

Sathya Care Ltd

# Grafton Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Grafton Lodge is a care home providing personal care in one adapted building to 18 people aged 65 and over at the time of the inspection. The service can support up to 22 people. People had varying needs, including living with dementia, epilepsy and diabetes. Some people were independently mobile and others needed staff assistance to move around.

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

We found improvements had been made to people's care records since the last inspection. However, risks to people's health and well-being had not always been fully assessed and appropriately managed. Monitoring systems to make sure people's medicines were managed safely were not robust and effective and we found discrepancies. We were only somewhat assured infection outbreaks could be prevented as monitoring processes were not robust.

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 did not always support this practice. Better evidencing of consent and best interest decision making was needed.

Monitoring procedures needed continued work to make sure improvements made could be enhanced and action taken to sustain improvement.

We identified an area for improvement around staffing levels as people gave us mixed views about whether there were enough staff at times and commenting that staff had left. The provider had safe recruitment practices in place to make sure only suitable staff were employed. People told us they felt safe and would be happy to speak with staff if they did not.

Staff training had improved but this was an area that needed further improvement. People now had an assessment before moving into the service and this helped to inform their care plan. People were happy with the food provided and people who needed assistance with their meals were not rushed. A selection of drinks and snacks were available throughout the day. People were referred to health care professionals when they needed advice and treatment.

People were happy with their support and said they were able to make choices about their care. People said they were treated with kindness and respect and helped to stay independent. Relatives were kept informed if there were any changes and were able to add to their loved one's care plan.

People said they had enough to do through the day and were not bored. Staff were patient and helped people to go at their own pace.

People, relatives and staff were asked their views, said they were listened to and thought the service was

managed well. The provider was approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 March 2020) and there were three breaches of regulations. The service remains requires improvement. This service has been rated requires improvement for the last two inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We 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. We have identified three breaches in relation to the assessment of individual risk and the management of medicines; consent to care; and the monitoring of quality and safety at this inspection.

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

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Grafton 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 Care Act 2014.

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

#### Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to people and relatives to gain their feedback about the service.

#### Service and service type

Grafton Lodge 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. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested feedback from the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of

the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send 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 five people who used the service and four relatives about their experience of the care provided. We spoke with the provider and seven members of staff including the deputy manager, senior care workers, care workers, domestic and kitchen staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

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

At our last inspection, the provider had failed to ensure safe care and treatment by reducing risks to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, not enough improvement had been made and the provider continued to be in breach of regulation. Risks were not always clearly identified to ensure management plans were in place to prevent harm to people.

- Individual risk assessments did not always provide the detail needed to keep people safe. People's risk assessments had improved but further work needed to be done to ensure staff could provide consistent and safe care.
- A risk assessment was in place for one person who had epilepsy seizures. However, this provided only basic guidance for staff to follow if the person suffered a seizure. Information such as how to recognise the person was having a seizure, or if there were known triggers that may lead to seizure had not been included. Some risks had not been identified, for example, around bathing or showering. Some staff may not understand the dangers of the person being left unattended or having a seizure while in the bath and what they should do to ensure the person's safety.
- One person was at risk of falling if they went up the stairs unattended. Although measures were in place to manage the risk, these were not always effective. Although an individual risk assessment was in place identifying the risk, the safety measures in place and the ineffectiveness of these at times had not been addressed. All staff, particularly new and agency staff, may not be aware of the need for staff to be alert despite the safety measures.
- Some people were using emollient creams which are known to be flammable. Their personal emergency evacuation plan did not include this important information to alert staff and the emergency services. A risk assessment was not in place to make sure staff had the guidance necessary to manage the risk to keep people safe.
- People's daily records were not monitored to make sure people's needs were met and risks were identified. Many people went for long periods of time without having their bowels opened according to their records. For example, one person's records showed they had not had their bowels opened for 16 days; another person for 14 days and another person for 7 days. Some people's records showed they had their bowels opened every day. This had not been identified and action had not been taken by senior staff.
- Fire doors within people's bedrooms were obstructed by furniture, so a clear passageway was not

accessible. This had been a concern at the last inspection. The deputy manager advised fire doors were usually clear from obstruction and people moved the furniture in their bedroom at times. The deputy manager acted straight away and gave assurance this would be addressed as an ongoing action.

- The provider did not have robust systems in place to monitor accidents and incidents. Only one monthly audit had been completed, in April 2021. The audit identified one person's care plan and risk assessment had not been updated following an incident. It also identified further staff training was required and an action plan was needed. There was no record to show any of the action had been taken and completed. The provider could not be assured incidents were dealt with appropriately and that lessons were being learnt.

The failure to ensure people are kept safe from harm is a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe and staff knew how to support them. One person said, "It's a safe place, oh yes."

- People's relatives were happy with the care their loved ones received and were confident they received safe care. One relative told us, "They are all very, very good, if there's anything they're not happy with they will phone me or my sister in law, there's nothing I'm not happy with."

#### Using medicines safely

- People's medicines were not always managed in a safe way. Records kept were not always accurate and this had not been identified through monitoring processes in place.

- Stocks of medicines did not always tally with the countdown record sheets recorded by staff. A check of medicines stock during the inspection identified some discrepancies. The countdown sheets used were not effective due to the layout of the record as they did not give a clear picture of the medicines in stock on the date the counts were taken.

- Errors had been made and these had been reported and were being investigated. A medicines error happened during the inspection. The member of staff administering medicines told us they kept getting disturbed during the medicines round. They had needed to stop and help people as other staff were busy. This affected their concentration. We also noted the morning medicines had taken the whole morning to complete, not finishing until 12 mid-day. This meant medicines were not being administered safely and some people's medicines were given late which may impact on their next dose. The provider took action and changed how staff administered medicines following the inspection.

- Some people were prescribed medicines that could be taken as and when necessary (PRN). Guidance for staff was not in place for some PRN medicines. Guidance is needed to make sure staff know what the medicine is prescribed for, when to give it and how often the person can safely take it. Where PRN guidance was in place, they were over 12 months old had not been reviewed to confirm the information was still correct and that the person still required the medicine.

- Some medicines have specific instructions for taking them, or carry a risk, such as bleeding or bruising when taking blood thinning medicines. Although the medicine administration record (MAR) stated 'warning read the additional information given with this medicine', additional information was not available within the MAR.

The failure to ensure people's prescribed medicines are managed safely is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- The provider continued to manage a safe recruitment process. Application forms were completed with any gaps in employment accounted for. The provider had completed Disclosure and Barring Service checks

(DBS) and references had been checked. DBS checks help prevent unsuitable staff from working with people who could be vulnerable.

- There were some issues with staffing levels as staff had left and more staff were due to leave. Staff working extra hours and agency staff were used to cover the gaps in the rota, however, this had not always been possible. There was one staff short on the first day of inspection. A member of staff was called in to help through the morning.
- There were mixed views about staffing levels from people and relatives. One person told us, "I think there's enough staff, it's not too long when I buzz." A relative said, "No I don't think there's enough staff'. I'm not 100% that staff know (relative) needs, there are only a couple of staff that have been there any length of time."
- The provider was aware of the staffing concerns and was actively recruiting. The manager had also recently left, and this post was advertised. This is an area that needs to improve, we will monitor staffing levels and check at the next inspection.

### Preventing and controlling infection

At our targeted inspection in December 2020 to check infection prevention and control practice, we were not assured the provider had safe systems in place. At this inspection, the provider had made improvements and we were now somewhat assured that systems in place were safe.

- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed. Although infection control audits had been undertaken since the inspection, only two had been completed, in February and March 2021. Action had been taken to make improvements however, the provider could not be assured this had continued since March 2021.
- We were assured that the provider was meeting shielding and social distancing rules. The provider had improved measures to support people who shared a room to be safe from the spread of infection.
- We were assured that the provider was using PPE effectively and safely. Staff were now disposing of their used PPE safely. The provider had made sure the appropriate disposal bags were more available and had provided safer bins to house them.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had made sure cleaning schedules to clean areas of high use such as light switches and handrails were cleaned regularly throughout the day. This included when domestic staff were not on duty. One person said, "The cleanliness of the home is good. My room is clean, yes."
- We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "We put on masks, gloves and aprons, (relative) knows I'm there, they are spot on, she meets me at the lift."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative told us, "They've been ringing, we ring, we what's app her, they take her to the window. Her son sees her there every day at the moment."

### Systems and processes to safeguard people from the risk of abuse

- All the people and their relatives we spoke with told us they felt safe and felt confident to speak with staff if they had concerns. One person told us, "I'm safe, yes thank you" and another said, "I would speak to one of the staff if I needed to." A relative commented, "I would speak to the manager at the place, then the owner, then CQC, you'd be third in line."

- People living in the service were protected from the risk of abuse. Staff had completed safeguarding adults training and stayed up to date by refreshing their training. The staff were knowledgeable and confident.
- Staff told us the provider and deputy manager were approachable, listened and acted when concerns were raised, so they had no hesitation in raising issues. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise concerns if necessary.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

At our last inspection we recommended the provider sought appropriate advice and guidance from a reputable source to improve the recording of consent and best interest decision making within the principles of the MCA. Improvements had not been made at this inspection.

- Where people's capacity to make particular decisions was in doubt, a mental capacity assessment had been completed. Capacity assessments were of varying quality, some being more detailed and showing a greater level of understanding than others.
- Some people did not have mental capacity assessments for specific decisions that affected them and their care. Where people were not able to consent to their care and treatment, this had been recognised and a DoLS application had been made. However, a capacity assessment had not been completed to show how the decision was made about their capacity to consent.
- One person had capacity assessments for administering medicines and for the use of a sensor mat. Clear evidence to show how the decisions had been made and who had been consulted to support decision making was not recorded.
- Some people shared a room. There was no evidence they had consented to this arrangement. One person's care plan recorded they liked their own company, didn't want to mix with others and liked to have a routine. However, they shared a room and although they had capacity to make decisions, it was not clear when and how this was discussed with them. A capacity assessment had not been undertaken for another

person who lacked capacity to make the decision. A best interest decision making process had not been taken to make sure sharing a room was appropriate.

- Ensuring people's right to consent and decisions are made in people's best interests is an area that needs further improvement.

The failure to ensure people's rights are upheld and maintained is a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff were skilled and competent. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, improvements had been made so the breach in regulation was now met, however some further improvement was needed. Staff had now completed most training required and the provider had an up to date training matrix to monitor completed training and when staff needed to update.

- Not all staff had completed the mandatory training necessary to carry out their role.
- Out of 19 staff who delivered personal care to people, six staff had not undertaken epilepsy training and nine staff had not undertaken dementia awareness training. Some people living at the service were taking medicines to control epileptic seizures and many people were living with dementia. This is an area that needs to improve further. We saw staff providing support to people living with dementia that suggested they understood how to respond to people during times of anxiety. The provider told us they had identified the shortfalls in training and had a plan in place to ensure staff undertook the necessary training as soon as possible.
- All staff had either completed the care certificate or an NVQ in care or were working towards these qualifications.
- New staff worked a probation period. Their performance was reviewed regularly during this time to make sure they were suitable for the role and to provide extra support if necessary.
- Although staff had not received formal supervision regularly due to changes in management, staff were informally supported and supervised to carry out their role by the provider and the deputy manager.

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

At our last inspection, the provider had failed to ensure accurate and up to date records were kept, to provide safe care and support. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation.

- People's needs were now assessed before they moved into the service and this was kept under review to make sure any changes were taken into account when planning care.
- Care plans provided the information staff needed to offer care and support in the way people wanted and needed. One person said, "They do help the way I want, within reason." The provider was aware this continued to be a work in progress and was working towards further improvement.
- People's family members supported their assessment and some relatives told us they continued to be involved in updates to care plans. One relative told us, "With COVID, (my relative) was assessed through

(video call), there was a carer sitting with her, we were kept informed."

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

- People told us they were happy with the food provided and they always had enough. One person said, "The food is alright, we get a choice yes. I think they would make you something else if you needed it" and another person commented, "There's plenty of food and drink, yes."
- Relatives told us their loved one's experience of food and meals was good. Comments included, "There's plenty of food and drink, yes. There's always biscuits and little cakes on the tea trolley, she shares them with people" and "If (my relative) doesn't want what is on offer, they will make her something she wants instead, they have done. There's plenty of food and drink and we take stuff in."
- Food and fluid charts were well maintained, staff recording of individual's nutrition and hydration was consistent and thorough.

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

- People and their relatives said they had access to healthcare advice and support when needed. One person said, "They do call the doctor, yes." A relative told us, "The doctor has been in a couple of times, they gave us feedback, yes."
- Staff contacted healthcare professionals to make sure people maintained their health and well-being.
- People had been referred for the appropriate healthcare and supported by staff to follow their advice. People had seen a chiropodist, district nurses, GPs and had been referred to specialist health care such as speech and language therapists and mental health teams.

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

- Signs to help people find their way around more easily were in place. Toilet seats were blue to give a visual marker for people living with dementia or who may become disorientated.
- The provider had completed an initiative within the environment to support people living with dementia. An area to resemble a local post office and a mural that people may relate to had been installed since the last inspection, to help people's awareness of their environment.
- People had been encouraged and supported to personalise their own bedroom in the way they wanted. People had photographs of loved ones and friends and had personal items on display.
- There were no name signs on some bedroom doors. It was not clear if this was the choice of those people. This may cause some people difficulty in finding their own room.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There were many instances of caring interactions between staff and people. Some people living with dementia were distressed at times. Staff knew people well and helped them to relax and get some relief from their worries.
- There was a calm atmosphere in the service. People appeared relaxed which was helped by the staff's patience and knowledge of individuals.
- All the relatives we spoke with were happy with their loved one's care and had only good things to say about the staff. The comments we received included, "They (staff) smile, they all talk to Mum. They smile at Mum. They are all the same" and "From day one I had a feeling, I looked at other places, my heart was set on it, it was the right thing."

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

- People were making choices throughout the day about their everyday care and support. Staff were attentive and patient when asking people what they wanted to do, where they wanted to sit or about the food choices they were making.
- Two people who were living with dementia were quite anxious at times and required a lot of staff time. Staff were patient and kind, trying to find out what people wanted and what would help them to feel less anxious. For example, one person liked to sit down with a cup of tea, and this helped them.
- Relatives were kept informed about people's care and how their day had been. Relatives told us staff asked their views about how their loved ones were supported and what staff may do differently. One relative said, "They tell me all the things she's doing. They tell me, she's with her friend, or she's had a little cry. They tell me everything."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and supported their independence. One person said, "They are caring and respectful, yes" and another person commented, "They do encourage you to do things yes."
- Relatives told us staff knew their loved ones well and treated them as individuals, knowing what was important to them. One relative said, "Yes they treat her with respect, they do. I've never heard anything I'm not happy with."
- People were supported and encouraged to maintain their privacy and independence. Many people walked unaided around the service. Those who needed some assistance were treated patiently and given time to get to where they needed to go without rushing.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, the provider had failed to ensure accurate and up to date records were kept. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation.

- People's care plans had improved, now recording individual information about how people liked to be cared for. Descriptions of people's life before they moved into the service, and their likes and dislikes were recorded.
- The provider told us people's care plans continued to be a work in progress to make sure they improved further. An electronic care planning system was now in place. The provider said it had taken a lot of work by staff, during the COVID-19 pandemic, to make the progress they had.
- People told us they were able to direct their care. One person said, "They do help me the way I want, yes." Relatives said they were involved in their loved one's care and how it was planned. One relative told us, "Yes we've completed the care plan, when we last did one, yes we're involved."

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 in the service was available in various formats to meet the communication needs of people living there.
- There were a variety of posters and information around the service in easy to read and visual formats to help people to understand the information.

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

- Although there had been an impact on providing the usual meaningful activities during the COVID-19 pandemic, staff were providing people with activity during the day. People were playing bingo and doing

quizzes with staff during the inspection. Music was playing and staff and people were singing along.

- People told us they thought they had enough to occupy them. One person said, "Yes there's enough to occupy me at the moment" and another person commented, "I don't get bored, no." relatives were also happy with the level of activity available for their loved one. Comments from relative included, "They involve her, yes they do, they do crafts, all that. She's made things" and "She likes to keep herself to herself. She has one to one sometimes with the Activities organiser."
- People were able to see their loved ones. The provider was following the latest government guidance to support people and their family and friends to interact safely. People also continued to be supported to have telephone and video calls with loved ones.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was displayed in the hallway, so people and visitors had access to it if they wished to make a complaint. Relatives told us they had a copy. One relative said, "Yes we have the complaints procedure."
- No complaints had been received since the last inspection. Relatives told us they had not had a need to make a complaint.
- There were many cards and emails with thanks from relatives for the care given to their loved ones. These included words of thanks from relatives to staff for the care and support given during the periods of visiting restrictions due to the COVID-19 pandemic.

End of life care and support

- At our last inspection we identified end of life care planning as an area that needed improvement.
- Improvements had been made. Most people had a care plan that now identified the things that were important to them. Some people's care plan continued to be a work in progress.
- One relative told us about their involvement with end of life care planning, "I've filled all that out (end of life documents) it was dealt with sensitively yes, they said take them home, bring them back when you're ready, they didn't keep prompting me."

# 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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure good governance and quality monitoring systems were effective and accurate and up to date records were kept. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had not been made and the provider continued to be in breach of regulation.

- The provider had made some improvement to their quality monitoring processes, however, they continued to be ineffective in picking up issues and taking action. New monitoring systems had been developed since the last inspection. However, they had not been completed regularly and action had not been taken to address shortfalls found. Health and safety audits had identified issues such as fire doors not closing when checked. The action needed to rectify this, or actions taken had not been recorded. A comprehensive annual audit of health and safety had been undertaken by an external agency in March 2021. Most areas identified as requiring action had not been completed.
- Care plans had not been audited for quality and accuracy. Although care plans had improved since the last inspection, there were some areas, such as individual risk assessments, that did not provide adequate guidance for staff.
- Medicine audits were ineffective. A monthly medicines audit had only been completed twice, in May and June 2021. The audit consisted of counting people's medicines and recording the numbers found. However, the numbers of medicines counted were not checked against the medicines administration record and numbers given to people which would give an indication of safe administration. A quarterly medicines audit had only been completed once, in March 2021. The audit did not cover crucial checks such as PRN guidance. Areas to improve were found but a record was not made of action taken. We found concerns with safe medicines administration, including missing PRN guidance.
- The audits that were in place had only commenced in early 2021 and most had only been completed once. Some audits should have been undertaken monthly and others bi-monthly or quarterly.
- It was unclear how and when daily records were checked. We found some daily records were well maintained, such as food and fluid charts, and others were not, such as bowel charts. This provided an inconsistent approach and left people vulnerable to ill health.

The failure to ensure good governance and quality monitoring systems are effective and accurate, up to date records are kept is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives had only good things to say about the service and how it was managed. There was a recognition there had been recent changes in management but the consensus was this had not caused any detriment to the service.
- People felt they were listened to and were comfortable speaking to any staff if they wanted to raise anything. The comments from people about the management of the service included, "Yes I'm listened to. They are doing quite well. They put themselves out for us"; "It's well managed yes. They do as much as they can" and "It's OK, 11 ½ out of 10."
- Relatives were kept informed and said they were taken notice of. The comments we received from relatives included, "The carers are always genuine, very calm, it's difficult to explain, it's genuinely homely"; "It's been a difficult year. I think they have done their absolute best, but there's been a change of manager and staff" and "The home seems to be ok, there's been a few different managers, a couple, and different owners. It's all gone smoothly without disruption to the residents, they fitted in nicely."
- There had been staff changes, some staff had left. The provider said some staff had not been happy with some changes made. They felt this had not had an adverse effect on staff morale. Staff were relaxed and happy to speak with us. No concerns were raised by staff. One staff member said, "Everyone is so nice here". Another staff member said, "I am very happy, everyone is really nice and supportive."
- The provider had submitted notifications to inform CQC of changes and significant events such as abuse, serious injuries and deaths as they are required to do.
- Relatives told us they were kept informed of any changes, or incidents with their loved ones and staff kept them up to date.

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

- People had the opportunity to share their views with the provider through meetings and surveys. People had the opportunity to attend regular meetings. Information was shared and people were asked for their views. For example, seeking people's views of the food provided and ideas for activities.
- People and relatives were also asked their views through a survey. The provider analysed the feedback to support improvements.
- Some staff meetings had been held, although these were not regular. However, the provider and deputy manager were in close contact with staff and used electronic messaging to keep in touch and up to date.

Working in partnership with others

- The provider and deputy manager attended local virtual (due to COVID-19) forums to keep up to date with information and changes relevant to their local area. They had signed up to local and national networks to gather information and access training opportunities.
- The provider and staff had engaged with local authority commissioners and staff as well as health care professionals such as GP's and district nurses.

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 11 HSCA RA Regulations 2014 Need for consent  The provider failed to ensure peoples rights were upheld and maintained.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure people were kept safe from harm. The provider failed to ensure people's prescribed medicines were managed safely.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure good governance and quality monitoring systems were effective and accurate and up to date records were kept.