

Eleanor Palmer Trust

Eleanor Palmer Trust Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eleanor Palmer Trust Home (also known as Cantelowes House) is a residential care home providing nursing and personal care for up to 33 people, some of whom are living with dementia. At the time of the inspection there were 33 people living in the home. The home is purpose built consisting of two floors, with a communal dining room and lounge on the ground floor.

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

People and relatives told us they felt safe with the care and support they or their relative received. People's basic care and support needs were met, and people and relatives spoke positively of the service. However, we found significant concerns with the management of medicines, safeguarding, deprivation of liberty safeguards, staff training, support and recruitment which placed people at increased risk of harm.

Management oversight of the service was ineffective and did not identify the issues we found during the inspection. Managers were not completing audits in the areas where we found concerns and there was a lack of formal engagement with people, staff and relatives.

Concerns about people using the service were not always responded to appropriately. We found instances where CQC had not been notified or where notifications had been submitted with significant delays.

People and relatives told us staff were suitably skilled and knowledgeable, however some staff told us they did not feel supported and that staff morale was low. We found that not all staff had completed training, staff were not being regularly supervised and individual staff performance had not been reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found that appropriate authorisations were not in place to deprive people of their liberty.

People had access to a balanced and healthy diet and were satisfied with the food on offer. People were supported by staff that knew them well and people told us they were able to make everyday choices and received support when they wanted it. People had access to a range of activities, however some people and staff told us more activities should be offered.

We recommended the provider makes further adaptations to the home to ensure it is accessible for people living with dementia.

We recommended the provider reviews people's care records to ensure they contain sufficient details of people's preferences and choices.

We recommended the provider reviews its processes and procedures for managing complaints.

Most people and relatives told us they felt very satisfied with the support they or their relative received from the service.

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

Rating at last inspection

The last rating for this service was good (published 10 December 2018). At this inspection the rating has deteriorated to requires improvement.

Why we inspected

We received concerns in relation to management of medicines, nutrition and hydration, staff training and the management of people's risks. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We found several breaches of regulation and issued the provider with a warning notice in relation to good governance.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service 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 ●

Eleanor Palmer Trust Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by two inspectors and two Care Quality Commission professional advisors who were a nurse and a pharmacist. The inspection was also supported by two Expert's 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. One Expert by Experience spoke to people during the inspection site visit and the other Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Eleanor Palmer Trust Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed an interim manager, whilst the recruitment of a permanent manager was being undertaken.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with ten people who used the service and one relative. We spoke with the Chief Executive Officer (CEO), Interim Manager, the Head of Care. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us. We reviewed a range of records. This included 12 people's care records and 11 people's medication records. We looked at six staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, accident and incidents, training and quality assurance were reviewed.

After the inspection

We looked at more records and continued to seek clarification from the provider to validate evidence found. We spoke with the Interim Manager, CEO and Head of Care by telephone and video call. We spoke with 13 relatives of people living at the home and a further five members of staff.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Systems and processes to safeguard people from the risk of abuse

- We were not assured that systems and processes in place to report, record and investigate any potential abuse were established and operated effectively.
- During the inspection we became aware of an incident where a person was at risk of harm. We found that the incident had not been appropriately recorded or investigated and the service was not clear whether it had been reported to the local authority by a previous manager or not. We found that CQC had not been notified and the service did not have an appropriate system in place to monitor safeguarding alerts, record actions taken, identify trends and any lessons learnt.
- Prior to the inspection the local authority had made us aware of a separate allegation of abuse or neglect where CQC had not been notified. Following the inspection, the local authority shared concerns that the provider had not taken enough action to manage the risk and that delays in reporting placed people at increased risk of harm.
- A relative told us they had reported safeguarding concerns to staff; however, the service did not have a record of concerns being reported or of any actions taken in response.
- Records showed some staff had either not completed or not refreshed their training in safeguarding. We found not all staff were able to tell us what safeguarding, and whistleblowing meant in terms of their role and what types of concerns they would report.

We found that systems and processes were not established and consistently operated effectively to respond to any potential abuse. This placed people at increased risk of harm. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the provider reported the concern we highlighted to the relevant authorities and undertook an internal investigation. Following the inspection, the provider told us some staff had completed their training and we saw evidence systems to record and track safeguarding alerts and CQC notifications had been put in place.
- People and relatives told us they felt safe with the care and support they or their relative received. One person said, "yes it feels really safe". One relative told us, "They are absolutely fantastic, and they are so caring. They are there for [person] the whole time. I am 100 per cent confident that [person] is safe from any harm."
- We saw evidence other safeguarding alerts had been investigated and reported to the relevant authorities.

Using medicines safely

- People were receiving their medicines as prescribed; however, systems and processes were not always in place to check people had received their medication safely.
- Appropriate administration forms were not in place for people who received their medicines covertly. Covert administration is when medicines are administered in a disguised format hidden in food or drink. This meant staff did not have clear instructions of how to administer the medication safely and there was no appropriate record of consultation with a Pharmacist, GP or the persons family.
- Not all staff administering medicines had completed training or had their competency to administer medicines assessed within the past year in line with national guidance.
- The service was not completing formal medicines audits to check people were receiving their medicines as prescribed or that the service was managing medicines in line with national guidance.
- The provider had procedures in place to ensure the safe storage of medicines. However, we found one medicine stored at room temperature that should have been stored within a medicine's fridge and waste medicines stored within a container which was not tamper proof.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following the inspection, the management team told us they were taking action to address the issues identified. We were told staff had been trained and had their competency assessed, we saw evidence the service had completed medicines audits.
- People received their medicines as prescribed. We found no errors or unexplained gaps in recording on Electronic Medicines Administration Records (eMAR).
- People and relatives did not express concerns about the management of medicines within the service. One relative told us "They have nurses who take care of her medication and they are very good with that."
- The provider was completing regular audits of controlled drugs.
- People who needed 'when required' (PRN) medicine had appropriate protocols in place to inform staff when the medicine should be given. However, PRN protocols were not kept where medicines were stored or administered which meant staff could not easily refer to them.
- The provider told us there was an issue with their eMAR system which meant the stock of medicines held by the service and the record on the eMAR system did not always match, however the provider was able to use the eMAR system to check people were receiving their medication. The provider told us they were in process of replacing their eMAR system which would fix this issue.

Staffing and recruitment

- Appropriate employment records and checks were not always in place for staff working within the service. We found that the provider had not obtained assurances that all agency staff working within the service had been recruited safely or had the qualifications, experience and competence for their role.
- Nine members of staff who were employed by the service had not had their DBS check renewed within 5 years, which is the timescale for renewal according to the providers procedure. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.
- The provider was not completing regular audits to ensure recruitment processes and checks had been completed and were kept up to date.

We found no evidence that people had been harmed however, processes and checks were either not in

place or comprehensively completed to ensure safe staff recruitment. This placed people at the risk of potential harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the Interim Manager and CEO, and they told us they were taking action to ensure appropriate records were in place for agency staff. We saw evidence staff DBS checks were being renewed and the provider told us they would be conducting an audit of all staff records.
- Other pre-employment checks were in place for staff employed by the service including application forms, evidence of conduct in previous employment and proof of identity.
- During the inspection we observed that people's basic needs were met safely. However, staff told us the service was regularly short staffed due to staff sickness and at times this meant not all tasks were completed. One staff member said, "We are regularly short staffed, we are rushing our residents when we do personal care, we are cutting corners, if I don't rush other staff will have to do more." Another staff member said, "We manage to do it, we do our best. The week before last week, we were short staffed the residents got everything they need."
- Some people told us the service needed more staff, one person said, "Mainly, well sometimes at lunch times there could be more staff". Another person said, "if there were more staff people could get up quicker in the morning".
- We raised these concerns with the Interim Manager and they told us that staffing levels were assessed based on people's needs and that arrangements were in place to cover staff absence. We were told the management team would keep staffing levels under review.

Preventing and controlling infection

We made a recommendation at the last inspection that the provider review and implement best practice guidance on infection control in care and nursing homes.

- At the last inspection we found the service was not always upholding infection control standards, some areas of the home were in a poor state of repair and we identified pieces of equipment needed replacing. At this inspection we found improvements had been made to areas of the home, however we identified issues with staff training and management oversight.
- The kitchen, several bathrooms and the carpet had been replaced since the last inspection and equipment used within the service was found to be in adequate condition. The home was odour-free, appeared clean and had recently been awarded a five-star food hygiene rating.
- Staff told us they had access to PPE, however we observed face masks were not consistently worn appropriately by staff. One staff member told us, "We take a test every morning, sanitiser, a mask, constantly wash our hands, gloves, aprons, we are on top of that."
- Policies and procedures were in place to prevent and control infection and safely manage visits to the service. However, on the first day of the inspection not all safety checks were completed with the inspection team in line with the providers procedure.
- Records showed not all staff had completed or refreshed their training in preventing and controlling infection. The service was not completing any audits to check procedures were followed. We report further on this in 'Is the service well led?' section of the report.
- We brought these issues to the attention of the management team and on the second day of inspection the visitor procedure was followed with the inspector. We were told staff training would be addressed and following the inspection we saw evidence the service had completed an infection control audit.

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

- The provider had systems in place to assess risks to people before undertaking their care and support. Risk assessments detailed the risk and the actions staff should take to mitigate the risk.
- However, we found information within care plan summaries was not always up to date or consistent with other sections of the peoples care records. We raised this with the management team during the inspection, they told us they had plans to improve care records as part of the introduction of a new electronic records system.
- Relatives told us the service understood potential risks to people. One relative said "I was very confident right from the beginning that this was the right place for [person]. They have a pressure mat by [persons] bed so that they know when [person] gets up. I could tell that they were on top of everything and have no concerns about safety."
- The service carried out a range of building safety and equipment checks to ensure the safety of people living within the home.
- We reviewed records of accidents and incidents which showed several incidents of falls. We saw evidence the service worked with relevant health professionals and had taken actions to prevent reoccurrence. However, actions taken in response to accidents were not recorded on the accident form and there was little evidence of management oversight in order to identify trends and opportunities for learning and improvement. We will report further on this in 'Is the service well led?' section of the report.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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 receiving appropriate training and support to enable them to deliver safe and effective care to people.
- Some staff told us they did not feel supported in their role and morale was low within the team. One staff member said, "To be honest no, I'm not given the right tools and knowledge. When I ask for help, I'm dismissed."
- Some staff told us supervision and appraisals did not happen regularly, whilst others told us they had not received any supervision or an appraisal. This meant that staff were not receiving regular support and guidance from management and individual staff performance was not being reviewed. One staff member said "I can't remember when I had my last supervision, with [previous registered manager]. Used to be once or twice a year."
- There was no record of management oversight in place to record and monitor the frequency of staff supervisions and appraisals. A lack of records confirmed staff were not being supervised regularly in line with the providers policy.
- Some staff told us they needed training in manual handling and managing behaviours that challenge. On challenging behaviour, one staff member said "No, that is the one I have been screaming for, we do have challenging residents I don't feel comfortable in managing these."
- Some staff had not completed training, whilst others had not had their training refreshed in mandatory topics including safeguarding, medication, manual handling, health and safety, fire safety and infection control.
- We raised these issues the management team, we were told that supervisions and appraisals had been affected by the service not having a manager in post and a new supervision structure was being put in place.

The lack of appropriate training and support for staff meant that the service was in breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider arranged for staff to complete practical training in first aid and manual handling. The interim manager provided several updates on staff training that had been completed.
- People and relatives told us they felt staff were suitably skilled and knowledgeable. One relative said, "I would say so yes. I know that one of the people I speak to [manager] is always on top of things and is very good. If [manager] does not know the answer to something she will always get back to me."
- During the inspection we observed staff knew people well and understood their needs.
- Staff told us they received an induction when they started working at Eleanor Palmer Trust Home. One

staff member said, "Yes, a week of shadowing before I started."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate authorisations were not in place to deprive people of their liberty.
- During the inspection we found authorisations to deprive people of their liberty had expired and applications to renew authorisations had not been made. The provider had also identified a number of other people where a DoLS application was required, however applications had not been submitted to the relevant authorities. This meant people were unlawfully being deprived of their liberty.
- Records showed some staff had either not completed or not refreshed their training in MCA and DoLS. We found some staff were not able to tell us what MCA and DoLS meant for their role.

The provider failed to ensure appropriate authorisations were in place to deprive people of their liberty. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the management team, during and following the inspection the provider told us they had submitted all outstanding DoLS applications.
- People's files contained records of mental capacity assessments and best interests' decisions and we observed people being asked for verbal consent before being supported by staff.
- Relatives confirmed staff sought consent whilst delivering care and support and involved them in decision making. One relative told us, "As far as I am concerned, I think they always ask for [persons] agreement before they do anything for [person]. Similarly, if they are not confident that [person] understood they will contact me and ask whether I am happy for them to proceed."

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

- Areas of the home had recently been refurbished and at the time of the inspection building works were taking place to develop a new accessible patio area.
- People's rooms appeared clean and included personal items such photos, ornaments, pictures and maps.
- The environment was accessible to people using the service, however there was a lack of signage throughout the home to support people to navigate the building. We raised this with the management team and were told there were plans in place to make the environment more accessible.

We recommend the provider makes further adaptations to the home to ensure it is accessible for people

living with dementia.

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

- People were assessed before they started using the service to ensure the service could meet their needs safely and effectively.
- A care plan was written based on the information obtained during the assessment process by the management team. However, we found some instances where information relating to people's needs and choices was not always sufficiently detailed in people's care records. We report further on this in 'Is the service responsive?' section of the report.
- Care was not always delivered in line with current standards and best practice guidance, we report further on this in other sections of the report.
- People told us they left discussions about their care plan to their relatives, most relatives told us they were involved in discussions about their family members support.

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

- People had access to a balanced and healthy diet.
- People's food preferences were recorded, and staff were aware of people's dietary needs.
- The mealtime experience was pleasant with appropriate background music. Tables were set and a choice of food and drinks were offered.
- We observed people were supported to eat, and drink where required and encouraged to maintain their independence in this area.
- People and relatives were satisfied with the food on offer and people told us drinks and snacks were available throughout the day. One person told us, "It is pretty good, can't complain". A relative told us, "I think that [person] is well fed there and [person] has said that they like the food."

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

- Care records included details of people's health conditions and provided information and guidance to care staff on how people were to be supported.
- People's care records confirmed staff worked in partnership with other health and care professionals including GP, speech and language therapist and tissue viability nurse.
- Daily handover meetings took place which supported the sharing of information about people and their health and care needs.
- Relatives told us they felt people's healthcare needs were met and the service responded promptly with any health concerns. One relative told us "I know that they are on the ball with [person's] care needs and although it has only happened once, they have certainly acted quickly."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Peoples care records were person centred. However, they did not always sufficiently detail people's preferences and choices.
- For example, peoples care records documented their interests around activities, however the information was not detailed and there was no guidance for staff to know how to engage the person in the activity. The management team told us they were aware of the need to improve care records and improvements would be made with the introduction of a new electronic records system.
- Peoples care records were being regularly reviewed, however the provider was not completing an audit to monitor the quality of care records. Following the inspection this was put in place.
- We found there was little evidence of formal engagement with people about their care. People told us they left discussions about their care plan to their relatives and no surveys or resident's meetings had taken place to gather people's feedback. We will report further on this in 'Is the service well led?' section of the report.
- Despite a lack of formal engagement, people told us they were able to make everyday choices and they received support when they wanted it. One person said, "Yes I get a choice" another person said, "Yes, if I need anything they [staff] come."
- Staff we spoke with knew people well and could tell us about people's individual needs.
- People's wishes regarding end of life were recorded and where people had made an advanced decision to be resuscitated or not to be resuscitated, this was included in their care records.

We recommend the provider reviews peoples care records to ensure they contain sufficient details of people's preferences and choices.

Improving care quality in response to complaints or concerns

- The service had an up to date complaints policy in place. However, we were not assured that complaints were being recorded in line with procedure.
- Only one complaint had been received since the last inspection, however it had not been clearly documented. The provider told us there was no record of management oversight in place to record complaints, actions taken, and lessons learnt.
- Most people and relatives knew who they would speak to if they had any concerns and felt confident staff would listen and any concerns would be dealt with appropriately. One relative said, "I am sure that they would listen to me if I needed to discuss anything with them."
- We reviewed records of compliments recently received. One compliment received from a relative this year stated, "I only have great praise for all of the staff who looked after mum during that time."

We recommend the provider reviews its processes for managing complaints to ensure records are kept in line with their procedure.

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

- The service had an activity coordinator in post and there was a timetable of activities in place, during the inspection we observed people taking part in a gentle exercise session. There was a large painted mural of the local area in the reception area, the CEO told us it was used for reminiscence activities.
- Relatives told us people were able to pursue their own interests during the day and there were activities on offer. One relative told us, "When I ring up, [person] often tells me that [person] has just done a painting class and also a music session."
- People and staff told us they felt more activities should be offered. One person said, "Yes, they do exercises but that's all they seem to do."
- The provider was not maintaining any records or audits of the activities people took part in to monitor whether people had regular access to meaningful activities and stimulation. We raised this with the management team and during the inspection a system to record people's participation in activities was put in place.

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.

- Information about people's communication needs was documented in peoples care records and included information about their use of communication aids.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management oversight of the service was ineffective and did not identify the issues we found on the inspection.
- During the inspection we found significant issues with the management of medicines, safeguarding, DoLS, staff training and support, and recruitment as detailed in other sections of this report.
- At the time of the inspection there was an interim manager in post. The previous registered manager left at the end of 2020 and in the period since there had been another manager in post who left before completing their registration and two periods where the service was without a manager.
- We were told the Nominated Individual and other members of the board of trustees had completed regular visits to the service during this period. We reviewed the records of these visits and found they were not effective in identifying the issues we found during the inspection.
- At the time of the inspection the service was not completing audits in the areas where we found concerns, in order to monitor the quality of care delivered and records kept by the service. We found that the service was not completing regular audits relating to safeguarding, medicines, recruitment records, infection control, accidents and incidents, staff supervision and appraisal, care records and complaints.
- There was little evidence of management oversight in order to record actions, identify trends and opportunities for learning and improvement in relation to accidents, incidents, safeguarding alerts or complaints. There was no service improvement plan in place.
- The provider did not have a system in place to record and monitor applications and authorisations to deprive people of their liberty.
- Several CQC notifications had been submitted with significant delays and CQC had not been notified of two allegations of abuse or neglect. We are currently considering our regulatory response to this matter.
- The lack of effective management oversight within the service placed people at risk of receiving care, which was not safe, effective and responsive to their needs. This also meant learning and improvements could not be identified or implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found little evidence people had been engaged in the running of the service. People told us, and the management team confirmed, that no resident meetings or surveys had been organised to gather people's

feedback.

- Some staff told us staff morale was low and they felt unsupported. Staff were not being regularly supervised and we found significant gaps in staff training records. One staff member said, "Most of the time we complain that we are not happy and not supported."
- Some staff told us they had not attended any team meetings and records showed they were not held on a regular basis. One staff member said, "No team meetings, no teamwork."
- Relatives and staff had not been formally asked for their feedback about the service.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the management team and were told the service had been through a challenging period with several changes of manager, during this time several audits, checks and other management processes had stopped.
- During and following the inspection, the management team promptly acted on our feedback and provided evidence and assurances the concerns identified had been or would be addressed. This gave us reassurance the service was willing to learn, develop and improve the quality of care delivered.
- Following the inspection an improvement plan was put in place and we were told that the provider was reviewing and formalising its audits and checks of the service.
- Although people's care records did not always sufficiently detail their preferences and choices, we observed that staff knew people well and people told us they were able to make everyday choices and receive support when they wanted.
- Most people and relatives told us they felt very satisfied with the support they or their relative received from Eleanor Palmer Trust Home, one person said, "Oh yes, this service is good". One relative said, "I must give them their due they are absolutely excellent. I have never seen a care home which provides so much care and attention to the residents."
- Despite the lack of formal engagement, relatives told us communication with the service was good. One relative said, "Yes they do communicate with me. If anything is going to change regarding [persons] care they tell me about it. The communication is good."
- During the inspection the service hosted a training and information session on dementia for relatives. One relative said, "The session was extremely helpful and informative."
- Relatives felt positive about the current management team, one relative said, "I did meet the newly appointed manager when I attended a talk at the home last week on understanding Dementia. [manager] seemed very nice and approachable."
- Despite the concerns raised about staff support and morale, staff told us they did feel able to raise any concerns about people with the management team. One staff member said, "Yes, I can speak to [manager]. [manager] will listen to you."
- Policies and procedures were up to date and in line with best practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others;

- The home worked in partnership with other agencies to support people's physical health.
- Records seen confirmed referrals had been made to healthcare professionals and these were followed up appropriately.
- Policies were in place identified the actions staff should take in situations where the duty of candour would apply.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were at increased risk because medicines were not always managed safely and in accordance with national guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not established and consistently operated effectively to respond to any potential abuse. This placed people at increased risk of harm. Appropriate authorisations were not in place to deprive people of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Appropriate support, training, supervision and appraisals were not in place for staff to enable them to deliver safe and effective care and support to people.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm.</p>

The enforcement action we took:

We issued a Warning Notice on 22 October 2021.