as it would not make sense for there to be two people when all night [people] are asleep and no personal care is required."

● The registered manager described a robust recruitment process including face to face interviews, obtaining references for new applicants and requesting Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

● We received mixed feedback from people who used the service. One person was very happy and felt safe. Another person was not happy and did not feel safe because they did not want to be in a care facility and wanted to return to their own home. The local authority commissioning team had re-assessed the person's needs and an alternative placement was being sourced for them to better meet their needs.

● The registered manager advised they had not had occasion to make a referral to the local authority adult safeguarding team. However, they were able to clearly describe what instances they would report to the local authority if needed.

● Staff had received training in safeguarding. A staff member shared their understanding of what safeguarding means, "Safeguarding is the act of keeping a person healthy and safe to protect them from abuse and any other sort of harm. Anything that you feel is not right you should whistleblow to someone of a higher position to report anything that you do not feel is right. It is better to report something immediately even if you are not sure as it may reveal further information that you were not even aware about."

● A relative had raised concerns which were shared with the local authority safeguarding team for further investigation. We are not aware of the outcome of this investigation at the time of writing this report.

Requires Improvement

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.

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.

- People were supported in line with the MCA. Capacity assessments, best interests decisions and DoLS were discussed with the local authority to help ensure people received the right support to make decisions as needed.
- Some staff and management had a poor understanding of the MCA and the impact this had on their job roles. This meant people may not get the appropriate support when needed because staff may not recognise the need and understand how to support people properly.

We recommend the provider refers to current guidance and sources additional training for the staff team. This is to help ensure staff and management have the skills and knowledge necessary to support people where they may lack the mental capacity to make particular decisions for themselves.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed by the registered manager prior to admission to the home. The information in these assessments was used as the basis for care plans and risk assessments to help ensure people received effective, consistent and safe care.
- However, there was a lack of detail included in care plans which meant staff did not always have clear instructions to be able to provide safe and effective care. For example, one person was noted to need pressure area care on admission. The person's care plan stated, "To ensure the pressure area is regularly and gently cleaned and apply the prescribed cream." There was no detail about how the area was to be cleaned, how often or what the prescribed cream was called. This poor level of detail did not support staff to provide safe and effective care.

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

● The service was a domestic dwelling that had been extended to provide additional bedrooms. The hallway area at the bottom of the stairs was small, and would not support the safe transfer of a person with impaired mobility from a wheelchair to the stair lift. At the time of this inspection there were no people accommodated on the upper floor. Following this inspection advice from a fire service representative stated people admitted to live in 1st floor rooms must fully ambulant, able to react to the fire alarm and to self-evacuate. This was because one staff member would not be deemed to be able to assist all people out of the building if those on the 1st floor needed assistance. The provider confirmed to us anyone with impaired mobility would be accommodated on the ground floor of the building.

● There was one communal room acting as lounge, dining room and kitchen. There was a small dining table, not large enough to cater for the needs of people using the service, when at capacity, should they choose to eat in the communal area.

● The home lacked a homely feel. The walls were bare, there were no pictures or homely items around. We had a discussion with the management team about how this was people's home and therefore needed to reflect that.

● During the course of the inspection we discussed the challenges presented by the environment. We had noted the only exit to the rear garden was either by a person's bedroom or by going out of the front door and around to the rear of the property. The management team discussed options such as decommissioning one ground floor bedroom to both create a dining space and also a direct exit into the rear garden. They advised this was the route they intended go down and would make the appropriate arrangements to do this.

Staff support: induction, training, skills and experience

● The registered manager advised staff had been recruited having previously achieved the basic core training whilst working for other care providers. The registered manager told us they assessed staff competency by working alongside them. However, they had not documented this.

● Inductions for newly recruited staff were completed with the registered manager who reported all relevant areas were covered in one day. We could not be assured this was adequate time for staff to be fully inducted into their job role. There were no records of competency checks being completed to ensure that these inductions had been effective.

● A staff training matrix was provided for inspection. This indicated staff had achieved various basic core training elements prior to starting to work with Light and Hope. A staff member told us, "All care staff entered the role with the training that was required. However, on our first day the [registered] manager made sure we were comfortable with using all the relevant equipment and gave us a detailed explanation to refresh our minds on how to use the equipment in a safe manner and specifically at Light and Hope as it is a new working environment."

● A staff member told us, "I have a brilliant support system and supervision at Light and Hope that enables me to carry out my role effectively. The [registered] manager comes on a daily basis and stays for many hours." The staff member went on to say, "When I am not sure on what to do or there is a problem I consult the [registered] manager for supervision and they offer me reasonable advice on how to go about the situation."

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

● People were able to choose their food and drinks. Staff told us meals were prepared for each person separately which was possible as there were only two people living at the home at this time. One person said they were satisfied with the food provided at the service, another person was less happy but couldn't tell us what changes they would like made.

● We noted one example where a person who had been declining food often had requested a hot dog and

coffee. The food was brought to the person however, they still declined to eat. We were told of another example where the provider had spent an entire evening sat with the person trying to coax them to eat to no avail. We noted external professionals had been approached for support with managing the person's needs. This showed the provider took appropriate action to try to support this person's nutritional needs.

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

● The management team told us about contact they had made with a range of health professionals in order to access support to meet an individual's needs. These included referrals to a GP, diabetes team, occupational therapists, physiotherapists, dietician, tissue viability nurse, incontinence nurse and mental health team.

Requires Improvement

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.

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.

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

- A person cared for in bed had no pictures on the wall, no visual stimulation, no TV, no engagement from staff. The person could see into the garden from their bed but that was a blank area with nothing visually stimulating.
- Another person was left living in one room as they were 'happy' there. The person had spent a great deal of their life within health facilities, they were very happy to be living at Light and Hope. However, the person did not know if they would like to visit the pub, go to the cinema, go bowling, go to a car show, go and watch football, go to a music gig and did not know what life they may be missing out on. No action had been developed to work with the person to open their horizons to wider living experiences.

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

- People were supported to make some day to day choices such as what to eat or drink and when to have their meals or when to receive their personal care.
- People and relatives had not been supported to discuss and make decisions about people's care and support.
- One person had been supported to make their bedroom a more personalised space.

Respecting and promoting people's privacy, dignity and independence

- The management team did not monitor the care delivered to assess if staff provided kind and compassionate care for people. They did not check staff competency in this area.
- People's care plans were not written in a manner to respect their dignity. For example, a person was referred to as one gender in one sentence and another in the next. This showed a lack of care and attention when management and staff were completing the care plans and a lack of consideration for the person they were writing about.

Requires Improvement

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.

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

- People did not receive personalised care. One staff member said they struggled to support an individual with personal care at times because the person often became physically challenging towards staff and made complaints about them. Staff could not tell us what positive support strategies were used to enable the person to be safe, happy and well. The management team also could not share a strategy to meet the person's needs but spoke of external professionals who had been approached for support.
- There was a lack of focus on people's preferences and choices and the importance of these. People were not supported to go out and about, try new things or engage in their interests. There was a lack of social stimulation and people were left sitting for long periods of time, alone in their bedrooms with nothing to occupy them.
- Staff were able to describe people's individual likes and dislikes but were unclear how to support people in line with their choices and preferences. For example, a person enjoyed to shop and did not always make wise choices in this regard. Staff demonstrated a mixed understanding about the person should be supported to enjoy activities of daily life.
- Relatives raised concerns about the lack of stimulation available for people. Comments included, "[Person] has not been provided with engagement to stave off isolation and has not had any stimulation for the whole time they have been there. There is no TV, nothing all day just [person] left in bed alone staring at plain walls."
- People's daily records noted personal care tasks, food and fluid consumption and medicine administration. Time spent interacting with people, information about how people felt, their demeanour and wellbeing were not recorded. However, a staff member gave us an example where they had been able to provide comfort and respectful care for a person. The staff member said they had spent a significant piece of time with a person delivering a pamper treatment. The staff member said, "This was significant to person because no one had done this for them before and they felt special."
- The management team told us they had plans in place to improve social interests and activities outside of the service for people. However, there were no known timescales for this to happen and we could not be assured these would be effective.

People were not supported in a person-centred manner. People were not engaged throughout the day, and people's individual likes; dislikes and preferences had not been sought nor considered. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's 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 disability, impairment or sensory loss and in some circumstances to their carers.

● There was limited evidence of the AIS being used consistently and effectively at the service. Management told us they read documents out to a person who then signed to say they had understood them. There had been no consideration given to producing documents in a different format for this person. When asked, the provider and registered manager were not totally confident about the person's reading and writing capabilities.

● People's support plans were not available in an accessible format which may have helped them understand their content. Staff had not received training in different communication methods.

End of life care and support

● People were not involved in planning for the future and what they felt important when nearing the end of their life.

● Staff had received training to understand best practice and current requirements and expectations when supporting people nearing the end of their life.

● At the time of this inspection nobody was receiving end of life support.

Improving care quality in response to complaints or concerns

● There was a complaints policy in place for people and relatives to use. The provider and registered manager reported they had not received any formal complaints since the care home started operating in March 2022.

● Where people indicated they were not happy with any aspect of their care this had not been recognised as a complaint. This meant people's dissatisfaction was not recognised and investigated appropriately to help improve the outcomes for people using the service.

Inadequate

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 Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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; Continuous learning and improving care

- The provider had failed to develop an effective audit system to help ensure regular checks were completed therefore safety issues had been left unnoticed. People's care plans were managed by a digital platform which prompted a regular review. However, concerns identified at this inspection confirmed a lack of quality and safety monitoring in areas including (but not limited to) medicines management, infection prevention and control, person centred care, people not receiving kind and compassionate care, people not being supported to leave the service and pursue their interests and a lack of record keeping.
- Throughout our inspection visit we noted care was task based and people were at risk of social isolation. Staff and management demonstrated no understanding of their roles in supporting people to live rich and fulfilled lives.
- An external health professional had identified concerns with medicines management at the home a week prior to this inspection visit. The registered manager had been advised where improvements were needed to increase the safety of medicines management at the home. The registered manager had not put these actions in place at the time of our inspection visit, they said they were waiting to start from the next medicines delivery.
- We shared some concerns noted during our inspection with the fire service who visited the service in the following days. Shortfalls were identified in areas such as staff skills and knowledge, alarm testing, environmental concerns where doors were propped open or had the self close mechanisms de-activated. These concerns should have been identified by the provider's own governance system, however, no internal fire audit had taken place.
- The provider had failed to create an inclusive and homely place for people to live. The layout and décor of the home did not reflect or maximise people's life experiences. There was little room to socialise, undertake activities or pastimes or to enjoy sociable dining experiences. The provider had given no thought to this aspect of the service until our inspection visit.
- Our findings from the other key questions inspected showed that governance processes had not helped to keep people safe, protect their human rights and provide good quality care and support.

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

- The registered manager and provider were open and transparent on the day of the inspection. They acknowledged areas of shortfall and shared discussions about how they could bring about improvement.

However, information we requested for inspection was not provided within agreed timescales and the registered manager did not demonstrate an understanding of their responsibilities under the Health and Social Care Act 2008.

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

● People were not encouraged to give feedback about the service.

● Relatives, staff and external professionals were not asked by the management team to feed back about the service.

● People had been using the service since March 2022, the provider had not yet undertaken a quality assurance survey. The provider was not able to show how they involved people in shaping the service delivered. There were no documented staff meetings or meetings with people and their relatives to explore how the service could improve and grow.

The provider had not developed quality assurance systems and processes. This meant they had not been able to assess, monitor and improve the quality and safety of the service and had not monitored and mitigated risks to the health, safety and welfare of people using the service.
This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider and registered manager acknowledged things had gone wrong. They indicated they were keen to improve the service, although they did not demonstrate a good understanding of how to achieve this.

● A staff member told us, "I would 100% recommend Light and Hope to anyone that is looking for a care home. As a care worker I always provide care for people as if they were my own family member and this is how I would want someone to look after my relatives. Therefore the care provided at Light and Hope is exceptional and every person is able to feel comfortable personalised care is provided as every person is different and requires different needs."

Working in partnership with others

● The management team linked and worked with external health and social care professionals to help ensure improve outcomes for people. However the registered manager had not developed close working relationships with health and social care professionals to try and coordinate better support for people from the wider health and social care system.

● The provider was a member of a local care provider's association. However, they had not made use of this resource to access management support and training and guidance.

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 support people received was not person centred, did not consider people's individual needs or promote choice and control. People were not engaged throughout the day, and people's individual likes; dislikes and preferences had not been sought nor considered. This placed people at risk of potential isolation and harm. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found no evidence people had been harmed. However, systems were not robust enough to mitigate risks, where possible to people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.