

Lodge Lane Care Home Limited

The Lodge Care Home

Inspection report

Lodge Lane
Collier Row
Romford
Essex
RM5 2ES

Tel: 01708780011

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The Lodge Care Home is located in Romford, Essex and supports older people, some of whom have dementia care needs. It is registered to provide accommodation and personal care for up to 94 people. At the time of the inspection, 91 people were living in the home. The home has two floors with adapted facilities and en-suite rooms across five units.

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

The home was not safe because people's medicines were not managed, stored and administered in a safe way. Staff were administering specialised medicines to treat diabetes but they did not have the appropriate training to do this. Staff competency in this area was not assessed which could put people at risk. We found multiple issues with medicine records and storage facilities which had not been identified through audits.

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.

People were not always receiving care in a person-centred way. Care plans and risks to people's health were not being regularly assessed and reviewed. Some people were not being supported effectively to maintain their nutrition and hygiene.

People had limited opportunities to take part in activities because there was a lack of activity staff. We have made a recommendation in this area. Staffing levels in the service were not sufficient to ensure people received the care they needed. Accidents and incidents in the home were not always used to learn lessons.

Quality assurance systems in the home were not robust and there was a lack of oversight to ensure people were safe and being supported with good quality care. The provider was not meeting regulatory requirements to notify us of incidents in the home.

People and relatives told us the staff were friendly and caring. There were procedures for the prevention and control of infections but we have made a recommendation to include COVID-19 outbreaks within the provider's future contingency planning.

Staff were recruited appropriately and they received an induction and training. Staff worked with health professionals and other agencies to help maintain people's health and wellbeing. There was a complaints process and complaints were investigated. People's communication and equality needs were understood. The provider engaged with people and relatives and obtained their feedback to drive improvements. However, more work was required to resolve the issues we found and identify them in the first instance.

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 8 October 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 26 September 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 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 and treatment, staffing, person-centred care, meeting nutritional and hydration needs and good governance at this inspection. We also made some additional recommendations.

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not 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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector, a specialist nursing advisor, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

In The Lodge Care Home people 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.

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 but they were on long term absence.

We were supported by senior members of staff and an area manager, who was a representative of the provider and was managing the service in the interim. The area manager worked with the nominated individual, who was not able to attend the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

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 used information gathered as part of monitoring activity that took place on 15 May 2022 to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with the area manager, two care managers, two senior staff, six care staff, one domestic staff, one laundry staff, one maintenance staff and the kitchen manager. We carried out observations of people's care and support and spoke with 10 people for their feedback on the home.

We reviewed documents and records that related to people's care and the management of the service. We reviewed ten care plans, which included risk assessments. We looked at other documents such as medicine management and infection control.

After the inspection, we spoke with three relatives for their feedback about the home by telephone. We continued to seek clarification from the provider to validate evidence found.

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 registered service under the new provider. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not managed safely. We found concerns which put people at risk of unsafe care and possible harm. Staff had not received sufficient training and their competency was not always assessed to check they administered medicines safely.
- The home's procedures for the administration of insulin informed that staff could administer it as long as they received "specific training from the appropriate healthcare professional and proving to be competent."
- People that were diabetic and required insulin to control their diet and manage their blood sugar levels were provided with this hormone by staff, who were not adequately trained or qualified to do this. Insulin is usually administered in the home by visiting district nurses. There were no records of insulin training and competency assessments for the staff.
- We also found that insulin was not being managed in accordance with the home's procedures. Staff were not recording the date the package was opened. The procedure stated that insulin expires after 28 days and should be disposed of because it may no longer be effective. We could not be assured if the insulin being used had expired or was still in date. This could put people at risk of harm.
- Medicines were not always administered as prescribed. Staff completed Medicine Administration Records (MAR), to show people had received the correct the dosage and frequency for their medicines. Staff were required to sign the MAR after each dosage. However, we found at least four people may not have received their medicines as prescribed. These incidents were not identified and action was not taken to keep people safe. This meant people could be put at risk of harm if their medicines were not given as prescribed.
- Procedures for covert administration of medicines were not followed. We viewed records for four people who received their medicines covertly. Covert administration of medicines is without the person's knowledge or consent; for example, disguising it in their food or drink, because they may have refused to take the medicine. However, there were no records to show a capacity assessment was undertaken to determine that it was in people's best interests. We saw authorisation from each person's GP but it did not specifically name the medicine to confirm which medicines could be given covertly. The provider was not following its own policy for covert administration of medicines and ensuring people's capacity to understand their refusal was assessed.
- Some medicines for covert administration were prepared unsafely and staff were not following one particular medicine's prescribing instructions. The instruction label contained a warning that it should be 'swallowed whole and not crushed or chewed'. We observed staff crushing this medicine. Medicines that are crushed may release too quickly over a period and might result in an overdose. Staff did not seek advice from the pharmacy or GP about how best to administer this medicine if the person had refused to take it. The provider was not following its own policy for crushed medicines.
- Protocols were not in place for some medicines prescribed on a 'when required' basis (PRN), such as those for pain relief. One person's medicine prescription was changed by staff and there were no records to show

why the change occurred and who it had been authorised by. There were no revised protocols written for the change to ensure it was administered safely and recorded correctly to minimise the risk of overdose and side effects. This put people at risk of taking medicines that had not been prescribed by a health professional.

- We found medicine stock and balance checks to be incorrect. We counted medicines and noted they did not tally with the amounts recorded by staff. This meant medicines were not being checked and counted accurately. There is a risk of misuse if they are lost, refused or disposed of but not accounted for.
- Medicines were not stored in a safe way. We found one person's morning medicines from the previous day had been left in a dispensing cup. The person's MAR chart had been signed for, indicating all these medicines had been administered the previous morning.
- Some medicines were in use but no date of opening was recorded to ensure they were still valid. Some medicines were left next to people's personal items which could risk contaminating the medicine.
- Medicine room and refrigerator temperatures were not being appropriately recorded as per the provider's procedures. This was to make sure medicines are stored within the recommended temperature range to maintain the effectiveness and life of the medicines. This meant medicine storage systems were not appropriate.
- At the time of the inspection, the provider told us they were in the process of completing a medicines audit and had training scheduled for staff. However, the lack of formal robust auditing meant significant issues were not identified and resolved. There was not a suitable process for identifying errors and safety issues and learning from medicines incidents.

Assessing risk, safety monitoring and management

- Risks relating to people's health and care needs were not always assessed thoroughly. Risk assessments contained information about specific risks to people for staff to be aware of so they could support them safely. These included risks such as pressure sores, falls, choking and incontinence. However, risk assessments for specific health conditions such as diabetes, Parkinson's disease and hypertension were not always in place. This meant staff may not have sufficient guidance to understand the signs and symptoms of such conditions and mitigate these risks by taking suitable action.
- Some people assessed as having support needs to manage their diabetes did not have a suitable diabetic support plan, which recorded the recommended blood sugar level ranges for the person and the recommended dose. One person's assessment only stated, "Person to maintain blood sugar level within normal range for good quality of life" but there was no detail about what the actual range was and no detail of what the prescribed dose of insulin should be. This could put people at risk of unsafe care because staff were following risk assessments that lacked important information.
- Risks to people were not always reviewed after an accident or change to their needs. One person had experienced repeated falls over a short period between April 2022 and June 2022 but their falls risk assessment had not been reviewed since 2 April 2022. This meant that staff did not have sufficient and up to date information on how to reduce the risk of them falling again.
- Another person had started to develop pressure sores on their body. A body map was completed and the person's wound was being dressed weekly by the district nurse. However, the person's pressure ulcer and mobility risk assessment was updated incorrectly after the incident because it stated they "still had a low risk of pressure area breakdown at present." This meant the risk assessment contained inaccurate information for staff.

We found no evidence that people had been harmed. However, risks to people were not being assessed adequately which could put people at risk of harm. In addition, medicine practices in the home were unsafe and there was a risk people could come to avoidable harm. These concerns were a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection, we wrote to the provider to check what action they would take to look into medicine practices in the home and make improvements. The provider showed evidence of actions, such as additional training and a full internal audit of medicines. They also contacted the pharmacy for them to carry out a review and audit on the homes administration and management systems.

- People told us they received their medicines when required. Relatives also confirmed this. One person said, "The staff give me medication." Another person told us, "Receiving medication is part of being here."
- Gas, water, electrical installations and fire safety and alarm systems for the premises had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.
- People and relatives told us they felt the home was safe. One person said, "I feel safe here, there are always people around."

Staffing and recruitment

- The required staffing levels in the service were assessed by the provider but there was not sufficient management oversight at all times.
- Staffing was assessed using dependency tools, which were reviewed monthly. Some people needed a ratio of three staff to one person on average per day and night because they had a range of care needs and required frequent checks during the day and night.
- Agency staff were used to cover gaps in the rota such as staff sickness. At the time of our inspection, the registered manager was on long term leave and there were two care managers to oversee the service during the day with three senior care staff.
- There were no care managers and only two senior staff on duty during the night to support 10 care staff, despite there being up to 90 people in the service, across five separate units, some of whom required more support than others. This could put additional pressure on the service in the absence of the registered manager and care managers.
- The significant shortfalls we found indicated insufficient staffing levels to provide safe care and also respond to emergencies. We were not assured the assessed staffing levels were sufficient for the size of the home. However, we noted the registered manager had plans to recruit more permanent full time care staff. Records showed there had been staff shortages, due to short notice staff absences. During our observations we noted staff did not find time to sit and chat with people.
- Staff told us they supported each other and there were enough staff but some people said they did not think there were enough staff. One person said, "Not enough staff here but they are there when I want them though." Another person told us, "Generally staff are alright but staff are on holiday now, makes it more awkward. Less staff due to holidays."

The provider did not ensure sufficient numbers of staff were recruited and deployed to support people in the home and ensure records were up to date and processes were followed. This was a breach of Regulation 18(1) (Staffing) of the Health and Social Care Act of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited by the provider appropriately. This included carrying out criminal background checks, obtaining references, proof of their identify and eligibility to work.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The registered manager raised alerts and records showed they complied with recommendations made by safeguarding investigators.

- Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Learning lessons when things go wrong

- There were procedures for the recording of incidents and accidents but it was not always clear what lessons were learned. The accident and incident form that was in use to document what had happened did not contain a section for how to prevent or minimise the risk of future re-occurrence of the incident. This meant procedures to learn lessons were not effective.
- Records showed the registered manager or other senior staff investigated accidents or incidents and action such as reviewing a person's risk assessment was taken. The registered manager also drew some lessons from complaints they investigated. However, this did not always occur and there was an inconsistent approach.
- Incidents such as falls were not always analysed to identify trends and put in place lessons and preventative measures. We identified this when reviewing risk assessments as people who had frequent falls did not have their falls assessment updated with current guidance.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises because areas of the home required some maintenance work. There was risk of people slipping on floors.
- We were assured the provider's infection prevention and control policy was up to date.
- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed. The provider's Business Continuity Plan (BCP) referenced preventing general 'virus outbreaks' but did not specifically mention COVID-19 outbreaks.

We recommend the provider includes COVID-19 in their BCP.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with current guidance.

Is the service effective?

Our findings

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

This is the first inspection of this registered service under the new provider. 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 were not always being supported with suitable training to provide people with safe care. We found staff had not been trained by a certified person or company to administer insulin. Senior staff were trained to do this by district nurses but there was no follow up for other staff that administered insulin. The senior staff trained care staff on the procedure based on what they had learned. This was not safe because there was no formal method of assessing if the training was correctly delivered and delivered by a person deemed qualified and competent.
- The provider's own procedures stated that insulin administration was a specialised technique usually carried out by nurses. It said that care staff should only administer insulin if they had "Training from the appropriate healthcare professional and proving to be competent in the injection of insulin." However, there were no records to evidence this. This meant staff were not appropriately trained or assessed to carry out the administration of insulin.

We found no evidence people had been harmed but staff were not always supported with suitable training. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the provider told us they would source appropriate training on diabetes and insulin administration.

- Otherwise, staff told us they received training to help them develop the skills to support people safely and effectively in other areas. Staff completed an induction and training after they were recruited and received refresher training to update their knowledge.
- Training topics included safeguarding adults, infection prevention and control, medicine administration, dementia awareness, first aid and moving and handling. A staff member told us, "The training is good, very helpful."
- Staff told us they were supported in their roles by the management team. They told us they had opportunities to discuss their work, their performance and any problems with their line manager, as part of supervisions. We saw records of supervision meetings with staff.

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

- People's nutritional and hydration needs were not always met to help them maintain a balanced diet and their health.

- We found one person had lost a significant amount of weight over a period of three months but no action had been taken to refer them to a nutrition specialist for advice. We highlighted this to the management team. A staff member said, "Some days [person] eats and other days they don't." Following our query, staff referred the person to the Speech and Language Therapy team, who can also support people with eating and drinking difficulties and offer dietary advice.
- Staff maintained fluid charts to check people were maintaining their hydration with water and other fluids. One person's fluid intake over a three day period was not sufficient, in comparison with their recommended daily fluid intake of 1500ml. No action had been taken to review the person's fluid intake risks to monitor their hydration and nutrition and maintain their health.

People's needs in relation to eating and drinking were not being sufficiently assessed to meet their needs. This was a breach of Regulation 14(1) (Meeting nutrition and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were provided meals they liked to eat but we found choices limited because nearly all people ate the same meal. One person said, "Food is alright here, sometimes I get a choice." The kitchen manager told us people could also ask for a different meal, should they change their mind.
- We observed a lunch service and noted menus were not available on tables for people and there was a lack of variety in the food options. Another person told us they did not always get enough choice.
- We also noticed staff did not always make sure they offered people choices, for example, what they wanted to have for dessert. One person was given the incorrect type of food and was not asked if they wanted to have it before staff realised this. We fed our observations back to the management team to follow up on.
- People's nutritional requirements and risks were assessed, for example if they were at risk of choking and if they required their food to be softened or pureed. The kitchen staff knew of this information and prepared meals according to each person's specific needs.

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

- People's needs were assessed before they moved into the home. The assessment was a way for the senior staff to determine if the home was a suitable place for the person. People's needs, choices and desired goals were sought so that people could receive the right care.
- Pre-admission assessments contained details of people's backgrounds, health conditions, mobility and equality and diversity needs. People and their representatives were involved in the assessment and decisions made about the level of support they received.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to maintain their health and were referred to health services such as the local GP, district nurses and physiotherapists.
- Care plans included the contact details of health professionals or agencies involved in their care. The staff and management team worked with health professionals to ensure people were in the best of health.
- People's health and wellbeing was monitored. Records showed people attended health care appointments. Staff told us they could identify if people were not well and knew what action to take in an emergency.

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 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's ability to consent to decisions made about their care was assessed and recorded. Records showed if people required decisions to be made in their best interest.
- The provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived.
- Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "I make sure I ask for their consent and permission when I am supporting them and tell them what I am doing."

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

- The Lodge Care Home is located in a residential area. There was large area of open green space and woodland for people to walk around.
- People were able to personalise their rooms with items of their choosing but not all people had chosen to personalise them.
- Most people did not have their names on their front doors to make it easier for them to find their room. Memory boxes outside people's rooms were not being utilised in the best way because they were not personalised.
- The design and decoration of the service required some updating and improving which the provider understood was needed to make it more accessible for people with dementia.

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 of this registered service under the new provider. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they were mindful of people's privacy and dignity and made sure doors and curtains were closed when providing people personal care. However, we found during our observations, there was an overall lack of person-centred care and attention to detail in the home. We observed staff to be kind and patient in their approach but there was not much interaction with people during the day.
- Staff did not always wear name badges to help people identify them and get to know them.
- Care plans contained information about people's levels of independence and daily living skills. For example, their ability to walk independently and dress themselves. A staff member said, "I encourage [person] to be as independent as they can."
- Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk.

Ensuring people are well treated and supported; equality and diversity

- Staff told us they had got to know people well and had developed positive relationships. We saw people were dressed for the day and their personal care needs were met. One person said, "My room is cleaned regularly." However, we noted a number of people walking without suitable footwear and were either only wearing socks or were barefoot. Although this may be people's choice to do so, this could pose a risk to their health and safety as there were signs around the home warning of slippery floors.
- We raised this with the management team who told us they would encourage people and staff to make sure they had the appropriate footwear.
- Staff were not aware that despite some people on respite care being in the home for more than a year, their preferences were not fully assessed. A staff member said, "[Person] is on respite, they have not made up their mind yet (about staying longer)." This showed people were not always being respected and considered as much a resident of the home as others.
- People told us the staff were caring and respectful. One person told us, "The care staff are nice and caring, they help me with whatever I need."
- Staff understood equality and diversity procedures and were aware they should not discriminate people based on their characteristics. Staff told us they respected people's beliefs. A staff member said, "I treat people equally, everyone is here to receive the same kind of care. It doesn't matter where they are from." People's equality characteristics were understood, such as their race, religion, disabilities and sexuality. Their cultural and spiritual beliefs were recorded in their care plans.

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

- People and their relatives were involved in decisions about their care.

Staff told us they encouraged people to make choices about their day to day care and how they spent their time.

- Despite some of our observations, people told us they could express their views and make choices. One person said, "I have my independence. I walk around the home with my Zimmer frame." Another person told us, "I get up and go to bed when I choose."

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 of this registered service under the new provider. 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.

- Care was not always planned in a personalised way for people in the home to meet their needs and preferences. People were not being supported to achieve good outcomes.
- Care plans provided information about people's personal history, preferences for their care needs, likes and dislikes, interests and communication abilities. Care plans were paper based and stored in the main office. They were not available to view in the units where people were staying. We were concerned that retrieving the care plans to review and update them and for new staff to read, was not planned in an accessible way.
- Care plans were required to be reviewed monthly but updated with any changes to people's preferences or health. We found a number of care plans had not been reviewed in recent months. Some care plans had been reviewed but contained inaccurate information as they had not included a change in the person's needs.
- The home supported people receiving respite care, which meant they were initially placed in the home for a short period while their main carers such as relatives, took some time off. We noted that an initial assessment of their needs was carried out but a personalised care plan was not developed. A staff member said, "We do not undertake care plans for respite residents." While this was their policy, we pointed out one person had been staying in the home for a year and still had no care plan in place. This meant their full range of needs and preferences were not being met and understood.

Systems in place did not ensure people received care that was person-centred and met their needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff were responsive. One person said, "If I press my call bell they come fairly quickly. Another person told us, "The carers do a good job."
- Staff told us they communicated with each other to ensure people received the support they needed. A communication book was used to record information or actions that needed following up.
- Handover meetings took place between shifts so staff could update incoming staff of how people were and any issues during shifts.
- People told us staff were responsive. One person said, "If I press my call bell they come fairly quickly. Another person told us, "The carers do a good job."

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

- There were processes for people to take part in activities in the home but we found a large number of people missed out on this. The provider employed two activity coordinators at the time of our inspection, but neither worked on the same day, meaning that there was only one coordinator available each day.
- At the time of our inspection, one of the coordinators was not available for the week, which left the home short of planned activities.
- We observed some people taking part in a bingo session with the activity coordinator. We spoke with the activity coordinator about what activities they arranged and they said, "We do bingo, quizzes, painting, singalongs, jigsaws. I also like to do arts and crafts with people and spend time chatting and doing reminiscence. I cover as much as I can and the carers help as well when I am not here." They also told us they saw some people in their rooms and spent time with them.
- We were unable to view a full activity programme for the home because it was not on display anywhere. When we asked staff, they were not sure where it was located.
- People in the lounges could chat with each other and watch TV but there was little other interaction with staff during the day. We saw that one activity took place in one of the lounges and only nine people took part. As a large home with nearly 90 people, we found the activities were out of reach for most people.
- One person commented to us, "I do not like the way they act, I don't like anything about it. Nothing to do, nowhere to go, it's overcrowded." Other people also told us they felt bored and had little to do but sleep. However, records showed the registered manager was aware the activity programme needed improvement and they had plans to develop it.

We recommend the provider looks at best practice guidance for large care homes and supporting people to take part in meaningful activities.

- People were supported to maintain relationships with family and friends to avoid social isolation. They were able to have visitors and keep in regular contact with them by telephone or video call.

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 set out in their care and support plans, for example if the person was able to verbally express their thoughts and feelings or if they needed staff to speak to them slowly and clearly.
- Staff told us they followed the person's communication plan.
- The provider supplied information to people in easy read formats to help them understand what the information was trying to say, such as understanding how to report abuse or make a complaint.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the home should people wish to make a complaint if they were not happy about the home. Complaints about the home were logged and investigated.
- The registered manager investigated all complaints within the timescales set out in the complaints policy and provided people and relatives with an outcome for their complaint. They apologised for any errors and took action to resolve concerns and make improvements. They took disciplinary action against staff if necessary.

End of Life care and support

- People's wishes for end of life care and support were explored and respected in the event of changes in their health. Where applicable people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place.
- Staff had received training in end of life care, which would help to ensure staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives in future.

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 of this registered service under the new provider. 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Quality assurance systems were not effective to monitor the safety of the home. We found multiple shortfalls and concerns, particularly with the management of medicines. People were at risk of receiving specific medicines from staff who were not suitably qualified and trained to administer them safely.
- Prior to their absence, the registered manager completed quality assurance reports and carried out internal inspections of the home. They had identified some areas for improvement but they had not identified through medicine audits and management audits, the concerns we found.
- The audits had not picked up that some people had not had a care plan review for more than two months. They had not identified that people's nutritional and hydration needs required further intervention, so they could receive the support they needed. Some people did not have a full care plan in place.
- We found people did not have easy access to menus showing what meals were being served for the day, and there was a lack of stimulation and activities for people.
- People were not receiving a quality experience in the service which had not been addressed to ensure they received personalised care. The provider had not maintained an accurate record for each person and was not ensuring the quality of the service was maintained.
- The provider had not identified the concerns we found with staffing levels and had not determined or assessed that staffing levels were not sufficient for the size of the service. This put service users at risk of unsafe care and treatment.
- Audits and quality assurance systems had not identified that people were not always receiving and experiencing high quality care and achieving positive outcomes. These concerns meant there was a lack of oversight and effective auditing to identify issues and make continuous improvements in the home.

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

- Prior to our inspection, we carried out a direct monitoring activity of the home and spoke with the registered manager. We found there was low reporting of incidents or events in the service. Providers and registered managers have a legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- We found the registered manager was open and transparent with people and relatives when things went wrong and notified and liaised with the local safeguarding authority regarding concerns of abuse. However,

they did not have an understanding of regulatory requirements to notify the CQC of events in the service without delay.

We found no evidence people had been harmed but management systems were not robust to ensure the home was maintaining a good standard of care and was safe. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortly after our inspection we wrote to the provider and nominated individual to ask them what urgent actions they had taken to address the concerns we raised. The provider accepted immediate improvements needed to be made. They showed us an action plan with target dates, which included full audits of medicines, care plans, accident and incidents and reviews of staff training and supervision.

- The provider gave us assurance and submitted evidence to show they had taken immediate action to resolve the issues and make improvements.
- We took into account the long-term absence of the registered manager who had managed the home for many years, which meant there was an absence of recognised leadership in the home.
- An area manager was managing the home at the time of the inspection and they told us they and the provider would recruit an interim manager to manage the day to day running of the home.
- The provider told us they were also in the process of selling and transferring the home to a new provider.
- Staff told us they were clear about their roles and responsibilities. They told us they felt encouraged and supported by the management team to perform in their roles. One staff member told us, "[Registered manager] is very good and supportive." Another staff member said, "The managers are all great, really nice."
- Staff felt there was an open door policy and could approach the management team with any issues. A staff member said, "The management is very approachable. We all work well together."

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

- People and relatives were engaged with and the registered manager had kept them informed and updated on any changes in the home and with regard to complaints. The current provider took over the home in October 2021 for a caretaker period only. These changes were communicated to staff, people and relatives to assure them of a smooth transition. A relative said, "They have kept us up to date with what's going on."
- Staff meetings were used by the management team to share important information and discuss any issues. The management team reminded staff of their professional responsibilities to ensure people received a good standard of care. A senior staff member said, "The changes were unsettling but we received good support from [registered manager] and [area manager]. We support each other. We want to put things right and learn lessons. We need to have high standards."
- People's equality characteristics were considered and recorded in their care plans.
- The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. The registered manager had analysed the feedback to make improvements. For example, improving the quality of the meals, improving the visitor experience and providing more staff support, such as additional training and development. They had also intended to send out more surveys later in the year.

Working in partnership with others:

- The provider worked with other social care agencies and professionals, such as GPs, district nurses and pharmacists to maintain people's health and wellbeing.
- The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.

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 provider was not ensuring people received person-centred care that was planned and reviewed to meet their preferences and needs. Regulation 9(1)(a)(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider was failing to make sure people's nutritional and hydration needs were met to maintain their health. Regulation 14(1)(2)(a)(b)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was not ensuring people were supported by sufficient numbers of staff. Staff were not always provided with suitable and sufficient training to carry out their roles. Regulation 18(1)(2)(a)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure people were being supported with safe care and treatment. Medicines were not managed safely. Risks to people were not managed or assessed which could cause harm.</p> <p>Regulation 12(1)(2)(a)(b)(c)(g)</p>

The enforcement action we took:

We issued a warning notice to the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have adequate systems to monitor and assess the health, safety and risks to service users. The provider did not ensure records of people were kept up to date and were accurate. The quality of the service was not being maintained.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>

The enforcement action we took:

We issued a warning notice to the provider.