

Farrington Care Homes Limited

# Lyme Regis Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Lyme Regis Nursing Home is a nursing home providing personal and nursing care to up to 27 people. The service provides support to older people with a range of nursing needs; some of the people living in the home are living with dementia. At the time of our inspection there were 19 people using the service.

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

Although the provider had made improvements at the service since our last inspection, not enough time had passed for the changes to be embedded at the service during this inspection. The Care Quality Commission (CQC) need to be assured going forward the provider's quality monitoring systems and oversight will continue, and effectively identify concerns.

The provider had produced an action plan reflecting the improvements required by CQC, the Clinical commissioning group (CCG) and local authority. This was monitored and updated regularly by the management team and helped to promote further improvements.

People and their relatives said the service was safe. They told us, "I feel safe with the staff. They are pretty good" and "I am absolutely safe. The staff are very careful with me". People were receiving a safer service because risk assessments had been reviewed and updated and were used to help minimise risks associated with people's health and support needs.

People and their relatives were being involved in the development of more person-centred care plans. A relative told us, "I have recently read (loved ones) care plan and can honestly say that this truly reflects the high level of care and attention which (they) have received".

Risks relating to fire safety had been addressed since the last inspection. The service had been visited by a fire safety officer on 30 June 2022, who confirmed work had been completed to meet the Fire Safety Order issued by the fire service.

Improvements were seen in relation to staffing. The staff team had stabilised with the use of regular agency staff. This meant people received care from regular staff they had got to know and trust.

People received their medicines as prescribed, including topical creams.

Staff had a good understanding of recognising signs of abuse and felt confident any safeguarding concerns reported were listened and responded to.

We were assured the service were following safe infection prevention and control procedures to keep people safe. Work continued to improve the general environment.

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.

The provider had developed a new admissions process for staff to follow to ensure robust initial assessments were made to be able to confirm people's needs could be met by the service.

People had access to health care professionals. The management team were building relationships with local health professionals and where necessary, made referrals for additional advice and support.

Staff said they were well supported and had received training to help them work safely. They reported improved communication, team working and staff morale.

The management team had improved communication with people and their relatives. People's relatives told us they were more informed about changes and felt involved in their loved one's care and support. One relative said, "I have total confidence in the staff, and we are very grateful for them all here".

Work continued to develop a positive person-centred culture. The management team had introduced new ways to ensure people received the care and support they preferred and required.

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 inadequate (published 27 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since April 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced inspection of this service on 16 February 2022. Six breaches of legal requirements were found. These were, person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, need for consent, staffing and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lyme Regis Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement**



# Lyme Regis Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

This inspection was carried out by two inspectors.

#### Service and service type

Lyme Regis Nursing Home 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. Lyme Regis Nursing Home 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

The service did not have a manager registered with the Care Quality Commission, however an application was being processed at the time of this inspection. A registered manager and the provider are 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 from, and about, the service since our last inspection. This

included the provider's action plan, feedback from the fire service and the local authority and clinical commissioning group (CCG) quality improvement team. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During our visits to the service we observed the care and support people received. Some people living in the service did not use words as their main form of communication. We met with all the people living at the service and spoke with 11 people to hear their views. We also spoke with two relatives.

We spoke with the management team, including the manager; duty manager, and three representatives from the provider organisation, including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with nine members of staff.

We reviewed records related to the care and support of four people. We also reviewed medicine records, training records, meeting minutes, and documents related to the oversight of the home. We asked the manager to invite all staff and the friends and relatives of people living at the service to share their experiences either through our website or by phone. We received comments from two relatives in response to this following the inspection. We received feedback from professionals who had contact with the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

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

At the last inspection, the provider had failed to robustly assess and manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- Since the last inspection, the service had received visits from Dorset Council and Dorset Clinical Commissioning Group to oversee concerns and improvement progress. Dorset County Council had also completed care reviews of funded individuals' needs and records between April and May 2022.
- At the last inspection, comprehensive risk assessments and care plans were not in place to ensure care and support was delivered safely. At this inspection, we found improvements were being made and people and their relatives were being involved in the development of more person-centred care plans. An additional support tool, 'this is me', had been introduced to promote a more person-centred approach to care and support.
- Two relatives confirmed they had been asked to complete the 'this is me' record with their loved one. Another relative told us, "I have recently read (loved ones) care plan and can honestly say that this truly reflects the high level of care and attention which (they) have received".
- Each person's assessment and care plan were being or had been reviewed and developed. Risk's to people's health and wellbeing were assessed and people received care and support in accordance with their assessed needs. For example, care plans stated where a person was at high risk of skin damage. The plan of care instructed staff about pressure relieving equipment, how to use topical creams and repositioning requirements to reduce the risk. The management team confirmed no one at the service had pressure damage to their skin at the time of the inspection.
- Care plans held information about people's individual health conditions and set out how staff should provide care. For example, one person had an individual diabetic care plan in place to minimise the associated risks. Similarly, care plans were in place for people who required support with continence care, including instructions for staff to follow to ensure catheter care was provided safely.



- At the last inspection pressure relieving mattresses were not set according to the manufacture's guidance. At this inspection we saw old pressure relieving mattresses had been replaced with new equipment. Mattresses checked by us were set appropriately. Mattress settings were checked daily by staff. New pressure relieving cushions and bed rail bumper covers were also in place where needed.
- At the last inspection, it was not always possible to tell if people had been helped to reposition to protect their skin as there were significant gaps in records. Records reviewed showed people were repositioned as per their care plan. We also observed that people were regularly repositioned during this inspection.
- Risks relating to fire safety had been addressed since the last inspection. The service had been visited by a fire safety officer on 30 June 2022 to review if work had been completed to meet the Fire Safety Order issued by the fire service. They confirmed that "a reasonable standard of fire safety was evident at the time" of their visit. The provider was working towards replacing fire doors, as recommended previously in their own fire risk assessment. Individual door signs with names and numbers, which had been missing at the previous inspection, were now in place.
- Environmental hazards found at the last inspection had been addressed. There were no obvious slip or trip hazards. Chemicals harmful to people's health were store securely and correctly labelled.

### Using medicines safely

At the last inspection, the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- Medicines were stored securely, including those which required additional security. However, we found the room temperature at times exceeded the recommended temperature for storing medicines. The provider took immediate action and ordered an air conditioning machine. Regular medicine audits had been completed but had not identified the temperature of the room, which could impact on the effectiveness of medicines stored. On the second of the inspection, the temperature of the room was below 25 degrees.
- Unwanted medicines were stored in a container that was not locked, or tamper-proof and unused medicines could be accessed. By the second day of the inspection, tamper-proof containers had been obtained and unwanted medicines were stored safely.
- People received their medicines as prescribed. Each person had a medication administration record (MAR), which included a photograph of the person. Important information such as allergies were recorded on the MAR to ensure staff had an awareness of this. There were no unexplained gaps in the MARs reviewed. Where handwritten entries had been made, these were signed by two staff to ensure accuracy.
- Individual protocols had been developed and were in place where medicines were prescribed "as required". This included instructions about the reason for the medicine; dose; symptoms to look for; other instructions including possible side effects. This helped to ensure these medicines were used effectively.
- Where people had been prescribed topical creams, records showed these had been used as instructed. If variable doses were prescribed for certain medicines, the actual dose given was recorded. This was helpful when assessing the effectiveness of the medicine.
- Medicine records confirmed people were receiving their prescribed dietary supplements to manage any weight loss.
- Staff responsible for the management of medicines had completed training and competency assessments

to ensure their practice was safe.

- At this inspection, no out of date medical equipment or other supplies were being stored.

### Preventing and controlling infection

At the last inspection the provider had failed to ensure they had robustly assessed infection control risks and taken all reasonable actions to prevent and control cross infection risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The premises were clean and free from odours. Since the last inspection, two full time housekeepers had been appointed. New weekly cleaning schedules had been introduced and provided clear guidance to staff about what was expected of them. Records showed staff signed this daily. Two relatives commented on the improvement to overall cleanliness at the service. Areas of the premises that needed attention to improve infection prevention and control, for example the laundry and sluice areas, had been refurbished.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service. There had been no admissions to the service since our last inspection. However, the provider had policies and procedures in place to manage admissions safely.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The management team was facilitating visits for people living in the service in accordance with the current guidance. We observed visitors were welcomed into the service and people confirmed their relatives had continued to visit as they chose.

### Staffing and recruitment

At the last inspection, the provider had failed to ensure there were sufficient staff with appropriate skills and experience deployed at the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- Since the last inspection staff turnover had stabilised. The providers had booked agency staff on a long-term basis to provide consistency of care as local recruitment was challenging.
- The management team confirmed no staff currently employed at the service had restricted work visas, limiting the hours they could per week.
- A review of the staffing rotas for June 2022 showed staff were working long hours, some, including the acting manager, were working seven days a week. However, this working pattern had been agreed with staff individually. Staff spoken with confirmed their agreement to work additional hours to cover holiday, sickness and vacancies.
- We discussed with the management team how they monitored performance where staff were working in excess of 48 hours per week. There was no formal risk assessment or performance monitoring in place. However, the management team had individual discussions with staff and shift cover was discussed with staff weekly during the management team's weekly audit.
- There was a calm atmosphere within the service with call bells answered promptly. People expressed their confidence in the staff and told us staffing levels had improved since our last inspection. Comments included, "I have no problem with the staff, they are all very good"; "We have a lovely group of people (staff). They come quickly when I need them" and "The staff are pretty good, always willing to help me". People said they did not have to wait for the help they required.
- Two people said they found communication with some staff difficult due to language differences; however, both said staff were friendly and willing and always responded to requests for support. One person said, "They (staff) are very accommodating".
- Staff confirmed they had enough time to provide the care and support people needed. One said, "Staffing is better now, and we have a good team"; another member of staff said, "We have enough staff. Everything is manageable". Relatives also recognised the improvement in staffing; one told us, "Staffing was an issue, but this has settled now and they (staff) look after (loved one) and know them well".
- Recruitment procedures were in place. The management team carried out pre-employment checks to ensure staff were of good character before they were employed to work at the service.

Systems and processes to safeguard people from the risk of abuse

- At the time of this inspection, there was an open safeguarding investigation in progress. The local authority safeguarding team and quality team had been working closely with the service and other partners to ensure the concerns were addressed.
- Everyone we spoke with said they felt safe at the service. One person said, "I feel safe with the staff. They are pretty good". Another told us, "I am absolutely safe. The staff are very careful with me".
- People looked comfortable and relaxed with the staff who were assisting them. We observed one person go to the nurse and hug them spontaneously and affectionately. Staff were attentive and their approach was kind and friendly. A relative told us, "We have no concerns about (loved one's) care".
- The majority of staff had completed training to help them understand safeguarding and how to recognise and report any concerns. Two staff had not completed safeguarding training, which the management team were addressing.
- Staff knew to report any concerns to the person in charge. With prompting, staff were aware of external agencies to contact should they have concerns about people's wellbeing or safety.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

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

At the last inspection we found people's needs were not adequately assessed, and care was not delivered in line with their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- Dorset Council had placed the service under a caution following the last inspection, meaning no admissions funded by the local authority had taken place since the last inspection. The provider had confirmed they would not admit privately funded people while the overall rating for the service was inadequate.
- The provider had developed a new admissions process for staff to follow to ensure robust initial assessments were made to be able to confirm people's needs could be met by the service. This process will be overseen by the management team.
- Work had taken place to improve the delivery of person-centred care and practice. People's care plans had been developed and rewritten and risk assessments had been reviewed to ensure they reflected peoples' individual and changing needs.
- Care plans related to support needed for oral care had been updated and daily records showed people were being supported to maintain their oral care. People were able to confirm with us that staff had supported them.
- The service used recognised tools to assess and plan care where people required support to maintain skin integrity or where they may be at risk nutritionally.
- Staff confirmed the improvement to care records and communication generally, which they felt improved the delivery of care for people. One staff member said, "We are trying incredible hard and there have been vast improvements. We are going in the right direction".
- Relatives also recognised the improvements and confirmed they had been involved in reviewing care records to ensure they were an accurate reflection of their loved ones needs. One relative told us, "They are

seeing (person's) needs and responding to them now. Staff seem to know (person) well".

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

At the last inspection we found the risks associated with eating and drinking were not adequately assessed, monitored or mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- Improvements had been made to reduce risks associated with eating and drinking. Records showed staff had completed training related to nutrition and food safety since the last inspection. Where people required their meal to be served at a specific consistency an appropriate meal was served. Meals were well presented.
- However, one person's care plan stated they needed to have meals fortified and be provided with snacks. We asked the cook about this, but they were unaware of an individual who required their food to be fortified. However, they told us they fortified many of the meals served such as adding cream to potatoes and ensuring full fat yoghurts were served. We noted the person's care records showed their weight was stable. We discussed this with the management team, who explained this care plan was being reviewed and the person did not require a fortified diet.
- Records relating to people's food and fluid intake had improved. Where needed, people had daily food charts which had been completed to show what the person had eaten. This helped to monitor people's intake and alert staff to any issues. Similarly, fluid charts were more comprehensive; they had a stated desired intake to ensure the person's health. Daily fluid intake was tallied and recorded daily, again to alert staff to any issues which may need to be addressed.
- People's weight was regularly monitored to ensure advice was sought where needed. Where people had been prescribed nutritional supplements, these had been given as prescribed to reduce the risk of weight loss.
- The mealtime experience had improved. People were supported with meals by staff who were kind and patient. We saw staff offering to cut up food for people and prompting them to eat. Where people required one to one support with meals, staff sat with them, engaged them and the meal was taken at the individual's pace.
- People's main meal was served to them plated which meant they were not able to choose portion sizes or what vegetables they wished to have. On the day of the inspection there was only one choice of meal. The cook said they would provide an alternative for anyone who did not want the meal, but it was unclear how people would request this.

## 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.

At the last inspection we found people's consent to their care and treatment had not been sought within the framework of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- Improvements had been made to ensure people's rights were protected. Several people were able to confirm that staff consulted with them about their care and support and sought their consent when supporting them. People said they had a choice of where and how they spent their day; they confirmed they got up and went to bed when it suited them. One person said, "Yes, the staff ask me. They are very good. They don't take things for granted".
- One person expressed frustration that they were not "allowed" to leave the premises alone, although they had capacity. They gave us permission to speak with the management about their frustration. Following that conversation, the person's risk assessments were updated, and arrangements were agreed with them which supported them to leave the premises as and when they wanted to.
- Where people lacked capacity to agree to care and treatment, mental capacity assessments had been completed in partnership with people's representatives and/or family members. Work continued with people and their representatives to ensure a consistent approach was taken.
- Staff had recognised the changing capacity of one person and referred them for an external assessment of their capacity by local authority staff.
- The majority of staff had completed training to help them understand the MCA and how to protect people. The management team were developing the training programme for staff to ensure all staff completed this training.

At the last inspection, we found people were deprived of their liberty for the purpose of receiving care or treatment without lawful authority. 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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- Improvements had been made to ensure people were only deprived of their liberty lawfully and when necessary. A number of Deprivation of Liberty Safeguards (DoLS) had been submitted to the authority and eight had been granted. The management team were awaiting confirmation of two other DoLS applications.
- The management team had developed a data spreadsheet to be able to monitor the DoLS applications submitted and ensure any conditions and resubmission dates were met.

Staff support: induction, training, skills and experience

- At the last inspection, improvements were needed to ensure new staff received induction training so that they worked safely. The management team had introduced a more robust induction training since the last inspection. For staff new to care, this included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The management team were encouraging and supporting existing staff to complete the Care Certificate alongside their core training programme.
- On the first day of this inspection the training matrix was not up to date. Following the inspection, the management shared an updated version which showed the majority of staff had completed the provider's core training, which included, safeguarding, infection control, health and safety and fire safety. Other training related to people's care needs had also been completed. This included diabetes awareness; dementia care; end of life care and falls prevention.
- Staff training was offered online and also face to face. An external trainer provided some training. Additional training had been arranged with the external trainer to cover basic first aid, fire safety, end of life care, dignity in care and pressure area Care.
- Staff said they were well supported by the management team. They confirmed they had received training to support their roles and they found the management team very approachable and supportive. One staff member said, "The managers are brilliant. Really good support for us. Regular meetings now taking place to keep us up to date. Our training has been updated. Things are much better now". Another member of staff told us, "Yes I feel supported. All my training is up to date. You can speak with the managers if you have any worries".

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

- Work continued to improve the environment. For example, the laundry area had been refurbished and the call bell system up graded since the last inspection.
- People had been able to personalise their rooms which gave them an individual homely feel.
- The management team were working to an action plan developed after a monitoring visit by the clinical commissioning group (CCG) and local authority to ensure all aspects of the environment were safe, clean and pleasant.

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

- People had had access to health care professionals. The management team were building relationships with local health professionals and where necessary, made referrals for additional advice. The GP visited regularly to monitor people's health conditions.
- People were supported to attend external health appointments, for example outpatient appointments. One relative explained how staff had organised transport to ensure their loved attended an important hospital appointment. They added, "We have no concerns at this time".
- Improvements had been made to ensure oral care was delivered. People's oral care needs were assessed and planned for.
- As part of regular activities, exercise sessions were offered to help people keep supple and mobile. One person told us they had enjoyed a session the first day of the inspection.



# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At the last inspection we found measures to assess, monitor and improve the quality and safety of the home had not been adequate. Accurate and complete records had not been kept. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, the Care Quality Commission (CQC) need to be assured going forward the changes made promote consistent good practice over time.

- Although we saw the provider had implemented improvements since our last inspection, the Care Quality Commission (CQC) need to be assured going forward that the provider's quality monitoring systems and oversight would continue and effectively identify concerns. We also feel not enough time had passed for the changes to be embedded at the service. This was because the provider has been unable to ensure sustained compliance with regulations over time. Previous inspections in 2016, 2019 and 2022 found breaches of regulations and improvements were required.
- Since our last inspection, the provider had made improvements and further ongoing improvements were planned. The provider had produced an action plan reflecting the improvements required by CQC and the Clinical commissioning group (CCG) and local authority. This was monitored and updated regularly by the management team.
- The previous registered manager left the service in November 2021. The service had not had a registered manager since that time. However, an application had been submitted to CQC by one of the management team and was being processed at the time of this inspection.
- The provider had assembled a management team, which included two registered managers from other services within the provider group. They each spent a two-week period at the service supporting the staff team and the proposed new manager. The provider had also engaged an external consultant to support and oversee the embedding of governance practices.
- Staff said the management team had shared the outcome of the last inspection with them and they were aware of the areas for improvement. Staff told us they worked well as a team and were committed to making the necessary improvements.
- There were a range of weekly and monthly audits completed by the management team to check the necessary actions were taking place to manage the service safely. For example, medicines audits; infection



prevention and controls check and health and safety environmental audits. However, the medicines audit did not identify the issues we found at this inspection and the care plan reviews did not identify that one person's plan we reviewed needed to be updated in relation to their dietary needs. Immediate action was taken to address these issues; however, the external consultant and provider had oversight of the audits and action plan and had not identified any deficits. This demonstrates that the quality assurance systems need to be embedded further.

- A weekly manager's audit was completed, which covered staffing and recorded discussions with staff about the rota to ensure shift were covered and that they received the time off they needed. The weekly audit included observation of interactions between people and staff and obtaining verbal feedback from people.
- Improvements had been made in relation to record keeping and this work was on-going. However, the staff rota did not accurately reflect who was on duty. Some members of the management team were not on the rota although they were on duty. The management team said they would address this immediately to ensure the rota was accurate.
- Improvements were noted in relation to diet and fluid intake records, which helped to ensure staff were alerted to any concerns. Repositioning records had also improved, and confirmed people were receiving the help they required to protect them from skin breakdown.
- We found there had been improved monitoring of people's weights to ensure timely action could be taken where needed.
- The provider had taken action to improve staff training to ensure staff had the required skills to support people appropriately and work safely.

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

- At the last inspection people were not actively involved in developing the service or consulted about changes that affected them. At this inspection, the management team had improved communication with people, their relatives and staff and sought feedback about the service. People's relatives told us the communication with the service had improved and they felt involved in their loved one's care and support.
- People and their relatives, where appropriate, had been involved in developing and reviewing care plans. One relative said, "I have total confidence in the staff, and we are very grateful for them all here".
- A newsletter had been developed to share with people and their relatives to keep them up to date with changes within the service. The newsletter introduced the management team and asked people for their feedback about any improvements they would like to see.
- Resident and family's meetings had been re-established to provide an opportunity to share updates about the service and for people and relatives to raise any concerns or ideas for improvements.
- Minutes from the last meeting held in May 2022 showed the directors of the service had attended the meeting and were open and candid with people about the areas for improvement highlighted in last CQC report and by the local authority. Discussions also included staffing issues, maintenance improvements and the timing of meals and drinks and snacks. Relatives asked that the action plan for the service be shared with them. The provider agreed the action plan would be shared with all.
- Residents and families expressed they would like an opportunity to complete a survey as they hadn't one for some time. Satisfaction surveys had not been used since June 2021. The providers gave their commitment to re-establish regular satisfaction surveys to provide people with opportunities to feedback back regularly about the care and treatment provided.
- Staff were positive about the management team and the changes that had been put in place. They said they had been kept informed and felt supported and worked well as a team. They told us communication had improved with handover meetings taking place to ensure any changes to people's health was shared.

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

- At the last inspection, the frequent changes to management and staff had impacted on the quality of care provided. It had been an unsettling period for people and staff. At this inspection, people and staff reported improvements. People and their relatives knew members of the management team and said they were approachable. One person told us, "I know (management team member) and would speak with them if I had any concerns". A relative said, "I know (the management team) and we now have good contact with them. We trust them and find them friendly and approachable".
- Work continued to develop a positive person-centred culture. The management team had introduced the 'Resident of the day' initiative. This involved the nominated resident (and their family where appropriate) meeting with the manager to discuss their care. They also met with the chef to discuss their likes and dislikes. A review of their care records was completed to ensure these were accurate and up-to-date. Their bedroom was checked to ensure it was clean and comfortable and that any equipment was in good working order. It also afforded one to one time to discuss any wishes with regards to activity. As a result of this initiative one person was supported to take unaccompanied walks in the local area. They told us this had made a huge difference to their mental health and wellbeing.
- Worked continued to personalise care plans and risk assessments, including end of life care plans. The management team were aware of the sensitive nature of these conversations and explained that some people were not ready to discuss these wishes. However, the management team confirmed this work would continue at a pace to suit people's preferences.
- The provider had acted on the duty of candour by informing people and their relatives about the issues found at the service by CQC and the local authority. They had been open and honest with people and agreed to share their action plan to show how improvements were being achieved.

Working in partnership with others

- The provider and management team were working with other external professionals and building better working relationships to ensure people received the care and support they required.