Didcot Care Home Limited

Alma Barn Lodge

Inspection report

Didcot Road
Harwell
Didcot
OX11 6DN

Tel: 01235248824
Website: www.advinia.co.uk/care-homes/alma-barn-lodge

Date of inspection visit:
05 October 2022
11 October 2022

Date of publication:
09 December 2022

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Alma Barn Lodge is a residential care home providing accommodation for persons who require nursing and personal care. The care home accommodates 85 people across three separate floors, each of which has separate adapted facilities. One of the wings specialises in providing nursing care to people. At the time of our inspection there were 35 people living at the home across two floors.

People's experience of using this service and what we found
People were not always protected from the risk of harm. Staff we spoke to understood their responsibilities to report concerns.

Information in people's care records was not complete and needed more detail. The records did not contain descriptions of how people would like to be cared for and their preferences.

There were systems in place to monitor the safety and quality of the service. However, there were shortfalls in ensuring all documentation was accurate and up to date across people's records. Some people's records contained conflicting information leading to uncertainty about what people's up to date care and support needs were. These risks were mitigated as staff had good knowledge of the people they were supporting.

People using the service told us that staff were kind and compassionate and we observed this during our visit. However, we also saw staff were not always supported and not all staff were trained to meet people's needs.

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. We were not always assured that appropriate measures were taken to ensure the homes cleanliness.

People told us they enjoyed the food and specific dietary needs were met. People's dignity and privacy were respect and the provider ensured people's needs were met in line with current practice and guidance. People were supported to have access to a range of health and social care professionals.

Medicines were managed safely, and people received their medicines as prescribed. The provider had an electronic self-auditing system which allowed safe management of all aspects of medicines. Where there had been errors, we saw that action had been taken in order to mitigate the occurrence of them happening again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, we have made a recommendation for the provider to work to best practice in their application of the Mental Capacity Act 2005 and ensure mental

capacity assessments and best interest decisions are referred to in relation to the delivery of care. We have made a recommendation about ensuring that the environment supported people living with dementia.

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

This service was registered with us on 13 May 2022 and this is the first inspection.

Why we inspected
The inspection was prompted in part due to concerns received such as, poor infection control, and low staffing numbers impacting on care. A decision was made for us to inspect and examine those risks.

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

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care (Regulation 9), safe care and treatment (Regulation 12), good governance (Regulation 17) and staffing (Regulation 18).

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

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 responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Alma Barn Lodge

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 3 inspectors.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 5 October 2022 and ended on 31 October 2022. We visited the location on 5 and 11 October 2022.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with 5 people who used the service and 4 relatives. We observed the environment and the way staff interacted with people. We looked at 9 people's care records and 6 medicine administration records (MAR). We spoke with 8 members of staff including the deputy manager, home manager, carers, and support staff. We also spoke with visiting professionals such as the district nurse.

We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, three staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risk assessments in areas such as their mobility, nutrition and skin integrity were not always updated to accurately reflect people's risks.
- One person's risk assessment stated that they required two people to support them to turn in bed with use of a slide sheet. Within the same assessment, it contained conflicting information that they were able to reposition independently. The same person had fallen from bed and sustained injuries. Their sensor mat had not been turned on. These injuries were included on their body map; however, did not contain information about how they sustained the injury. The monthly falls risk assessment had been updated following the incident, however it did not mention the requirement to ensure that the sensor mat was activated as part of the risk assessment actions.
- We reviewed repositioning charts. Records we reviewed had gaps, for example we saw 9 gaps of 5 and 6 hours in the preceding 6 days for one person. For another person we saw the required 4 hourly repositioning was either not being recorded or not being achieved. Most of the gaps identified were between specific times. This was discussed with management during the inspection and action was taken to increase staffing around those times.
- During the morning of inspection, it was noted that call bells were not within reach of those who were in bed. The service did not have a system in place to monitor call bell times, themes or trends as the system did not record this. We did not see a plan in place to address this.
- The provider had a process of recording accidents and incidents. However, there was no system in place to identify any trends in order to learn lessons and make improvements. We viewed the accidents log and saw there were clear trends showing most people fell during the night shift and majority of the falls were unwitnessed.
- When people suffered injuries, records were not always completed to identify the size, shape and colour of the injury or any follow up information regarding how the injury occurred, was healing or action in place to prevent the incident from reoccurring. This put people at risk of harm from unmanaged injuries.

We found evidence that people had been harmed , systems were not robust enough to assess and manage the risks relating to the health safety and welfare of people. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information about people's risks were not always consistent within their care plan. One person's nutritional risk assessment and meal preference record stated that they required a Level 4 pureed diet. Their care plan documented that they were on a level 7 food diet. We were assured by management that they were receiving a level 7 diet and that this was a records oversight.

● People's oral hygiene needs were not always known or followed. We reviewed 4 care plans in which there was one entry for oral care within seven days. We saw conflicting information in 3 people's records regarding if they had artificial teeth. We did not see guidance for ensuring dentures were effectively cleaned and not all staff had received training around oral care.
● We reviewed whether safety of the premises was monitored. We saw that fire evacuations were being carried out, however, records showed that they were not following their own fire risk assessment. Records provided limited detail and were not a full report with observations as required within the fire risk assessment. The records did not contain information about observers, on the spot debriefs, feedback, conclusions, or necessary remedial actions recorded/ implemented. The most recent fire evacuation test was deemed unacceptable with no further detail, explanation, or action.

We received limited assurances around the monitoring and mitigation of the risks relating to the health, safety and welfare of service users and an accurate, complete, and contemporaneous record keeping. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations2014

●Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.

Staffing and recruitment
● People and relatives told us staffing levels were often low. Relatives told us, "Sometimes it's very quiet there, there are no staff around, I hardly see staff", "There doesn't seem to be regular staff" and "Once I had to wait 30 minutes to be let in on the weekend as there were no staff around."
● We were made aware that at times there were less staff during shifts. Staff we spoke with told us that there had been times when only 2 members of staff have been available on the residential floor which provides support for 23 residents. One member of staff told us, "Sometimes we don't get around to giving personal care, half the people have to stay in their Pyjamas when we are short staffed."
● We were provided with two weeks of rotas. We saw that the number of care staff fluctuated daily. On one day there were 2 members of care staff and one charge nurse for the home of 35 residents, on other days there were 6 care staff and two charge seniors/nurses. The provider did not use a dependency tool to identify staffing needs, therefore it was unclear how safe staffing levels were determined.

Sufficient numbers of suitably trained staff were not provided. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Records did not always evidence that the provider always followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff. We reviewed three staff recruitment checks and saw that one of these files did not evidence that references or a DBS had been seen by the provider. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The member of staff later brought their DBS into the office , the manger said that they believed the information had been received and would ensure that this was located.
● On the day of the inspection we saw people were attended to in a timely manner and staff were not rushed. However, we heard from family visiting the home "That there were much more staff on than usual." We saw that the rota had been changed to include 4 more staff than planned.
●The home had staff vacancies including a registered manager post. The home manager told us they were continuously recruiting for care staff; a new maintenance post was due to start shortly and there were staff in the pipeline.

Preventing and controlling infection

●The provider did not always promote safety by ensuring the premises were clean. We had been informed that due to limited staffing and a recent outbreak, that there were concerns about the cleanliness of the home. On the day of the inspection the home was clean however we heard from staff, visitors and health professionals that often there were not enough staff to keep the home clean.

● One person said, "There have been times where there has been no housekeeping on the floor due to staffing, and nobody delegated to carry out the cleaning in their place." We received evidence that breakfast trolleys with dirty crockery were left out for long periods of time and food bins had been left on the floor in communal spaces with the lid off all day. One relative also told us "after meal times there's trolleys left in dining area that haven't been washed and left out".

● We were not always assured that the provider was making sure infection outbreaks can be effectively prevented or managed, that the provider was using PPE effectively and safely or that the provider was making sure infection outbreaks were effectively prevented or managed. During the inspection we observed staff not wearing masks correctly and heard from visitors that often staff did not wear masks.

● We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules were in place, including cleaning records for high touch areas, however a resident informed us that there were often limited supplies of handtowels. Bathrooms and toilets in communal areas evidenced cleaning schedules had been completed, however we saw four communal toilets with no hand towels.

We saw evidence that the service was not always clean, thus we were not reassured that the service assessed the risk of and prevented the spread of infection. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

● People received their medicines as prescribed and the service had safe medicine storage systems in place.

● Medicine errors were recorded and investigated. We saw protocols in place for "as required" medicines. A person's "as required" medicine indicated it was to be administered for behaviours that challenge alongside a comprehensive person-centred protocol for the administration of as required medicine. The medicine administration record showed this has only been administered occasionally.

● The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely and regular medicine audits took place to ensure they were managed safely.

● We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines, practice was seen to be safe and staff showed an awareness of the person's needs.

● Staff had been trained in administering medicines and their competence regularly checked.

Systems and processes to safeguard people from the risk of abuse

● Records indicated that four staff had not received training in relation to safeguarding adults from abuse. Staff we spoke with understood signs of abuse and their responsibility to raise safeguarding concerns to the management or seniors of the service. However, some staff had limited knowledge about how they would report concerns to the authorities.

● Staff we spoke to understood how to raise concerns and were aware of recent safeguarding incidents. One

member of staff we spoke with felt that possible safeguarding concerns were not always documented effectively or communicated to the team. For example, staff informed us they had not been made aware about a recent pressure care concerns. We could see that the clinical risk meeting identified tissue viability, we saw that the meeting identified that a wound care plan was in place for newly identified wounds, but that it had not yet been entered onto the system.

● The majority of people and relatives told us they felt safe. We asked people if they felt safe with carers, one person using the service told us "I do absolutely they are very good in here, I can say that with some honesty with the previous care home I have been in, this has been the best."

Visiting in care homes

● The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Learning lessons when things go wrong

● The provider did not have effective systems in place to promote learning when things went wrong. Lessons learnt documents were not completed following an incident and incidents were not always shared by the management team with the whole team.

●Staff we spoke with were not always aware of the lessons learnt and the actions needed to minimise the risk of recurrence. One staff member told us "Communication isn't very good, I was told about pressure care concerns by staff, not in a handover and not by the management and it wasn't communicated by email." Management recognised that improvement around communication were needed.

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

●We reviewed staff training and saw that not all staff had completed relevant training to safely support people using the service. Four members of staff including a nurse had not completed training in the following topic areas: equality and diversity, food safety, H&S, infection control MCA, DOLS and safeguarding. Not all staff had completed other relevant training in topics such as: duty of candour, dementia training, mental health, and oral health and nutrition.

●We saw that 20 out of 36 members of staff had not completed diabetes training, this included kitchen staff, senior carers, and nurses. We reviewed two care plans of people who had type 2 diabetes. Information relating to their diet lacked knowledge around the risk and action to take. For example, one of the care plans stated the person's diabetes could make them more susceptible to infection. It did not detail what infection, the signs and symptoms or what action to take. Another indicated the person with diabetes did not like specific diabetic foods. There was no further information regarding the risk associated with this and how to support the person to make good nutritional choices to manage their diabetes. Without training we were not assured that staff had the skills to support individuals with diabetes.

● One member of staff told us that they did not feel suitably trained to support someone in the home with seizures and could not recall undertaking seizure training. We reviewed the training matrix and there was no record of seizure training taking place for staff. Another staff member told us they did not feel equipped to support people with dementia in their role.

● Supervision of staff was not taking place in line with the provider's policy. The provider's policy indicated that supervision should take place at least once every 3 months. We saw some staff had not received supervision since February 2022 and others had not received any supervision relating to their job role. We spoke to two members of staff who had not received supervision, they told us that the wellbeing of staff should sought to be improved.

Staff were not suitably trained, supported and supervised. This was a breach of regulation 18(2)(a), (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People's needs were assessed and regularly reviewed monthly; however, information was not always updated accurately to reflect people's needs. For example, we saw five care plans that contained incorrect information about people's circumstances, personal details, and their physical abilities.

● People's holistic needs were assessed before they moved into the service. Pre-assessment paperwork was

completed to identify the person's needs and ensure staff had the skills to meet these needs.
●We received mixed reviews about people's involvement in their care plans. Some people indicated they had been involved in the assessment of their care needs; others indicated they did not know the contents of their care plan or what it was but felt that the home knew exactly what they wanted. Some people's comments included, "Yes, I have a care plan and I was involved in it."
●Care plans demonstrated people's needs had been assessed in line with best practice guidance. For example, nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition was used.

Supporting people to eat and drink enough to maintain a balanced diet
●Records of food and fluid intake were in place. People's dietary and fluid needs were assessed and monitored. For example, when people were at risk of dehydration, records evidenced that staff monitored and offered sufficient fluids. However, records were often not detailed enough. For example, one person's care plan frequently stated, 'ate all their food', however, they had continued to lose weight. Management felt staff could be more accurate with their recording and explained they had showed them how to make more detailed entries.
● On the day of inspection we observed that mealtimes were not rushed and people were supported by enough members of staff. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service.
●People's comments about food was mostly positive, however, we received mixed reviews from relatives about the quality of the food. Comments included, "The food is poor quality for what was advertised" and "I've ate there a few times, it's very bland". However, we also heard "The food has improved, it looks suitable for older people and it's traditional home cooked meals with a lot of selection". People who used the service said, "The food is good and the choices are usually good" and "The food is very healthy and there are always nice puddings."
● We saw menus offering choice in the communal area, although these did not contain dates. People using the service told us, "The menu in the lounge is not always up to date; the current menu in the lounge is 4 days old, so we usually only find out our food choices when the food trolley comes up."
●People told us they had choice and that their feedback was sought and implemented. We saw evidence of this within the kitchen records and we also heard this from relatives.
●Staff supported people in a compassionate way, providing support and gaining consent. Care staff clearly knew what people liked and didn't like to eat, and informed new staff with this information.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●A visiting healthcare professional spoke to us about the health needs of people, they told us that they did not always have confidence in the nurse's abilities to meet people's needs due to their inexperience and the lack of leadership skills.
●One relative told us that referrals for oral care had been initiated by the family and not the home. People's oral health records required improvement, records were not consistently completed to evidence support with oral hygiene. We also heard from relatives that appointments with hospitals were often made and facilitated by families rather than initiated by the care home staff.
● People had a regular GP who made visits to the home when required to oversee people's health. One relative told us "Staff will call the GP if they have issues and the senior will always update me."
● Care plans reviewed contained evidence that people received ongoing support from healthcare professionals, such as dietitians, hospital specialists, members of the community mental health team and GP's.

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

●Alma Barn Lodge was a new, adapted building with three floors, two of which were in use with a lift for access. There was a residential floor and a nursing floor. The middle floor that had been purpose built for people living with dementia was closed. People's rooms were personalised and decorated with personal effects.

● The home accommodated older people, some of whom lived with dementia. The residential floor environment was not dementia friendly and difficult to navigate through. For example, although we saw some signs had been added to rooms to support people with dementia such as 'lounge', these were placed too high for people to see. We reviewed a care plan of someone living with dementia. It stated they were able to find their way to their room but often went into other residents' rooms along the way which can be distressing for both parties. It was also noted that the person needed care staff to support them with finding communal toilets. We recommend the provider seek advice and guidance from a reputable source, about creating a physical environment that supports the needs of people living with dementia.

●There were a number of sitting areas around the home including lounges, and a cinema room where people could spend their time.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

●DoLS applications were not always being checked, understood or considered to ensure any deprivations were being monitored until they were legally authorised. We reviewed a care plan of a person in which a DoLS had been applied for in January 2022. The service had not revisited the application or looked at other least restrictive options as an alternative whilst awaiting an outcome.

●We reviewed a person's care in which a DoLS had not been considered despite their fluctuating capacity and restriction of leaving the home independently. This has since been reviewed and the correct documentation considered and put in place.

●Not all staff had received training about the mental capacity act, however, staff we spoke with understood the principles of the Act and involved people in decisions about their care so that their human and legal rights were upheld.

●Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

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.

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

● People and their relatives were not always involved in the planning of ongoing care, as care plans showed that people were not actively involved in contributing to their care and relatives were not involved in the care planning process. One relative when asked if they were involved in reviewing their relative's care plan commented, "No but I think it would be very good if I was." During inspection management confirmed that this was an area for improvement and something they would start to implement.

● We saw that one person who required an advocate had not been supported to access one. An advocate is someone that helps people to speak up about their care. We asked the provider about advocacy; the provider did not know about advocacy services but said that they would look into this.

●Staff told us and we observed people were provided with choices and options around their care including meal times, however, we also heard from relatives that staff did not always act when it came to people's choices or views. One relative told us that their relative doesn't like certain foods, the home is aware of this. She was served food that she did not like, staff took the food away, however brought back another dish with the same type of food.

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

● Not all staff received training in equality and diversity, however, staff we spoke with provided examples of thoughtful and flexible approaches to supporting people and understood people's abilities could fluctuate daily.

●Throughout our inspection we observed positive interactions between people and staff. During lunchtime observations staff were observed to be attentive in a kind and compassionate way when engaging with service users.

●People told us the staff supporting them were kind and caring. One person told us, "They [staff] are very kind." Relatives we spoke to told us, "They know her [person], all staff go past and chat with her which is lovely."

● Despite staff members' understanding of people's needs, the provider was not always caring due to limited support for staff, staffing and overall management of the service. This impacted on people's care as people did not always receive the care they needed in a timely manner. For example when the service was short staffed, staff informed us that they did not have time to support people with their meals and personal care in a timely way that met their needs.

Respecting and promoting people's privacy, dignity and independence

● We heard mixed reviews from relatives of those using the service. One person told us that they did not

always feel their relative's privacy was respected due to other residents walking into their room. The resident suggested a solution to this, and this has since been resolved. Another relative said, "It's really good, they always close the door and curtains when providing intimate care."

● People told us staff respected their privacy. We saw staff working in a way that promoted people's dignity, knocking on doors before entering.

● People were encouraged to be as independent as they were able. One person was recently supported to move rooms to allow them to feel less isolated.

● Records were stored safely maintaining the confidentiality of the information recorded.

Requires Improvement

Is the service responsive?

Our findings

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

● Person centred care was not always provided. Care plans lacked specific information on how people would like to be supported. Care plans we reviewed did not always detail how people would like to receive their personal care or people's likes and dislikes. Individual preferences were not taken into account to promote people's protected characteristics and often documentation was not complete or lacked further detail to enable personalised care. This lack of information impacted people's care.

● We saw that care records contained contradictive information about people's abilities and support required with their personal care. Because of this, people were not always receiving personalised care. For example we saw one record contained conflicting information regarding support needed with personal care. In one document it indicated the person was independent with their personal care and in another document it indicated the person needed support from a staff member. We could see from their care notes they had only had one shower and shave over seven days, it was unclear if they were supported by staff to do so.

● Due to the lack of personalised information, staff did not always know how to best support people with their care. Staff told us "things that people like are mostly captured in care plans, but people will usually tell you if they don't like it". One relative told us "There was one lovely carer, I would come in with her to support my [relative] and they would shower weekly, but that carer has left now and this hasn't been picked up", they told us they had not seen or been involved in their relative's care plan.

●One person's care plan identified that they needed assistance to apply creams. However, there was no information about where these creams were to be applied or how often. We reviewed 7 days of their care notes and saw no documentation of this support having been provided.

● Care plans showed limited evidence of people's involvement and monthly reviews failed to pick up changes in people and their care. One person's care plan indicated they had a tendency to walk without an identified purpose with a fear of falling. However, they had been unable to walk for some months due to being cared for in bed. Another person's care plan detailed that they lived at the home with their partner who was documented as their next of kin, despite having unfortunately passed away over 10 months ago.

●We received mixed feedback regarding whether people were given choice about who supported them and their preference of staff gender. Most people we spoke with did not have a preference regarding who supported them with their personal care. However, we saw where a specific requested had been made, this was often not able to be accommodated. This caused an increased risk for staff carrying out that persons care.

Care and treatment did not always reflect people's individual needs and preferences. This was a breach of Regulation 9 (1) (C) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

●We were not assured that the programme of activities was carried out consistently in order to meet

peoples social stimulation needs. We saw one person's notes contained an activity of "smoking" and that they were 'engaged throughout the activity of 45 minutes.' The activity programme was requested from the service, however; we were provided with an activity rota from February 2022. We saw that the home had several large notice boards which contained details of activities for Monday to Thursday, however we saw that February's date was printed at the top of the weekly rota. Therefore, it was unclear if information of activities was always available to residents or if it had been printed on the day of our inspection.

●We received mixed views about the activities and care that were being provided. One person commented, "I feel some of the activities are aimed for children, they seemed to go through a phase where they did quite a bit, but they've had so many COVID-19 outbreaks its stopped." "People are encouraged to join in, but there seems to have been a lack of activities recently, I feel staff have been asked to help to do other jobs instead, I don't feels there's a contingency plan in place."

● We heard from one relative, "[Member of staff] is amazing, she comes in and has a chat with her [person], but when she's away mum doesn't get that individualised care." Another relative told us, "Mum is not always able to join in due to her sight but one of the carers sat with her and helped her with her bingo card and they always explain what's going on for her".

●Wellbeing workers confirmed that if some people chose not to attend activities staff respected their wishes. One relative told us, "She's [person] been cooking, played bingo, been part of a knitting circle, but now she chooses to be in room, so activities staff have been in and we played with a balloon, they are creative, they will bring it in to her so she is involved."

● Activities at Alma Barn Lodge were organised and run by the activities co-ordinators. During the inspection we observed activities taking place in which people participated and appeared to enjoy themselves.

●People using the service told us they were supported to contact their family when they liked.

Meeting people's communication needs

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

●The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss. We were informed that information was accessible to people in different formats if requested such as audio.

●People had communication needs assessments completed as part of the care planning process. For example, we saw one person's care plan say, "I am able to hear, speak simply to me due to my dementia" and "I require assistance to put my glasses on."

●During inspection, staff were observed to communicate with various service users with communication difficulties such as hearing loss effectively.

Improving care quality in response to complaints or concerns

●The process for recording and responding to complaints was not always effectively managed. We heard from staff that management had not always shown consideration for their complaints and had not been followed up. Staff told us, "I have had to complain before about other staff members, but I don't think it was ever addressed as nothing improved" and "Complaints have been made about staff in the past about bullying but nothing was ever logged." This had been recognised by the service and we were assured that going forward all complaints would be logged and actioned appropriately.

●The provider had systems in place to manage complaints, however, complaints we had been made aware of had not always been logged. More recently the complaints log showed that complaints were being

recorded and actioned appropriately.

● People using the service and their relatives did not always know who to give feedback to about their experiences of care and support and could not recall receiving information on how to complain. Relatives mentioned that they had raised concerns in the past multiple times with no effect. One relative commented "The previous manager was very nice and pleasant, but nothing changed, and the deputy is very nice and approachable, but nothing has happened." Improving people's understanding of the complaints process and how to give feedback is an area for improvement.

End of life care and support

● At the time of inspection there was nobody receiving end of life support. We were assured that the team would work closely with other professionals to ensure people a had dignified and pain free death.

●We saw the service had documentation available for supporting people to plan end of life care, such as end of life care plans and advanced care plans which are used to record people's treatment and care wishes as they approached end of life. The information included peoples wishes regarding staying at the service or going into hospital; along with details of funeral wishes and next of kin details.

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

●Systems to monitor people's daily care delivery were not developed enough to support the manager to check whether people had received appropriate personal care. We saw audits being carried out with actions, however, it was often unclear if these actions had been carried out as there was no oversight on how to improve the service.

● We reviewed an infection control observation tool carried out in July 2022; it documented the following actions had been completed, 'need to recheck hand washing competencies' and 'all residents need detailed end of life care plan'. There was no information to evidence the actions in place to address the concerns other than a comment stating 'completed'. We did not see any completed end of life plans during inspection although the audit said the action had been completed.

● Shortfalls found had not been identified through the provider's quality assurance systems such as people's care plans not being accurate and gaps within people repositioning charts and daily records.

●We reviewed the most recent monthly medication audit which identified that cupboards were not being locked, trolleys were not being secured, an overstock of medicines and the disposal cupboard was not locked. This audit was allocated to a member of staff and the action in place, was that 'all cupboards had been locked.' We did not see a plan in place to demonstrate how this action would be achieved to prevent occurrence in the future and how it was achieved other than locking the cupboards at that moment.

The provider had failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good Governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 14.

●Some relatives we spoke with did not know who the manager was or who the previous manager was, advising us that often they spoke with care staff and did not always feel that things were being passed on or actioned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

●Staff we spoke to did not always feel the service was well managed. We also heard from visiting professionals that they had concerns about the leadership, staffs understanding well as the support received from the provider.

●During inspection we heard about and observed poor culture within the care team. It was felt that not all

staff had the relevant skills and experience, or leadership skills required to manage a team. We heard reports of senior staff not feeling supported by the carers and not trusting staff to carry out their roles. These concerns were reported to the deputy manager.

● Relatives of those using the service commented about the staffing culture. They said they believed that there was "Conflict" between staff and their opposing views.

●We reviewed people's daily care notes. These were not personalised and lacked detail about people and their well-being. Information documented would not always allow staff to identify and investigate concerns due to the limited information.

● At the time of inspection, the service had no registered manager in post since October 2022. Whilst another area manager had been appointed, they had not become the registered manager of the home and the service is in the process of recruiting.

● One senior member of staff we spoke to recognised that the home had been through a traumatic time due to the recent outbreak and staffing changes but felt that things were improving under the current management.

●There had been recent changes to the management team. Staff told us the deputy manager was friendly, accessible, approachable and listened but recognised that things have been hard lately. Staff felt communication and the service was improving and recognised. One staff member said, "We have high standards, we have let them slip, it's going to be a long process but I can already feel the change."

●Staff felt they were given opportunities to contribute feedback and ideas regarding the running of the service at team meetings and felt that they were listened to and taken seriously, however, commented that management often needed prompting to act.

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

●There are specific things providers need to do to demonstrate duty of candour: telling the person (or, where appropriate, their advocate, carer or family) when something has gone wrong, apologise to the person (or, where appropriate, their advocate, carer or family) and offer an appropriate remedy or support to put matters right, if possible. The provider had a duty of candour policy in place. We saw letters of apology were routinely sent to people or their relative at the time of the incident.

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

●Systems were not always effective in engaging and involving people, relatives and stakeholders. Resident and staff meetings had not been carried out regularly.

●People and their relatives felt engagement with them was poor, however, commented that the recent relatives meeting was very constructive, and that people came away feeling positive about change being implemented. However, we also heard that other relatives were not made aware about the meeting and minutes had not been received.

●We were informed that relatives were recently given the opportunity to provide feedback to the service, this information was not yet available. People and their relatives did not recall being asked to give feedback, one person we spoke with had been asked to fill out a questionnaire, however, three other relatives could not recall having been asked to fill out any surveys or questionnaires.

Continuous learning and improving care; Working in partnership with others

●We saw that weekly clinical risk meetings were in place in order to record, monitor and address concerns. These meetings were not always being carried out and did not include actions to address the risks or document oversight of these risks so the service manager could identify themes and trends.

●Audits, care plans, incidents/accidents and risk assessments we reviewed did not always contain detailed

actions or evidence continuous learning to improve care.

- The service worked with a range of system partners to ensure people could access the services of the care home when needed.
- The area manager told us about improvements which had been made and we could see that things had been identified to improve on.

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 Care and treatment records did not always reflect people's individual needs and preferences to enable staff to provide personalised individual care.

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 Systems were not robust enough to identify assess and manage the risks relating to the health safety and welfare of people.

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 Records around the monitoring and mitigation of the risks relating to the health, safety and welfare of service users with accurate, complete, and contemporaneous record keeping was not being met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably trained staff were provided, not all staff were suitably trained to care for peoples needs.