

Rapport Housing and Care Barnes Lodge

Inspection report

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Date of inspection visit:
11 April 2023
12 April 2023

Date of publication:
26 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Barnes Lodge is a nursing home providing personal and nursing care, for up to 101 people. The service provides support to people with complex health needs such as kidney failure, Type 1 diabetes, Parkinson's disease and people receiving care at the end of their life. Some people were living with dementia or deteriorating mobility. At the time of our inspection there were 43 people using the service.

Barnes Lodge is a purpose-built nursing home set out across 3 floors with 2 wings on each floor. Two floors only were being used at the time of this inspection.

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

Although improvements had been made to the identification and mitigation of individual risk and to the safe management of people's medicines, further improvement was ongoing to ensure people's safety. Fire risks had reduced, however, some further improvement was needed to the checks in place. The provider still needed to make further improvements to their recruitment processes.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Although improvements had been made to the recording of people's assessed needs, care plans were not always reviewed and updated to reflect changes.

Work needed to continue to make sure people's care plans were individual and provided the guidance and information needed to make sure staff could deliver personalised care.

The provider's governance systems were still a work in progress. Monitoring systems introduced since the last inspection were not kept up to date to make sure people received safe and good quality care.

People told us they felt safe. One person said, "I always feel safe here". Improvements had been made to people's safety. Staff said they felt more able to raise concerns about people's care and were now confident they would be listened to. Staffing levels had improved and staff said they had more time to spend with people. The levels of agency staff had reduced and the agency staff supporting people now were regular agency staff who were treated as part of the team. Infection prevention and control was better managed, and staff understood their responsibilities.

People received better care with their health needs, however, better care planning could enhance the care people received. We have made a recommendation about this.

People were now treated with more dignity and respect, although some improvement was still needed. Staff

knew people well and spent more time with them. People told us they were happy living at Barnes Lodge and thought staff were kind and caring. One person said, "They are lovely whether regular or agency staff, all the same attitude, kind and gentle, they will do anything for you."

Some areas needed more improvement to the accessibility of information, for example, menus were not in large print or easy read to support people's understanding. More activities were available to support people to have a more meaningful day and staff had more time to engage with people. The registered manager had improved the investigation and response to complaints. People were supported to make a plan for the end of their life.

Staff said the culture had changed, they felt they were listened to and were more able to speak up if they needed to. Staff had only positive things to say about the registered manager and were happy with the changes being made. The provider had engaged with people, relatives and staff and were in the process of providing responses to recently completed surveys.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 14 September 2022) and there were breaches of regulation. We took enforcement action against the provider. At this inspection we found the provider remained in breach of some regulations, however improvements had been made.

This service has been in Special Measures since 13 September 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

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 have identified breaches in relation to individual risk, medicines management, person centred care, people's rights under the MCA, record keeping, and good governance, management and leadership at this inspection.

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

Please see the action we have told the provider to take at the end of this report for some of the identified breaches of regulations.

Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Barnes Lodge

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector, a specialist advisor nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Due to technical problems, the Provider Information Return (PIR) was not available prior to the inspection so could not be taken into account. 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 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 also sought 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. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 6 relatives about their experience of the care provided. We observed the care provided within the communal areas. We spoke with 14 members of staff including the registered manager, operations director, the clinical leads, senior care workers, care workers including agency staff, admin staff, maintenance staff, domestic staff and kitchen staff.

We reviewed a range of records. This included 18 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision, as well as agency proforma's for agency staff on duty. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 improved 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.

Assessing risk, safety monitoring and management

At the last inspection, the provider and registered manager failed to assess risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although there were improvements, not enough improvement had been made and the provider was still in breach of this regulation.

- The provider and registered manager still needed to make improvements to the assessment and mitigation of individual risks. Risk assessments had improved since the last inspection, but some risks had not been identified and recording had not been robust enough to keep people safe.
- Some people had been diagnosed with epilepsy or seizures. One person's care plan stated they had a seizure 2 years ago, prior to admission. They were prescribed medicine to prevent seizures. No care plan or risk assessment was in place to provide guidance to staff what to do in the event of a seizure, how to keep the person safe, or what the signs or triggers might be to try to prevent harm or injury.
- Some people's pressure area risks were not adequately managed. Records showed that some people's pressure relieving mattresses had been unplugged and deflated and staff had not taken appropriate action. One person was identified as having a pressure sore following their mattress being found deflated by staff. A system was not in place to check that people's pressure relieving mattresses were working and at the right setting for the person's size and weight. We found mattresses that were at the wrong setting which placed people at risk of acquiring pressure sores. The registered manager put a new monitoring system in place after we raised this with them.
- Some people's care plans had conflicting information about their dietary needs. One person's nutrition and hydration care plan stated they should have mildly thick fluids. The record said staff should use thickener in their fluids, but not the quantity of thickener. Another part of their care plan said to encourage fluids, which must be thickened with 3 scoops of thickener to prevent choking. The speech and language therapy guidance said they should have 2 scoops of thickener. Staff said they were giving 3 scoops. A member of staff told us the guidance had been changed by telephone. However, there was no record of this.
- Fire risks had not been completely addressed following the last inspection. Personal emergency evacuation plans were improved and everyone living at Barnes Lodge had one. However, they needed more detail to ensure people could be safely evacuated. For example, how staff or the emergency services should support people to evacuate from the upstairs bedrooms and what equipment should be used. Some fire risks identified by a fire risk assessor in 2022 had not been addressed. Daily checks to ensure the fire panel

was working correctly were not undertaken every day, as expected by the provider. Fire drill records did not record the names of staff who had taken part. The registered manager could not be assured all staff had the opportunity to practice the evacuation procedure.

The provider continued to fail to assess the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe, and staff knew what they were doing. One person commented, "They will do anything for me which is what you need when you are ill."

Using medicines safely

At the last inspection, the provider and registered manager failed to assess the risks to people or do all that was reasonably practicable to mitigate risks in relation to people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although medicines management had improved, not enough improvement had been made and the provider was still in breach of this regulation.

- Although improvements had been made to the management of medicines, people did not always receive their medicines safely and as prescribed. Staff were knowledgeable about the needs and preferences of people when taking their medicines. However, they did not always record this clearly so this information was accessible to all members of staff if needed.
- Whilst PRN ('when required') medicines protocols were in place for all medicines, they sometimes lacked additional detail to support staff to administer the medicine effectively. Medicines prescribed for the management of anxiety or agitation did not include detail about what could cause this or other ways to try to reduce the anxiety or agitation before resorting to using medicines. PRN protocols for epilepsy rescue medicines lacked the detail to support staff to know exactly what process to follow when a person was having a seizure or when to contact emergency services.
- Risk assessments were not always in place for people prescribed medicines considered to be high risk with additional safety considerations. These included medicines to support people's mental ill health. We could not be assured staff were always providing vigilant physical health monitoring required for some medicines, as these had failed to be identified in specific risk assessments or care planning.

The provider continued to fail to manage people's medicines safely. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely and securely.

Staffing and recruitment

At the last inspection, the provider and registered manager failed to ensure that persons employed were of good character and to ensure recruitment procedures were operated effectively. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of this regulation.

- The provider and registered manager were not following safe recruitment practice. Two out of 4 staff files contained large gaps in employment which had not been identified or explored. The provider's audits of staff records had not picked this up.

The provider continued to fail to ensure that persons employed were of good character and to ensure recruitment procedures were operated effectively. This is a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider had ensured safe practice was followed in relation to carrying out other checks on new staff including reference checks and checks on staff's right to work in the UK.
- Disclosure and Barring Service (DBS) checks were carried out. DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At the last inspection, the provider and registered manager failed to provide enough suitably qualified staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staffing had improved since the last inspection. The provider had been able to recruit some new staff. Agency staff continued to be used to cover gaps in the staff rota. However, the agency staff used were regular and knew people well. They were considered part of the team and took on responsibilities.
- At the last inspection people were left waiting long periods for staff to answer their call bells. At this inspection, staff responded to requests for help quickly and people were not left waiting. People and their relatives confirmed this. One person said, "Yes, they always come when I call" and another person commented, "Sometimes you have to wait a bit at busy times, but mostly there are enough staff." A relative told us, "Yes, there always seem enough to come quickly when needed."
- Dependency assessments to determine the numbers of staff needed to meet people's individual needs had been improved since the last inspection. There was still only one nurse on duty across the service, as reported at the last inspection. However, only 2 floors were being used rather than 3 floors. There were considerably fewer people receiving care during this inspection, as the provider had not admitted any new people since the last inspection.
- Staff told us they thought there were enough staff to meet people's needs. One staff member said, "There are enough staff to support people safely, and even though the staff levels have reduced because the numbers of people we care for have reduced, they are more manageable. It helps to have the regular agency workers who know people."

Learning lessons when things go wrong

At the last inspection, the provider and registered manager failed to assess the risks to the health and safety of people or do all that was reasonably practicable to mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although improvements had been made and the provider was no longer in breach of this part of the regulation, more improvements were needed.

- The provider and registered manager had made improvements to the management and recording of accidents and incidents since the last inspection. Further improvement was needed to action taken to update records following an incident. Some people's risk assessments had not been reviewed following an incident. Monitoring processes had not been reviewed following incidents such as deflated pressure relieving equipment to prevent this happening again.
- The provider had improved monitoring in relation to the risk of malnutrition and incidents between people. People's weights were better recorded so loss of weight could be identified quickly, and action taken. Altercations between people had been better managed and recorded, leading to better outcomes for people.
- Staff took appropriate action following incidents to make sure people received the care and treatment needed.
- The provider had a monitoring system in place to identify trends and themes in order to learn lessons and provide guidance to staff.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, we had concerns for people's safety due to serious allegations of abuse and our concerns that staff were not raising concerns. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had a better understanding of how to keep people safe from abuse and their own responsibilities. People and their relatives told us they felt safe. One person said, "I feel totally safe with them, and they are very observant", and a relative said, "I trust them to keep her safe."
- The provider and registered manager had worked closely with the local authority safeguarding team following the last inspection to help to keep people safe. Safeguarding concerns had been raised appropriately with the local authority and CQC had been notified.
- Staff told us they now felt able to raise concerns and were confident they would be acted upon. Incidents had been reported, including unexplained bruising and falls. Staff knew people well and were aware when people showed signs of distress and how to provide support to ease their anxiety. One person told us, "I would speak with any of them", and another person said, "The staff, all are helpful."

Preventing and controlling infection

- We were now assured that the provider was preventing visitors from catching and spreading infections. Safe practices were in place during a recent COVID-19 outbreak to minimise the risk of infection.
- We were now assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The management of people who had tested positive for COVID-19 was now more robust.
- We were now assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People's visitors were able to see them whenever they wished. Some people's relatives visited daily and spent a considerable period of time with their loved ones.

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 improved to requires improvement. 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

At the last inspection, the provider and registered manager failed to put in to practice the requirements of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

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.

- Care staff were able to describe a basic understanding of the basic principles of the MCA. For example, supporting people with day to day choices. However, people's rights were not always upheld and maintained in line with the MCA.
- The information in some people's mental capacity assessments to describe why the assessor had made the decision the person lacked capacity was not always relevant to the decision in question. One person had mental capacity assessments in place for various decisions. These included consent to personal care and to consent to assistance with eating and drinking. The assessments referred to the person not understanding why they needed a pressure mat in place which was irrelevant to the decisions being assessed.
- Some consent forms were signed by relatives or friends who did not have the legal authority to sign consent. For example, some relatives or friends had a Lasting Power of Attorney for finances rather than

health and welfare. Some had a deputyship for finance with the court of protection. This meant relatives and friends were asked to make decisions which they were not legally authorised to do.

- Appropriate applications had been made for a DoLS authorisation. However, when these had been authorised, care plans had not been developed or updated to ensure people's rights were upheld. Some people had conditions placed on their DoLS authorisations. These had not been referred to in care plans, or monitored to make sure the conditions had been met. Some people's conditions had not been met. Staff were unaware of which people had an authorised DoLS or if they had conditions attached. This meant people's right may not be upheld.

The provider and registered manager continued to fail to put into practice the requirements of the MCA. This is a continued breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

At the last inspection, the provider and registered manager failed to ensure people's care and treatment was accurately recorded and updated to meet their needs and reflected their preferences. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Since the last inspection, people's care plans had improved, and they now better described their needs. People told us they thought staff knew their needs well, one person said, "They do their best to do things when I want them."
- People's needs were still assessed using recognised tools, including skin integrity, nutritional needs and falls. People's care plans were mostly developed and updated as a result of changes to assessments, although some care plans had not been updated when needs changed. registered manager and clinical leads told us they were still progressing improvements and would rectify the inconsistent areas we raised.
- Senior care staff told us they now had more time to fulfil their duties, including care plan development and review. Care plans however did not always include people's needs and there were inconsistencies in the information recorded.
- The provider had not admitted any new people into Barnes Lodge since the last inspection. This meant we could not check if improvements had been made to the assessment process carried out before people moved in.

The provider and registered manager continued to fail to ensure people's care and treatment was accurately recorded and updated to meet their needs and reflected their preferences. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

At the last inspection, the provider and registered manager failed to ensure people's care was provided safely and risks were mitigated. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

regulation.

- People's healthcare needs were now being met. People were referred to healthcare professionals when needed and the advice they gave had been followed up. This was an improvement on what we found at the last inspection.
- Care plans were still in the process of being improved. There were some areas which required continued improvement. For example, care plans may benefit from being more detailed and focused on best practice to enhance care. Senior care staff reviewed and updated care plans, however, where people had more complex healthcare needs, the input from nurses would be beneficial.

We recommend the provider seeks appropriate advice in relation to using best practice guidance to enhance the quality of health care planning.

- We spoke with healthcare professionals during the inspection who said staff were knowledgeable about people and were able to answer questions posed to them. One healthcare professional said, "All the staff are great, I see many caring interactions and staff are happy and smiling. They always follow any advice and guidance given and follow up with me where needed."

Staff support: induction, training, skills and experience

At the last inspection, the provider and registered manager failed to provide appropriate support, training and professional development. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Improvements had been made to staff training and support. Staff told us they felt better supported and listened to.
- People told us they were supported well and they thought staff were well trained. One person commented, "They are gentle and skilled."
- Staff compliance with updating their training as required was better and more staff had completed training than at the last inspection. However, some staff had still not completed all their training. The registered manager told us they had a plan in place to address this by focusing on a different subject area each week to support staff to complete online. Staff were being sent letters to explain this. We will check this at our next inspection.
- Agency staff were better supported and monitored. The agency staff supporting the care at Barnes Lodge were regular and had been working at the service for some time. Agency staff we spoke to told us they felt supported and were given information and access to support as a member of the team.

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

At the last inspection, the provider and registered manager failed to ensure people's care was provided safely and risks were mitigated. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- People were now better supported with their nutritional and fluid needs. Dietary notifications to kitchen staff were better organised so the kitchen had the information they needed about people.
- There were some inconsistencies about people's diets such as whether they had a low salt diet or not. The registered manager told us they were aware of some continuing inconsistencies in care planning and were still in the process of reviewing and updating these.
- People told us they were happy with the food provided. Comments included, "The food is good, and it is suitable, like you would have at home. There is always plenty, and you are offered drinks all the time. I usually like the food but if not, they will make an omelette or a sandwich for me"; "The food is nice with plenty of choice and snacks and drinks are offered all day" and, "I am not keen on chips or mash, and they always remember and do something else for me and the food is variable but good in the main."

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

- The service was purpose built. There was plenty of space for people to move around and a number of communal areas where people could choose to sit.
- There was clear signage so people who may lose their way were helped to get to where they wanted to be.
- People's names were on their room doors to help them know which room was theirs. Some people had memory boxes with things that were important to them and remind them which room was theirs. People's rooms were clean, bright and airy and had personal touches that helped people to feel at home. People had photographs, pictures and their own ornaments

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 our last inspection we rated this key question inadequate. At this inspection the rating has improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At the last inspection, the provider and registered manager failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- People were now treated well and with respect. The management team were now listening to concerns raised and taking action. Staff told us they felt able to raise concerns and were confident they would be listened to.
- Relatives gave better feedback, although there were still concerns raised about people not always looking their best. We told the registered manager about the concern, who said they would monitor this.
- We received better feedback from people about their care at this inspection. People felt they were well cared for and listened to. The comments we received included, "I am always greeted by name and people are careful when they are in my room, no one comes in without knocking" and, "They don't touch my possessions unless I say, they are respectful, even the outside ones."

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

- People's care records had improved, there was more information about people and their wishes in their care plans. This enabled staff to provide better care and support. Care plans were still a work in progress. Although some people and relatives were involved in care planning, at a quarterly review, others were not. The registered manager acknowledged this was an area where more improvement was needed.
- People and their relatives told us they felt confident raising concerns and sharing their views and felt listened to.

Respecting and promoting people's privacy, dignity and independence

At the last inspection, the provider and registered manager failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Staff now knew people well and were able to make sure they were cared for in the way they wanted. The numbers of agency staff use had reduced significantly. The agency staff that were used were regular and were treated as part of the team and knew people well which meant people were supported by consistent staff.
- People told us staff knew them well and they got good care. The comments we received included, "They really do know me well, as I said they know what I want before I do", "Yes, they really do know me well, nearly like family" and, " I am really happy with the care and that is because they know me well."
- We saw people receiving better care and staff supported people to maintain and sustain their independence.

Is the service responsive?

Our findings

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

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

At the last inspection, the provider and registered manager failed to ensure care and treatment was appropriate, met people's needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, although improvements to people's individual care were evident, not enough improvement had been made and the provider was still in breach of this regulation.

- Care planning had improved since the last inspection. People now had more detailed care plans that described their needs as well as providing important information about their life and family. However, care planning was still a work in progress. Some people's care plans did not provide the information needed to ensure they always received good quality and safe care.
- The provider had introduced a 1 page summary since the last inspection to record the most essential information about a person. This was to support new or agency staff with a quick reference to provide a person's care. However, the summaries were not kept up to date and some were missing essential information. For example, where people had a history of seizures, this had not been included, or where people were prescribed medicines that may have adverse effects. The registered manager said they would review and update people's care summaries.
- People's personal care plans did not provide detail of how they liked their personal care to be provided by staff. Where people were at risk of declining personal care, detailed guidance was not provided for staff how to encourage and reassure people. Staff knew people well, but care plans need to be comprehensive so that any staff, including new and agency staff have the information to ensure care and support is consistent.
- Daily records were not always kept up to date which meant people may not receive the care they needed. One person's care plan recorded if they didn't have their bowels opened for 3 days, care staff were to inform the nurse on duty, to assess whether a homely remedy or advice from the GP was needed. Bowel charts were not consistently completed to be assured this was happening. For example, when we reviewed the bowel chart on the first day of inspection, it had not been completed since 7 April, 5 days previously, and the guidance in the care plan had not been followed.

The provider and registered manager continued to fail to always provide person centred care. This is a continued breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People's personal life history and their previous interests were recorded. People were involved where they

could be, and relatives had been involved in providing information. This continued to be a work in progress, to build on the information already recorded for some people. We saw very good personal information about people which helped staff to have a holistic view of people.

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

At the last inspection, the provider and registered manager failed to ensure care and treatment was appropriate, met people's needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- People had more opportunities to get involved in activities or interests to mitigate against social isolation and boredom. More people were sitting in communal areas and staff were more engaged with people.
- People told us, "I like to go out in the garden when the weather is nice, and I like to chat", "I have been asked (if I want to join in) but they respect that I don't want to join in activities" and "I do get bored, but I do like reading and TV and I did flower arranging this morning."
- Some people chose to spend time in their bedrooms, although staff did encourage them to spend time in communal areas.
- During the inspection, a number of bouquets of flowers arrived. The flowers were donated regularly by a large supermarket when they were past their sell by date but still able to be enjoyed. People were sitting arranging them into vases to be distributed around the service.
- Staff told us they had more time to spend with people as staffing levels were better as a result of less people living in the service. Staff said they felt more able to make suggestions about people's support. One staff member said, "I asked today if we could perhaps meet with (person) family and see about moving her nearer to the lounge, this might encourage her to be more involved."

Improving care quality in response to complaints or concerns

At the last inspection, the provider and registered manager failed to ensure complaints are investigated, responded to and action taken. This was a breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- The provider had a complaints policy. This was now being followed by the provider and registered manager when a complaint was received.
- Informal as well as formal complaints were now investigated and responded to. Where people or relatives raised a complaint verbally with a member of staff, these were being logged as a complaint and action taken to address the concerns.
- Complaints in writing were acknowledged, investigated, and an outcome sent to the complainant. The registered manager discussed the concerns with staff in order to learn lessons and improve care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People could request information in different formats if they needed, to enable them to better understand. However, meal menus were not accessible for people who may have difficulty reading a standard menu. One person who had a visual impairment said, "I don't know what the choice of food is until I get there [dining room] – there is a menu in the dining room but it's so small I can't read it. They do tell you if you ask. I love the food and always clear my plate." We fed this back to the registered manager, so they could make improvements.

End of life care and support

- Barnes Lodge staff supported many people at the end of their life due to the nature of the service.
- End of life care plans had improved. People had a plan that was more person centred and included more detail about people's wishes. Relatives had been involved where appropriate.
- Where people did not want to discuss this stage of their life, this had been recorded.

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 improved 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, the provider and registered manager failed to operate a robust quality assurance process to continually understand and have oversight of the quality of the service and ensure any shortfalls were addressed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although the provider had introduced a range of audits to enable closer monitoring of quality and safety, these were not completed consistently to provide the robust approach required.
- There were gaps in the monitoring process. Daily walk arounds had not been completed daily, with none completed in March and only 1 in April 2023. Daily infection control checks had not been completed daily, with only 3 in March and none in April 2023. A monthly infection control audit had only been completed once, in March 2023. The registered manager said a member of staff responsible for completing audits had moved to another service temporarily and although they had distributed these across other staff, they had not kept up with them.
- The provider had not used their own governance system to good effect. The registered manager was expected to complete an executive report monthly, to inform a senior manager's report to the board. However, this had not been completed in February and March 2023, as the board were not meeting as usual. Consideration had not been given by the provider to continue to receive reports during these months to ensure accountability.
- Care plan audits were sporadic and had not been consistently audited for quality and safety to enable improvements to be made in a timely way. The issues we found at this inspection had not been picked up through the provider's quality checking, and where improvements had been identified, these had not always been actioned. A person who had a history of seizures did not have a care plan or risk assessment in relation to this. Care plan audits had not picked this up.
- Daily records had not been completed consistently by staff so it could not be determined whether people had received the care they required or whether staff had forgotten to complete them at times. This placed people at potential risk.
- Where people became anxious and upset, such as calling out and shouting in distress, their care plan

stated behaviour charts should be completed. Behaviour charts were meant to be used to monitor the person's distress and review their care plan according to the information. For example, if the person was becoming anxious and distressed more often and external support may be needed. One person's behaviour charts were not completed well, they were messy and not kept in order to enable close monitoring. The records were not completed regularly and had not been completed for 11 weeks before the inspection. This had not been picked up during the provider's care plan auditing.

- Notifications had not been submitted to CQC in relation to the deterioration of some people's pressure areas. The registered manager told us this was an oversight following the restructure of the management team. Missed notifications were submitted immediately. The oversight had not been picked up through the provider's monitoring checks of accident and incidents, where staff had recorded a CQC notification was not needed. All other notifications had been completed as required.

The provider and registered manager continued to fail to operate a robust quality assurance process to continually understand and have oversight of the quality of the service and ensure any shortfalls were addressed. This is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

At the last inspection, the provider and registered manager failed to operate a robust quality assurance process to continually understand and have oversight of the quality of the service and ensure any shortfalls were addressed. 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.

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

- The feedback we received from people and relatives was mainly good. The comments we received included, "They listen and take notice", "Everything seems to run along smoothly" and, "I think it is well managed."
- Communication had improved at Barnes Lodge, which meant the quality of care delivered was better than at the last inspection. The registered manager had introduced a morning meeting of the heads of all departments in the service, so areas of concern and the plan for the day could be discussed.
- The provider had developed a new management structure since the last inspection, with new roles. The registered manager and staff told us the new structure and change in communication methods were working better and they all thought they were getting more support through this. Staff told us this impacted positively on the staff team and directly on the care provided.
- The comments we received from staff included, "I can ask staff, seniors, nurse or the manager for help if I am not sure of something. We do get a really good handover each day", "The management team works better. Much better since the last time you were here" and, "Over the months, things are improving, agency staff are following procedures and they are as committed as I am. I am happy. I feel happier, the care is very good. The manager is always there to support us, she has worked hard, she is very compassionate, it is good for us and the residents".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Engagement with staff had improved. Staff meetings were held more regularly. A satisfaction survey had

been sent to staff to complete. The deadline for completion had passed just before the inspection. Staff had been able to comment on how the provider could improve. Although the provider had completed an analysis of results to support the inspection, they had not yet had the opportunity to develop a plan for improvement and respond to staff.

- People had the opportunity to attend resident meetings if they wished to air their views. People had also been asked to complete a survey. Relatives had the opportunity to complete a satisfaction survey. The deadline for completion had passed just before the inspection. Relatives had been able to comment on how the provider could improve. Although the provider had completed an analysis of results to support the inspection, they had not yet had the opportunity to develop a plan for improvement and respond to relatives.
- The provider had made better use of local networks, including the local authority and skills for care. However, learning from different organisations could be improved further to sustain continuous improvement.
- People were referred to health care professionals and the service had a closer working relationship with the GP. We had better feedback from health and social care professionals about their advice being followed and being kept informed.

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

- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the provider and registered manager had been open and honest, and understood their responsibility to comply with the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider and registered manager continued to fail to always provide person centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider and registered manager continued to fail to put into practice the requirements of the MCA.