Affectionate Care Home Limited

Ersham House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Ersham House Nursing Home is a care home with nursing and accommodates up to 40 people in a purpose-built building. The service supports adults whose primary needs are nursing care. Some people also live with additional mental health disorders, and dementia. At the time of our inspection there were 23 people living at the service.

People's experience of using this service:
The providers' governance systems had not consistently identified the shortfalls found at this inspection. There was a lack of clear and accurate records regarding some people's care and support. For example, oral care, communication needs and daily records. Management of behaviours that challenge were not always documented clearly and lacked details to manage them effectively. There was a lack of oversight by the provider. The leadership within the service had been impacted on as there had been no registered manager for 11 months and several short-term managers.

Risk of harm to people had not always been mitigated as good practice guidelines for the management of medicines, continence and pressure care management had not been followed. There was a lack of guidance and analysis in managing some people's behaviours that challenge and there was no evidence of what strategies worked and what staff could try next time. This meant that people's safety and welfare had not been maintained at all times. Infection control audits and cleaning schedules were not in place and there were areas of the premises that were not clean and were a potential cross infection risk. There were not enough staff deployed to meet people's individual needs, and the rota in the premises was not accurate and up to date.

Staff had not received an appropriate induction, training, or had their competencies checked and support to enable them to perform their roles effectively. People told us, "Pretty good I reckon," and "I know the staff get training, I have no worries or complaints." However, staff confirmed that they had not an induction and no practical training in moving and handling or infection control. The mealtime experience needed to be improved to ensure people received a balanced and nutritious diet.
People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We have made a recommendation about the mental capacity assessments for people who live at Ersham House

People's care was not person-centred. The care was health orientated and not designed to ensure that people's independence was encouraged and maintained. People were not encouraged to be involved in activities and there were no planned activities in house to encourage people to come out of their rooms and meet other people.

People, their belongings and personal rooms were not always treated with respect and dignity. However, we did see some lovely interactions between staff and the people they supported.

Whilst there were areas of care planning and assessing risk to people that needed to be improved, there were also systems to monitor people's safety and promote their health, these included health risk assessments and care plans. End of life care was planned for and people could state their preferences. The provider had ensured staff were recruited safely.

There were COVID-19 policies in place for visiting that was in line with government guidance. Families told us that they were welcomed into the home and that staff supported them with the lateral flow test and PPE.

Referrals were made appropriately to outside agencies when required. For example, GPs, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other outside organisations when events occurred.

Following the inspection the provider has appointed a new manager who has shared a comprehensive action plan with CQC.

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 on the 26/03/2020 and this is the first inspection rating all five key questions to give an overall rating.

Why we inspected:
This inspection was prompted in part due to information of risk and concern. CQC received concerns in respect of staffing levels (high use of agency staff) lack of leadership and poor care delivery. The concerns raised were looked at during this inspection and have been reflected in the report.
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.

Enforcement:
We found five breaches in relation to safe care and treatment, staffing levels, dignity and respect, person centred care and good governance at this inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our well-Led findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Ersham House Nursing Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection team consisted of two inspectors.

Service and service type
Ersham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had not yet registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service and the service provider.

We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight people in detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, and 14 members of staff, including registered nurses, senior care staff and housekeepers. We were able to speak with one visitor during the inspection and two family members contacted us following the inspection.

We reviewed the care records of six people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at rotas, training and supervision data. We spoke with three professionals who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risks to people had not always been assessed and their safety had not always been monitored and managed safely. Risks to people's skin integrity had not always been assessed and mitigated. For example, some people on continuous bed rest had no rationale documented for being in bed for long periods of time. There was no reference to gentle exercise to ensure people's limbs would not be contracted. This decision had not been risk assessed for what impact this may have on people's mental well -being, or physical strength.

● People's risk of pressure damage was not reduced because staff had not followed The National Institute for Health and Clinical Excellence (NICE) guidelines on the management and prevention of risk which is called the 'Waterlow' assessment tool

● Risk assessments for wounds were not always accurate or updated to reflect changes to peoples' skin integrity. Staff used a universal pressure ulcer risk assessment/prevention policy tool known as the Waterlow score card. However, this was not always completed consistently. For example, one person's Waterlow was completed on the same day in April 2021 by two different nurses and had a different score.

● Documentation for existing pressure damage and wounds needed to improve. The care plans for skin integrity pressure damage for one person, admitted to the service in February 2021 with an existing wound contained very little information. There was minimal information about the wound or the treatment required. There was no reference to the status of the wound such as appearance, depth and length. Staff had not followed the NICE guidelines to document the surface area of all pressure ulcers in adults, use a validated measurement technique, for example, transparency tracing or a photograph.' Therefore, they could not monitor effectively the extent of pressure damage or if the treatment was effective at reducing risk of further damage.

● Some people had been assessed as at risk of choking and required special meal preparation. The meal we saw served on the 29 April 2021 was not of a consistency that suited some people with dentures and swallow difficulties. There were lumps of tomatoes in the mince with pasta tubules which people found difficulty in eating. One person struggled and choked on their meal.

● The staff member who was cooking on the 29 April 2021 had not had specific training in preparing soft or textured meals. We asked the manager how they ensured that the food prepared was safe for people especially for those with swallow difficulties. The manager said, "The HCA (health care assistant) knows people and is very careful about making sure they have a safe diet." However, there was no management overview of the meals on a day to day basis to ensure people had their meals at the right consistency.

● Some people needed assistance to be moved safely. The training programme evidenced that not all staff

had undertaken essential training, such as practical moving and handling training. The manager informed us that it was a priority that all staff received essential training. The registered nurses training records did not contain competency checks or updates of specific training such as venepuncture, catheter insertion or medicines for palliative care, and medicines management.
● Staff competencies had not been checked following completion of e-learning training. This meant that the provider could not be assured that staff were competent in their roles and fully understood the needs of people they were supporting.

The provider failed to provide safe care and treatment to people, including failing to assess and mitigate risks and ensuring staff are competent. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received three versions of the training programme during the inspection. The third training programme we received from the provider, informed us that training had progressed.

● People who were identified at risk from falls had had an assessment that highlighted the risk and described the actions staff should take to reduce that risk. Sensor mats were used to alert staff that a person was up and was at risk of falls.
● There were detailed fire risk assessments, which covered all areas in the home. People had Personal Emergency Evacuation Plans (PEEPs) so staff had information about what support they needed in the event of a fire. These were specific to people and their needs.
● Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Preventing and controlling infection

● We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The home was not clean. Sluice areas were unclean with debris and dirty commodes on the floor and surfaces. The clinical bins did not have yellow bin liners and there were strong unpleasant odours. The communal bathrooms were cluttered with old equipment and bags of peoples' belongings, these areas could not be cleaned easily. We identified peoples' rooms with badly stained carpets, debris engrained in carpets and soiled chairs. There were not enough housekeeping staff, and on one day in the week of the inspection there had been no cleaning staff. Housekeeping staff had not had any COVID-19 specific training regarding cleaning requirements or correct chemicals to use or where to use them. They were not aware of ensuring ventilation throughout the premises. Housekeeping staff were not clearly documenting infection prevention and control (IPC) procedures being carried out. A daily communication book used by housekeeping staff gave a clear picture of the struggles they had covering the cleaning of the home, and often working on their own with no support. There was a lack of documentation around IPC and COVID-19 for staff to refer to.

● We were not assured that the provider's infection prevention and control (IPC) policy was up to date. The IPC policy had not been updated. There was no risk assessments for staff or people undertaken to reduce any impact to people/staff who may be disproportionately at risk of COVID-19 (BAME, learning disabilities, dementia). The contingency plan for the home had not detailed how to cover staff sickness or absence.

● We were somewhat assured that the provider was using PPE effectively and safely. Whist there was ample supplies of PPE, not all staff had had training in donning and doffing and in infection prevention and control.

Staff had not been assessed as competent in using PPE.

● We were somewhat assured that the provider was meeting shielding and social distancing rules. We were informed there was a COVID-19 folder that contained updates regarding isolating, zoning and the contingency plan for outbreaks. However, the file could not be located. The manager could not find evidence of specific COVID-19 training and competency checks. Staff demonstrated an awareness that people need to be spaced, and they encouraged people to socially distance where possible.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. At present people had up to two visitors and each person was individually risk assessed regarding visitors.

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

The provider had not appropriately assessed the risk of preventing, and controlling the spread of infections, including those that are health care associated such as COVID-19. This is a breach of Regulation 12 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. There were two people currently isolating following coming to live at Ersham House. All staff were aware and appropriate actions were being taken.

● We were assured that the provider was preventing visitors from catching and spreading infections. All visitors to the service were invited to have an LFD test, their temperature recorded and they signed in.

● We were assured that the provider was accessing testing for people using the service and staff. The provider was following the latest guidance regarding testing of people and staff.

Using medicines safely
● Medicines were not always stored safely. On two occasions during the first day of inspection, we found that the clinical rooms were unlocked. Other medicine cupboards containing prescription medicines were also open and accessible. This was brought to the attention of staff and immediate action taken.
● People's medicines were administered individually to each person in a safe way and our observations confirmed this. The service use the vMAR system, vMAR is an electronic medication administration system designed for use in care homes to reduce errors and improve efficiency. However, the morning administration round took from 0800 am until 1130 am. This meant that people did not get their medicines in a timely way. One person told us, "I am still waiting for my tablets, I have had to wait for pain killers." This was discussed with the provider, who was aware that a second staff member was needed to assure people received their medicines as prescribed.
● People had not always received their prescribed medicine. For example, one person was prescribed 30 days of a medicine to prevent blot clotting but only received it for seven day as it had not been received in the home. This was not acted on or reported to the GP and pharmacist.
● Clinical rooms were cluttered and equipment which may be needed in a medical emergency was not ready for use or easily accessible. For example, the suction machine. This was dealt with immediately when we pointed it out.
● Most medicines prescribed on an 'as and when required' basis (PRN) had protocols which informed staff of when the medicines were required. However, there were no protocols for 'just in case' medicines as people approached the end of their life. This meant they might not get the comfort and relief they needed.

The provider had not ensured the safe storage and administration of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● Comments from people included, "More staff would be a bonus but its ok," and "The staffing seems to change" and "I think more staff are needed."

● There were insufficient trained housekeeping staff deployed to ensure that the premises were kept clean and hygienic. Since the inspection, the provider had employed agency housekeepers until they were able to recruit permanent staff.

● There were not enough staff to give support when people needed it. One person told us that they had been waiting for assistance to use the toilet and were asked by staff to wait. Unfortunately, the person was then wet and uncomfortable.

● The initial rota's provided identified shortfalls in numbers and experience of staff. After the inspection the provider provided further rotas that showed adequate staffing numbers. However, feedback from staff and people and from observing care, showed there was evidence that there were not enough staff deployed to meet people's needs. For example, there was a lack of activities, an unclean environment, the management of medicines was not safe and there was rushed incomplete personal care.

● The staff team was new, and there were inexperienced staff that would benefit from a robust induction and clear guidance to ensure an understanding of the required care and treatment needed.

The provider had not ensured that there were sufficient numbers of staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The majority of staff were in their first three months of employment. Staff told us that they felt supported by the management team and felt confident in assisting people safely. One staff member said, "I feel supported by the team, if I'm unsure then I can always ask."

● Recruitment checks were carried out before staff started work at Ersham House. These included a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

● Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Learning lessons when things go wrong

● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.

● Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, one person had had a fall in their bathroom. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored.

● Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risks of abuse and harm. Staff were aware of the signs of abuse and how

to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. Two staff told us they had safeguarding training.

● The organisation had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission. There was a safeguarding and accident/incident folder that contained the referral and investigation documents. It also contained the outcome of the investigation with action plans where required. The manager used this as a learning tool and involved all staff in the learning.

● Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement prominently displayed in the entrance of the home. The statement recognised the organisations commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

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.

Staff support: induction, training, skills and experience

- Staff did not have the skills and training required to meet people's needs. The training programme initially provided, identified that not all staff had been provided with training in essential areas such as , infection control, food safety and moving and handling. For example, only 50% of staff had completed food safety training although all staff took part on preparing and serving food.
- Further gaps in training and lack of competency assessments were identified and discussed with the manager. This included essential training in infection prevention and control and COVID-19 for housekeepers.
- We spoke with one housekeeper who confirmed that they had not completed COVID-19 infection prevention and control or PPE donning and doffing training. This had impacted on the cleanliness of the premises. After the inspection, we received confirmation that training had now been completed.
- During the inspection process we were provided with an updated training matrix. Staff had not had their competency checked following the training to demonstrate that the training had been understood and staff were competent to undertake their role.
- Staff told us they had not received palliative/end of life care training. One member of staff said, "I hope we can get some training, it's so important to get it right."
- Agency staff had been added to the training matrix as they were blocked booked to work at Ersham House. After the inspection we received information that agency staff had completed essential training but had not had their competencies checked.
- There were registered nurses who are self-employed and we received confirmation from the provider that they have accessed the on-line training provided. However, we were not assured that specific training and competency checks for venepuncture, and catheterisation had been undertaken regularly.
- The provider acknowledged that staff supervision and registered nurse clinical assessments were behind, but actions were being taken by the management team to ensure that all supervisions, were brought up to date.
- We were told by the provider that all staff received an induction and shadowed experienced staff before they worked with people on their own. However, the completed inductions we saw were not signed off by a competent person or dated that the competent person was assured that the induction had been completed. Staff also informed us that they had not had an induction or had a shadow shift since they started employment in 2020.

The provider had not ensured that staff had the qualifications, competence, skills and experience to meets people's needs. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People were not offered a pleasurable mealtime experience. People were not encouraged or offered the opportunity to eat at the tables in a dining room or routinely offered a choice of the main meal. We were told by staff "It's down to what is available."

● We observed the mid-day meal was served to people on a tray with a hot dessert. By the time people ate their main meal the dessert was cold. Three people left their main meal and just ate the pudding. Staff did not offer them an alternative. This had not ensured a balanced diet.

● People told us, "It's (food) a bit hit and miss, I expected Spaghetti Bolognese today but got mince, tomatoes and thick tubes of pasta." Another person said, "It's not been good lately, sometimes it's lukewarm and inedible."

● Independence was not promoted as there was no provision of aids such as angled cutlery or plate guards. Some people were struggling to eat their meals without the required equipment and assistance because they were eating in their bedrooms without staff supervision.

● People's fluid and food charts were not consistently recorded for those at risk of weight loss and dehydration so staff could not be sure if people were eating and drinking enough.

● We requested an overview of peoples' weights during the inspection for the past three months. We did not receive these records.

The provider failed to meet people's nutritional and hydration needs, having regard to people's wellbeing. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider informed us that two chefs had been employed and the meal service would be reviewed.

● We saw that snacks were offered, such as crisps and high calorie treats with coffee and tea mid-morning and mid-afternoon.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● We were told that not everyone currently living at the home had the capacity to make their own decisions about their lives and were subject to a DoLS.

● Staff received training in the MCA and DoLS. They told us they understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "Some

people can no longer make some decisions and we need to support them in the safe way."
● There was a file kept by the manager of all the DoLS submitted and their status. The documentation supported that each DoLs application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. However, there were a high number of people on continuous bedrest without any clear rationale and no consideration given as to whether this was in the person's best interest.

We recommend the provider consider current guidance on restrictive practices to ensure that any restrictions are in the person's best interest.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● A range of multi-disciplinary professionals and services were involved in assessing, planning, implementing and evaluating people's care, treatment and needs.
● Links with other organisations to access services, such as tissue viability services and speech and language therapists (SaLT) were in place to ensure effective care. This was clear from the care planning documentation and the professional visiting logs. Relatives told us "The care my mother is getting is excellent," and "The staff keep us updated (our relative) is unwell or have had an accident."
● People were assisted with access to appointments. People told us, "When I have had an appointment, someone goes with me," and "Staff organise appointments for me."
● Information was shared with hospitals when people visited. Each person had an information sheet that would accompany the person to hospital. This contained essential information about the person, such as how they communicated, their mobility needs and medicines.

Adapting service, design, decoration to meet people's needs
● Ersham House was purpose built. It had been built and designed to provide a spacious and comfortable environment over two floors. There was some refurbishment on-going, but some rooms needed urgent attention for example, two rooms were found with badly stained, dirty carpets, dirty bedrail covers and furniture. The provider was responsive to this feedback and took immediate action.
● People could choose to spend their time in any of the communal areas which included an activity room, lounge, dining area and smaller quiet lounge on the second floor. However, at this time, these areas were not being used to their full potential. This was in part due to the pandemic and the impact of isolation.
● Some people's rooms were personalised to reflect their interests and preferences. For example, one person had lots of photographs, pictures and a mini fridge.
● The garden areas were well designed and safe and suitable for people who used walking aids or wheelchairs. However, we found that some areas had been used to store old furniture, and debris. We were told that this would be attended to immediately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●The provider used an electronic care system that included health assessments and these were reflective of current best guidance and law. Assessments were not always completed fully and accurately.
● Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people.
● People's health needs were assessed using recognised risk assessment tools. Care plan reviews took place at least monthly, or as and when required.

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

- People and relatives told us that staff were caring. Comments included, "I think the staff are kind, very busy." "Staff are friendly" and "Staff change, lots of new faces, but they try."
- We saw that when staff interacted with people this was done a kind way. However, staff were busy which left little time for them to have meaningful interactions with people. It was also noted that staff referred to people by their room number and not their name. This was heard in staff telling each other whose bell had been answered, who wanted a drink and who needed attention.
- People's bedroom doors were not personalised with their identity just a number, making it difficult for some people living with dementia to find their bedrooms. Some people's bedrooms were not clean, furniture was stained, bedrail covers were dirty and carpets very stained. One person's drawers had sticky labels with clothing names. On talking to the person and to staff this was not for the benefit of the person. This demonstrated a lack of respect for that person and did not promote their dignity.
- People's dignity was not always protected as peoples' personal hygiene needs were not always promoted. People were not routinely offered bath or showers. Records did not evidence on how people's hygiene needs were met. There was no supporting evidence that people had declined or whether this was their preference. Staff told us people liked to wash with a flannel, but this was not recorded. One person told us, "I have never been offered a bath and a shower is only offered occasionally.
- The laundry was very disorganised and lacked care and attention to people's clothing. It was not clear what was dirty or clean and clothes were found on the floor by the machines. There was a box labelled with 'mans' pants' and all pants were previously used and unnamed. A second box, also full, contained previously owned unnamed clothing. One staff member said they were there to be used just in case someone needed them.
- We found personal belongings of people who had passed away in plastic bags in a bathroom used for storing unused items, this included personal photographs and letters. Some of these had been there for a year and demonstrated a lack of respect and dignity for people.
- People were not consistently supported with oral hygiene. We found some people did not have a toothbrush or mouthcare products and others had dry and dirty toothbrushes that had not been recently used. The daily records did not give details of oral hygiene. On talking to staff, they said people were not always compliant with brushing their teeth but admitted they had not offered people an opportunity later in the day or before going to bed.
- People were offered hot drinks, and these were offered in plastic beakers that were badly stained. Despite

this being highlighted staff continued to use these stained beakers.

The provider had not ensured people were treated with dignity and respect. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
● Birthdays and special events were celebrated. Photographs of special events, such as birthdays were displayed in the home.
● Confidential information was held securely on a password encrypted computer in a lockable office. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.
● Equality and diversity was promoted and responded to well. People told us that their religious needs were respected. One person said, "I have told them about my religious wishes." Due to the pandemic religious services had stopped but the manager said they hoped that these would recommence soon.

Supporting people to express their views and be involved in making decisions about their care
● People told us, "Staff help me dress" and "They ask me what I want to wear."
● Staff told us people and their families were involved in planning their care. However, there was little detail recorded that demonstrated this. People said they had had chats about medicines and doctors, but not really about life in the home. This was something that the manager had noted and was going to introduce within the care plans.
● Staff supported people to keep in touch with their family. This had been important during the pandemic. Family members were always made welcome and offered a drink, and some privacy to talk. One visitor said, "I am able to visit every day as long as I have a test done, which is fine." Staff enabled people to be in contact by telephone and email with relatives who lived further away.
● Due to the pandemic resident and family meetings had not been held as not many people were able to participate. However, one person said, "I would like meetings and be more involved, I have lots of ideas for activities." The manager confirmed that resident and family meetings would be re-instated.

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

- The provider had not ensured each person received appropriate person-centred care and treatment that was based on an assessment of their needs and preferences.
- Pre-admission assessments were part of the organisational policy for all new people coming to live at Ersham House. This was to ensure that they could meet peoples' needs and preferences. However, some were completed with minimal information of how they could meet their needs in preparation for their arrival.
- Care plans and treatment plans had not been fully developed to reflect people's individual care needs. For example, people who had suffered a stroke, had an assessment of their mobility but there was no reflection how the weakness had affected their capability of managing everyday activities, such as washing and dressing and how staff could support them to maximise independence.
- There were a high number of people who remained on continuous bedrest. The reasons for this decision was not documented. There was also no reflection and observations of how this might impact on their eating and drinking, muscle weakness and mental health.
- There was little guidance in people's care plans about oral care and how staff could assist them to keep their mouths comfortable and clean. This also related to people receiving end of life care. One staff member said, "One (person) who was really poorly had such a dry sore mouth and we couldn't give mouth care as we didn't have any pink sponges, I asked for some, but they didn't arrive."
- Some health care professionals reported that communication from the service and people's care documents were not easy to follow. They told us staff were not always knowledgeable about people's current needs and found it difficult to assess from the care records on people's progress and whether their recommendations had been consistently acted on.
- Care plans contained very little information to show what activities people enjoyed and had enjoyed before coming to live at Ersham House. There was no guidance about how to support people, or whether people needed support, to maintain activities and interests important to them. Daily notes did not include specific details of activities people had engaged in during the day, which may also have provided important insight for staff.
- During the inspection we found that four people were seated in the lounge area and, apart from the television being on, there was very little for them to do. Most people in the lounge were not watching the programme as it did not appear to interest them and were asleep. One person said, "It's just there for noise." There was little interaction seen between staff and people.
- There was no daily plan of activities. We were told this was due to the number of people currently

remaining in their bedroom. There was no planned one to one activities for people who remained in their rooms.

● There were four people who received one to one support but staff had not received guidance in how to support these people with meaningful activities to enhance their life. There were no sensory items, or rummage boxes available to encourage people to engage with. We saw one person walking without purpose for most of the day, another was supported in bed with no background music or planned activity and no conversation.

● Some people lived with behaviours that may challenge. There was little information in the care plan to guide staff on how to manage these behaviours that challenge. Staff talked about certain triggers for people, but these were not recorded in the person's care plan. Behavioural charts were used but lacked information about how staff dealt with behaviours that challenged and if any de-escalation technique was used and successful.

● People who were approaching the end of their life had been prescribed 'just in case' medicines to ease any symptoms or pain. Just in case medicines are anticipatory medicines' for use if needed. However, there were no pain risk assessments or guidance for staff to follow to ensure people received these important medicines in a timely way.

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.

● People's communication needs were not explored to enable improved communication with those whose speech was impacted on by illness. For example, following a stroke. One person found communication difficult with staff and said this made them feel isolated and ignored. Staff had not received guidance or training in this area.

● There was no technology assistance or picture cards for people who had lost their voice. We used our technology to engage with two people and they told us of their frustration at not being able to get staff to understand them apart from thumbs up and nods. One person said, "They ask me a question and answer for me as I take time to speak." A relative said, "I think it's just training they need because they are kind staff, but some are very young."

The provider had not ensured that peoples' care and treatment was appropriate to their needs or reflected their needs and preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Whilst we found some shortfalls in care documentation, there was also some well-written care plans that contained guidance for staff on people's health needs and the care required to manage their long-term health conditions. For example, there was clear information of how to support people who lived with diabetes, which included a rigorous diabetic regime and recognising when their blood sugars were too high or too low and what action to take.

● The provider had invested in technology for care delivery, training and running the service, but this has not yet enhanced the running and management of the home.

● Technology was used in the home for people to communicate internally with staff using the call bell system and externally using landlines or mobile phones to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails.

Improving care quality in response to complaints or concerns

● There were processes, forms and policies for recording and investigating complaints.

● People told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to the manager." Visitors said they would ask to speak to the manager. One family member told us, "I rang the home and spoke to the nurse who was helpful and managed to respond to my concerns."

●There had been three formal complaints recorded, however we are aware that there have been further complaints which had not been recorded formally. We were informed by the manager going forward all complaints would be recorded, investigated and responded to and used as a quality audit tool for learning and improving.

End of life care and support

● Care staff demonstrated compassion towards people at the end of their life. They told of how they supported people's health and comfort. However, staff said that they needed specialist training to ensure they were giving the right care. One staff member said, "One person recently had a really sore mouth and we didn't have anything to use to lubricate their lips or help their mouth," and "Its really sad and I didn't know how to help, they couldn't eat or drink because of their mouth."

● Families were supported during this time and they could stay to be with their loved ones.

● There was a provider policy and procedure containing relevant information about care at the end of people's life.

● Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home when this was the person's wish.

We recommend the provider consider current guidance regarding palliative care pathways and take action to update their practice accordingly.

Requires Improvement

Is the service well-led?

Our findings

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

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

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

- There was no registered manager in post. There had been four managers since the service was registered in March 2020. The manager who was in post resigned after the inspection. The lack of a consistent management approach and leadership had impacted negatively on the service, resulting in high staff turnover, inconsistent delivery of care, lack of oversight and poor communication.
- The organisations' quality assurance systems had not identified the gaps in staff training and competencies. The audits had not identified the lack of assessment and mitigation of risk, for example, risk of choking, skin breakdown, people not getting their prescribed medicines, poor meal experience and lack of dignity and respect.
- The provider had not assured that all staff had the necessary skills to provide safe care to the people they supported. For example, we identified gaps in infection prevention and control and moving and handling training. Whilst the provider provided an updated training programme, the manager had been allocating staff and preparing staff rotas without knowing if staff were trained and competent.
- Competency checks for registered nurses on service specific care such as venepuncture (blood taking), wound care and catheter insertion were not available and were not reflected on the training matrix.
- Internal audits on infection prevention and control had not been completed and we found significant shortfalls in the cleanliness of the home, this included sluices, laundry, bedrooms and bathrooms and this was a potential source of cross infection.
- People, their belongings and bedrooms were not always treated with respect and not identified through audits in the home.
- The working staff rota that was used in the home by the manager and staff identified staff shortages. The manager and staff all said that they never knew who was on duty. The provider provided an up to date rota following our feedback regarding staffing numbers that showed there were sufficient staff. However, it was a concern that the manager and staff were not aware of whether there would be sufficient staff on duty and who they were. We were also told that on some days staff did not turn up for work, which impacted on care delivery.
- Care plans and risk assessments for health needs were in place, however there were important areas that had not been considered. For example, communication and oral health needs.
- There was a lack of best interest documentation to support people who were on continuous bedrest. There was no rationale documented for this decision.

● Daily notes, food and fluid charts were not consistently completed and therefore staff would not be able to monitor people effectively.
● The home needed on-going maintenance work and there was no action plan that showed issues were being addressed. Staff could not locate the maintenance book which was used to report issues. This was eventually found but lacked an organised approach to ensuring the home was safely maintained. The maintenance person did not work in the home full time leading to outstanding matters including the storage rubbish found during the inspection.
● Due to staff changes and high use of agency staff, there is a lack of teamwork. Staff need support and guidance to continually develop into their role, and told us this was lacking.
● There was a lack of clear leadership to guide new and inexperienced staff in delivering a consistently good level of care. We saw enthusiasm from staff but there was a task orientated culture that lacked a person-centred approach. The staff worked hard but admitted that changes to staff, staff leaving and the deployment of staff had caused disruptions to the improvements made to care delivery.
● The staff were not all positive about the recent changes and felt unsettled about staff leaving and changes to management and the lack of a chef. Comments included, "It's very different, not sure of how it's going, I am worried," "It's had its ups and down, senior staff leaving has unsettled us all, because it means new ways and it takes time to settle." However, one staff said, "I love working here and its going forward."
● Staff meetings had been held but communication about the running of the home and changes to the home were not discussed.
● Resident meetings had stopped during the pandemic and the provider was hoping to re-instate them soon.
● Staff told us that staff meetings were difficult due to the fact that they use a lot of agency staff and so they did not come to meetings.

The provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people and to seek and act on people's views. The provider had failed to maintain accurate, complete and contemporaneous records. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Both during and following the inspection we received action plans from the provider, and a medicine audit that told us of actions taken and to be taken to mitigate risk to peoples' health and well-being.

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. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider and manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. We have received notifications as required.
● People and relatives confirmed that the provider kept their website up to date with changes from the government regarding visiting and COVID-19.
● Surveys to family were sent out in September 2020 and the results were analysed and action taken as necessary. For example, looking at menus to reflect people's choices and preferences.

Continuous learning and improving care:
● The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. One staff said, "We monitor all falls and injuries, we then contact the falls team for advice, and this has really helped and reduced falls." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.

Working in partnership with others

● The manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. For example, the manager had contacted a GP about a person's medicines and a review had been arranged to ensure they had the medicines they needed.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that peoples' care and treatment was appropriate to their needs or reflected their needs and preferences

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not ensured that service users were consistently treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks. The provider had not ensured the proper and safe management of medicines. The provider had not ensured that persons providing care and treatment to service users had the qualifications, competence, skills and experience to do so safely.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of staff were deployed to meet people's needs.