Living Plus Health Care Limited

Living Plus Healthcare Ltd t/a Queen Anne Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Living Plus Healthcare trading as Queen Anne Lodge is a residential care home providing personal and nursing care to up to 40 people. The service provides support to people aged 65 and over including people 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
At this inspection we found the provider had failed to address the continued breaches of regulation identified at our previous two inspections in May 2019 and May 2022. The provider had submitted an action plan following the last inspection, but had failed to make or sustain improvements in these areas.

Whilst people and their relatives told us they felt the service provided a good standard of care, we continued to find systems in place to reduce risks to people, were not safely managed. Risks to people had not always been assessed or monitored and staff did not have guidance to effectively reduce those risks. Care plans and risk assessments did not identify essential information to ensure people were supported in a safe way.

Risks to people from the premises and equipment were not always safely managed. Although improvements were being made to fire safety, people did not have detailed emergency evacuation plans, risks from equipment were not always assessed and the cleaning and storage of emergency equipment to ensure it was available and safe to use, was not robust.

Safe and effective infection control procedures were not fully embedded to ensure people were protected from the risk of infection

Medicines had not been safely managed as stock levels were not monitored effectively, expired medicines had not been disposed of appropriately and medicines administration records did not all contain essential information. This placed people at increased risk of harm.

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.

People told us they were supported to access healthcare services when required. However, information relating to people's health needs was not always clearly documented within people's care plans.

People received enough to eat and drink and told us they enjoyed the food. However, where people had specific dietary requirements, information about risks was not always recorded.

Quality and safety monitoring systems were not robust. Governance processes and systems in place to help ensure the safe running of the service had not identified all the concerns we found. This meant the provider

and registered manager could not be proactive in identifying issues and concerns in a timely way and acting on these.

There were enough staff available to support people. Recruitment processes were safe to ensure only suitable people were employed. The provider had a policy and procedure for safeguarding adults and the manager and staff understood the signs to look for.

Staff had received appropriate training and support to enable them to meet people's needs. They received supervision to help develop their skills and support them in their role.

There were processes in place to monitor incidents, accidents and near misses so action could be taken to address issues when needed.

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 requires improvement (published 6 August 2022) and there were four breaches of regulation. 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 the provider remained in breach of regulations. This service has been rated requires improvement or inadequate for the last three consecutive inspections.

At our last inspection we recommended the provider considers current guidance on the prevention and control of the spread of infections and updates their practice accordingly and seek advice and guidance from a reputable source on the management of people's nutrition and hydration needs. At this inspection we found the provider had not fully acted to reduce risks to people from infection control or their nutrition and hydration needs.

Why we inspected
We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to confirm if they now met legal requirements.

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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Living plus healthcare t/a Queen Anne Lodge on our website at www.cqc.org.uk.

Enforcement
We have identified the provider failed to fully address the action we told them to following our last inspection. There were continued breaches in relation to safe care and treatment, person centred care, the need for consent and governance at this inspection.

Follow up
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This

means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe. Details are in our safe findings below.	**Inadequate**
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 well-led. Details are in our well-led findings below.	**Inadequate**

Living Plus Healthcare Ltd t/a Queen Anne 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.

We checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Inspection team
This inspection was carried out by three inspectors on the first day, two inspectors on the second day and one inspector on the third day. An Expert by Experience supported the inspection by making phone calls to people's relatives. 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
Living Plus Healthcare trading as Queen Anne 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. Queen Anne 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. There was also a consultant manager, who the provider had employed prior to our last inspection in May 2022. The consultant manager became the provider's nominated individual on the first day of this inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and nine relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with thirteen members of staff including the registered manager, the nominated individual, the deputy manager, nurses, care workers, an activities staff member and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from three external professionals.

Inadequate

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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection we found a lack of risk assessments and monitoring, placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 from the previous inspection.

At this inspection we found improvements had not been made to effectively reduce risks and the provider remained in breach of regulation 12.

● Risks to people were not managed and mitigated effectively. People's care plans did not always contain information about their assessed needs. This was important so staff would understand how to support them safely. Where information about risks was recorded, this lacked detail or had inconsistent or conflicting information. For example, two people's care plans identified they had behaviours that posed a risk to themselves or others. There was no guidance for staff about how to safely manage their needs or how to support them when they had these behaviours. This meant staff may not know how to support them to keep them and others safe.
● Another person had a nutrition care plan which described they had been assessed by a speech and language therapist (SALT), in July 2022, whilst in hospital following choking episodes and needed their fluids thickened and a soft diet. There was no information in their care plan about what level their food and fluid should be thickened to, using the recognised International Dysphagia Diet Standardisation Initiatives (IDDSI). This is important so all staff supporting the person to eat and drink, would know what the assessed level was to reduce the risks of further choking episodes.
● Where people had health needs that carried additional risks, information about them was not consistently recorded within their care plans. Where they were recorded, they lacked enough detail for staff to understand how to reduce the risks. For example, one person had a diagnosis of diabetes. There was no guidance or assessment for the risks associated with this condition. Another person had a catheter. Their care plan did not describe the potential risks and warning signs for staff to be aware of if it was not working properly. This put people at risk of harm, as staff may not be able to recognise when to act promptly.
● Risks to people's skin integrity were not managed safely. For example, one person's care plan described they had fragile skin and were prescribed a topical cream. An assessment using a nationally recognised tool, had been completed. This identified they were at high risk of pressure injuries. Their care plan did not contain enough guidance for staff about how to safely support them and reduce the known risks.
● Risks to people from moving or falling were not robustly assessed. For example, one person's care plan described, '[Person] does like to wander.' However, their falls risk assessment described they 'do not mobilise' and their mobility care plan described, 'staff should encourage to walk.' This meant information about risks, was inconsistent and staff may not know how to safely support them to move.

● Although, staff we spoke with were able to demonstrate they knew people well, new staff or agency staff would not have the information needed to quickly understand how to support people safely.

A continued lack of risk assessments and inconsistent information placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the provider had failed to ensure the safety of the premises and equipment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made and the provider remained in breach of regulation 12.

● Following our inspection in May 2022, we raised concerns with Hampshire Fire Service about the management of fire risks in the service. Following this, the fire service issued the provider with a schedule of fire safety improvements needed. At this inspection we found that some action had been taken, but there were further improvements needed. Whilst work continued to improve fire safety, no robust risk assessment was in place to demonstrate how the known risks would be reduced until all the required improvements were completed. Furthermore, we found simple actions such as moving laundry, which had been stored under a smoke detector in a cupboard and putting locks on outside bins, which posed a fire risk, had not been completed. This meant we could not be assured risks from fire were all robustly assessed and mitigated. We discussed this with the nominated individual who took immediate action to put locks on the bins and told us all improvements were being completed.
● People had personal emergency evacuation plans (PEEPS). However, these did not contain enough detail to describe the individual support each person would need in the event of an emergency. This was also identified at the last inspection in May 2022. In addition, one person had no PEEPS within their care plan or in the service's emergency bag, which is used to support safe evacuation. We discussed this with the registered manager and nominated individual who told us they would take action.
● The management of equipment used to reduce risks was poor. For example, a suction machine was being used to manage one person's aspiration risks. These should be cleaned regularly to mitigate infection control risks. The provider's weekly cleaning chart showed the last record of the equipment being cleaned was on 8th August 2022. We could not be assured this was being completed, as records were not up to date. On the second day of the inspection, we asked to see the suction catheters used with the suction machine. A staff member told us they didn't have any and had been looking for them. Although, these were found later in a bedroom, we could not be assured that in an emergency, suction equipment was available and being safely maintained. In addition, the temperature of the medicine's storage room had not been recorded since August 2022. This was important as medicines need to be stored at the correct temperature to ensure they work as prescribed. We raised this with a member of the management team on the second day of the inspection, who took a thermometer from a vacant bedroom and placed it in the medicines room.
● At our last inspection in May 2022 we found that storage of cleaning products, including chemicals was not safe and did not meet the requirements of the Control of Substances Hazardous to Health (COSHH) regulations. At this inspection we found a cupboard on the third floor contained cleaning products and was not locked. This meant people continued to be at risk of harm. The provider informed us following the inspection that they have now added a combination lock to the cupboard door and said they will ensure the door remains closed and locked.
● On the first day of the inspection we observed there were free standing heaters in some people's bedrooms. These posed a fire risk and a risk of people getting burnt. We discussed these with the nominated individual and the registered manager, who told us they had completed risk assessments for these.

Following our inspection visits, we received a general risk assessment for free standing heaters. This meant there were no individual risk assessments, to determine the risks to each person and how staff should mitigate them.

The failure to ensure the safety of the premises and equipment was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
At the last inspection the provider failed to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made and the provider remains in breach of regulation 12.

● Medicines were not managed safely. Where people were prescribed 'as and when required' medicines (PRN), guidance was not always in place so staff understood when they should administer them. When guidance was in place, they lacked enough detail. For example, one person was prescribed an inhaler to be taken PRN. There was no guidance for staff about when to use it. Another person was prescribed a PRN medicine to manage constipation symptoms. There was no guidance for this use.
● In addition, some people were prescribed PRN medicines to manage behaviours such as agitation, anxiety or verbal and physical aggression. There was no guidance in place for staff to understand how each person may present and what actions to take, prior to administering these types of medicines. We discussed this with registered manager who showed us one PRN guideline they had been completing for a person. However, we found these were not in place for all people and there were no person-centred guidelines within their care plans.
● Risk assessments were not in place for medicines that posed additional risks. For example, 2 people were prescribed a medicine that thins their blood and some people were prescribed topical creams that pose a known fire risk. There were no risk assessments in place to support staff to reduce these known risks.
● Information about allergies people may have, were not always recorded within their medicines profile or on their MAR chart. For example, on the first day of the inspection we reviewed one person's care records and MAR. There was no information about allergies recorded. On the third day of our inspection we saw their care records and MAR had been updated with an 'intolerance' to one medicine. This meant there was a risk to the person from staff not recognising potential reactions to medicines.
● Where people were being given their medicines covertly, records about the decision to do so, or the potential risks, had not been fully assessed. For example, one person's care plan described they would refuse medicines and could be given them covertly. However, the information within the person's medicine's file and MAR, did not identify they had covert medicines, which meant information was inconsistent. Furthermore, there were no risk assessments for each individual medicine that was being crushed and put in food to give covertly to people. This is important to ensure medicine is safe to be crushed and would not interact adversely with the food type it was being mixed with. There was no evidence of external health professional's agreement to give covert medicines and no evidence this had been reviewed.
● Medicines that require additional legal measures were not always managed safely. For example, care homes that provide nursing care can destroy medicines. These are then collected by a waste disposal service. When destroying liquid medicines, an appropriate sealed disposal kit should be used. The provider was using a system that was not secure. The method being used was not in line with best practice and against the providers own policy as it stated, "Controlled drugs should be de-natured using the appropriate denaturing kit provided by the waste collection company prior to disposal."
● At our previous inspection in May 2022 we found multiple concerns around the safe management of

medicines. This included a lack of PRN guidance, safe management of topical creams and no risk assessments for topical creams that posed fire risks. At our inspection in 2019 we also identified concerns around safe disposal of medicines. This meant we could not be assured the provider had taken action to ensure safe systems were in place to manage and monitor people's medicines.

The failure to ensure medicines were managed safely was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
At the last inspection we recommended the provider considers current guidance on the prevention and control of the spread of infections and updates their practice accordingly.

At this inspection we found the provider had not taken sufficient action to address this recommendation.

● We had limited assurance infection control risks were being safely managed. For example, there were large clinical waste bins at the front of the building which were not locked. In addition, a bin which was for disposed PPE and a waste bin in the medicines room had no lid and were not pedal operated. These were all infection control risks. We raised these concerns with the nominated individual on the first day of the inspection and by the end of the inspection visits these concerns had been addressed.
● The service was clean and there were cleaning schedules to cover all areas and to ensure deep cleaning was completed when required. However, not all cleaning tasks were being recorded or effectively monitored such as cleaning suction equipment, as described above. In addition, bins were not always being emptied when full and overflowing.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were 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's infection prevention and control policy was up to date however, they had failed to ensure systems in place were effective to monitor infection control risks within the service.

The failure to ensure infection control measures were managed safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes
● The provider was facilitating visits for people living in the home in accordance with the latest government guidance.
● A relative told us, "As a family we are always welcome and staff accommodating, no appointments needed now, everywhere is always clean and tidy."

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. A person said, "Yes, I always feel safe, there are plenty of people [staff] here and they are nice. A family member said, "I have no concerns about my [relative's] safety."
● Systems were in place to protect people from the potential risk of abuse. There were processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local authority safeguarding team.
● Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I've done safeguarding training. Any concerns I would tell [the registered manager] immediately." Staff were confident the registered manager would take any necessary action and

were also aware they could report these outside the organisation.

Staffing and recruitment

● The provider used a dependency assessment tool to determine the care staffing requirement in the service based on people's needs. Our observations and records confirmed there were enough staff available to meet people's needs.

● People spoke positively about the staffing levels and confirmed staff responded promptly if they used their call bells. People and their relatives felt there were enough consistent staff. One person said, "[We have the] same staff who are all nice. Some staff are very good and almost all pleasant." A relative said, "[There are], mostly enough staff, but some relief [agency] ones at times."

● Recruitment procedures were in place to help ensure only suitable staff were employed. Staff members confirmed all necessary pre-employment checks had been completed which was reflected in the records we viewed. These included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

● Records were made when accidents or incidents occurred. There were robust processes in place to ensure these were reviewed by the registered manager. This helped to ensure action was taken where needed to reduce the likelihood of a reoccurrence.

● However, we were not assured changes to people's needs or care records were robustly updated following an incident. The registered manager and nominated individual told us they would make improvements to people's care records.

Requires Improvement

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to carry out an assessment of the needs and preferences for the care and treatment of service users. This was a continuing breach from the previous inspection of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People admitted to the service did not have detailed assessments of their needs in a timely way. For example, one person had moved into the service on 12 October 2022. We reviewed their care plan on 27 October 2022 and found there was no care plan or robust description of their needs. The person was cared for in bed and we were told was receiving end of life care. This meant we could not be assured they would receive dignified care and support, or their assessed needs would be managed safely. We discussed this with the registered manager on the first day of the inspection and they told us they would take immediate action to ensure a care plan was in place. By the second day of the inspection, action had been taken so the person had a care plan in place.
- The provider had developed a new assessment checklist. This gave clear timelines for when information about people's assessed needs should be completed. For example, within two hours, six hours, 24 hours and one week. However, the person's care plan, which we reviewed on the first day of the inspection, had this checklist in their care file. There were multiple areas not signed as being completed. For example, the checklist identified that within two hours, dietary preferences and a falls risk assessment should be completed, within six hours an identification sheet, nursing observations and consent forms should be completed. Within 24 hours a mobility assessment should be completed, along with a PEEPS, and a malnutrition universal screening tool (MUST). Lastly, within one week, all relevant care plans should be completed with the person as well as a continence assessment. None of these were completed for this person.
- Care plans were written in a way that made it difficult to find information about people's preferences and wishes. There was no clear distinction of care need and risk, so staff could easily find the information they would need to meet people's individual wishes.
- We spoke to the nominated individual and registered manager about these concerns. They took immediate action to ensure every person had a care plan and to improve the information and format of care plans to ensure staff would understand how to meet people's individual wishes.

The failure to carry out an assessment of the needs and preferences for care and treatment of service users was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

At our last inspection we found the provider had failed to work within the principles of The Mental Capacity Act (2005) This was continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 11.

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.

● People did not have decision specific mental capacity assessments (MCA's) and best interest decisions were not completed where required. For example, two people were administered their medicines covertly. This is when medicine is given to a person in their best interest but without their knowledge. Decisions to administer their medicines in this way should involve the prescriber of the medicines and other involved people, such as a relative. This is to ensure the decision is proportionate and the person lacks the capacity to understand the implications of not taking their medicines. However, on reviewing people's care plans, we saw there were no MCA's or best interest decisions recorded for these decisions.
● Consent was not clearly understood. People who lacked capacity to make some decisions about their care needs, such as consenting to restrictions for bed rails, having their medicines administered or consenting to where they lived, did not have MCA assessments.
● One person's care plan described, them being unaware of time, place, date, day or where they lived. In addition, their care plan, which was reviewed on 1 October 2022, also stated '[Person] accepts all medicines and consents. However, their medicines profile reviewed on the same day, stated they needed their medicines administering as they would not be able to retain information regarding their medicines. This meant information was conflicting and there was no MCA or best interest decision recorded.
● Another person, who had a diagnosis of dementia, had a medicines profile which stated, '[Person] is unable to self-medicate as they would be unable to retain the information including times and doses'. There was no MCA or best interest decision record.
● We discussed these concerns with the registered manager and nominated individual, who took action to review their mental capacity records and make improvements. However, this concern had been identified at the last two inspections and not enough action had been taken or embedded to ensure the principles of the MCA were followed.

The failure to act with in the principles of the Mental Capacity Act (2005) was a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● However, our observations of staff demonstrated people were offered day to day choices including where they wanted to sit in the lounge and what meals or drinks, they would like.

Supporting people to eat and drink enough to maintain a balanced diet
At our last inspection we made a second recommendation for the provider to seek advice and guidance from a reputable source on the management of people's nutrition and hydration needs and update their practice accordingly.

At this inspection we found although some improvements had been implemented, not enough improvement had been made. This meant the management of risks associated with people's nutritional needs was not robust and led to people being at risk of harm.

● Information about people's specific dietary needs was not clearly recorded within their care plans. For example, where people had a modified diet or were supported to eat in bed, information was not clear or consistent to enable staff to understand how to safely support each person when they were eating and drinking. More information about this is described in the safe section of this report.
● Records showed staff respected people's individual preferences about their choice of meals and drinks. Comments included, "They [staff] always make sure I have plenty of drinks" , "Food appears nice, [person] can be fussy, staff have to encourage and feed them" and "[Person] loves the food, gets a choice and plenty of snacks and drinks." However, individual records of daily fluid intake had not always been added up, meaning there was a risk people would not receive adequate fluids to support their health and wellbeing. We discussed this with the registered manager who told us they would remind staff of the importance of accurate record keeping.

The failure to act on previous recommendations and to ensure the risks associated with people's nutritional and hydration needs were safely met, was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
At the last inspection the provider had failed to ensure staff received appropriate training, supervision and appraisal. 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 regulation 18.

● Staff had received training that equipped them in their roles. The provider had employed a trainer to deliver face to face training for staff. A new staff member who had not previously worked in care confirmed they were being supported to complete 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. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● People and their relatives made positive comments in relation to the competency of care staff. A person told us, "The staff seem to know how to look after me." A relative said, "Yes, staff are well trained and know [person] well."

● Our observations of staff demonstrated they were using training appropriately. For example, care staff used appropriate techniques to support people when moving and handling equipment was used.
● There was an induction programme in place, which new staff were required to complete before working on their own and staff received regular one to one supervision. Supervision provides an opportunity for the management team to meet with staff, feedback on their performance, identify any concerns, offer support and to agree any learning opportunities to help them develop.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The registered manager told us they held regular multi-disciplinary meetings with external health professionals to review people's needs. However, care plans, medicines information and risk assessments lacked detail, had inconsistent information or were not consistently updated following these meetings. If these were shared with healthcare professionals in an emergency, they would not have relevant and up to date information. This was important to ensure people's needs were met if they moved between different services and meant people were at risk of harm. More detail about this can be found in the Safe section of this report.
● Referrals to doctors had been made when people's health needs changed. During handover we heard staff were following requests from a doctor to monitor two people's blood pressures. However, we could not be assured changes to people's health needs would always be promptly recognised and action taken, as information within care records was not clear.
● Relatives told us they felt people had access to external health professionals when needed. One relative said, "Staff know [person] well, update me about their medication and [person] has visits from their GP and Chiropodist."

Adapting service, design, decoration to meet people's needs
● The service was clean and decorated throughout.
● Floors could be accessed by a lift and stairwells. Floor coverings were suitable for people with mobility needs and to enable appropriate levels of cleanliness to be maintained.
● People's rooms were furnished and adapted to meet their individual needs and preferences. Pictures and soft furnishings evidenced people, or their relatives were involved in adapting their rooms.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were not always well-supported. Staff did not have all the information they needed to ensure people could be cared for in line with their wishes or treated with dignity and respect.

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

- People's protected characteristics under the Equalities Act 2010, such as religion and disability were not always considered as part of the assessment process. Information about their individual needs was not consistently recorded within their care records and if information was included, it was hard to find. For example, some people had a 'this is me' care plan describing their life history and interests, while others did not. However, staff were able to describe how they would support people's faiths and cultures. For example, the activities coordinator had identified two people who wished to receive holy communion and had arranged for a local religious leader to visit the home to provide this support.
- Within other key questions in this report, we have reflected how the provider's lack of oversight, poor or inconsistent care and medicines records, a lack of MCA assessments and best interest decisions and management oversight, has placed people at risk of being negatively impacted. These concerns demonstrate the provider and management team had not consistently focussed on providing a caring service, despite staff members commitment to caring for people on an individual basis.
- Staff knew people well and spoke to them in a kind and respectful way. People described staff as "nice" and "caring". When asked about the staff a person said, "They treat me ok." Another person said, "They're [staff] very nice."
- Relatives told us they thought the permanent staff were kind and caring and knew people well. One relative said, "[Staff are] very kind and caring staff, all got to know [person], they can have a joke with [person], the permanent staff are all very good." Another said, ""Definitely caring staff, you can have a bit of banter with them, [person] is really happy and so are we."

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

- People's care plans demonstrated they had been asked their views and wishes. However, information was not consistently updated and was hard to find. This meant we could not be assured that information about people's individual needs and wishes was accurate and up to date.
- Staff told us they offered people choices and encouraged them to participate in activities of their choice. One staff member told us, "We try to get to know what people like and then support them to do things they are interested in."

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us they felt their loved ones were treated with dignity and their privacy was respected. Comments included, "Absolutely the staff always treat [person] with dignity and respect and they ask me to leave the room if they are performing caring procedures", "Staff always treat [person] with dignity

and respect, knock on the door and ask us to step outside if they are performing personal care" and, "Staff are always respectful, [they put a] note on the door if they are doing personal care."

● Where people were sharing bedrooms, screening was in place and people confirmed this was used when necessary.
● Staff encouraged people to be as independent as possible. For example, at lunch time we observed equipment was in place to support people to eat independently without food being lost from their plates. Care staff described how they would support people to do what they could in respect of their personal care needs. For example, if people could wash the top half of their bodies, staff supported them to do this.

Requires Improvement

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 requires improvement. At this inspection the rating has remained 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 our last inspection we found there was a lack of accurate, complete and up to date records in respect of each service user. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider remained in breach of regulation 17.

- Care plans continued to not be up to date or completed. This meant staff, including staff who did not know people well, may not have all the information available to them to deliver person-centred care.
- Although people's care plans did contain some person-centred information, others did not. Information was hard to find and did not reflect an up to date, contemporaneous record of people's individual and diverse needs and wishes.
- People had needs in relation to their mobility, skin integrity, nutritional needs, end of life care and behaviours that may challenge others. Information about these needs were either not in their care plans or was dispersed throughout the care plan. This meant staff would not always understand how to find the information they needed to support people or when to take action.
- When care plans had been reviewed, inconsistent or out of date information was not identified and corrected. This meant reviews were not effective and led to people being put at risk of harm. More information about this is detailed in the safe section of this report.

The lack of an accurate, complete and up to date record in respect of each service user, meaning people could be at risk of harm from support that did not meet their needs and preferences, was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support
At the last inspection we found the lack of an accurate, complete and up to date records in respect of each service user to identify their end of life need and wishes. This meant people could be at risk of harm from support that did not meet their needs and preferences. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
At this inspection we found not enough improvement had been made and the provider remained in breach of regulation 17.

- Some people were receiving end of life care.

● Staff told us they had previously supported people at the end of their life and were confident they would be able to meet people's wishes and choices for their care in their final days.
● However, people's care plans did not contain enough detail or had no information about their end of life needs and wishes. For example, one person who we were told was at the end of their life, had no care plan in place. There was no information about their end of life wishes or when staff should administer prescribed medicine to ensure they were pain free and comfortable. This meant staff, especially new or agency staff, may not know how to meet people's needs or individual wishes at the end of their life.

The lack of an accurate, complete and up to date record in respect of each service user to identify their end of life need and wishes, meaning their needs and preferences may not be met, was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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's care plans included their communication needs and described how these should be met. However, due to the concerns we found with people's care records being inconsistent or out of date, we could not be assured this information was up to date.
● Some people's care plans described how people communicated and if they needed any aids to support them. In addition, picture cards if needed were available to support people to make choices, if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.
● The provider employed an activities coordinator who covered five days a week and people were very positive about them. Staff had access to a range of activity related equipment and could request art supplies or purchase new items as required. Staff described how individual and group activities were provided.
● There were different communal areas within the service, meaning people could choose which activities to join in with or to spend quiet time in another area. Local and national events were celebrated appropriately. For example, a BBQ had been held for the queen's jubilee and plans were in place for the upcoming world football competition.
● The home had easy access to local amenities and staff described how they could support people to visit the local beach front when weather permitted. External entertainers were again able to visit the home and arrangements were in place for local church groups and schools to visit in December to help celebrate Christmas.
● People were also supported to keep in telephone contact with their relatives or friends where appropriate, and we saw a staff member supporting a person to make a phone call to a relative.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and process in place which was available to people, relatives and visitors. We reviewed complaints records and could see these were investigated and responded to appropriately.
● People and their relatives told us they knew how to make a complaint. They said they would speak to the registered manager or another staff member. They were confident action would be taken. For example, one person said, "I complained about an agency staff and since then they have not returned to work here." A

relative said, "[If I had] any complaints and I would go to the management, they would always respond."

Inadequate

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection we found the provider had failed to ensure an effective system to assess and monitor the service and improve the quality and safety of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made and the provider was still in breach of regulation 17.

● At the previous 2 inspections the provider had been in breach of this regulation due to poor records including, care plans, risk management, reviews, MCA assessments and best interest decision records. At the last inspection the provider was given a formal notice, which meant they had to take action and make the identified improvements by 10 October 2022.
● At this inspection we found continued concerns relating to risks to people, care records, environmental risks, infection control, medicines management, MCA's and best interest decision records.
● Following the last inspection, the provider submitted an action plan detailing what they would do by when, to achieve improvement and compliance with the regulations. The provider had failed to address all the actions they had told us they would. Although they had made some improvements, they had failed to ensure all the actions were completed by the specified date. This meant people continued to be at risk of harm. We discussed this with the registered manager and nominated individual who told us they were working through all the areas needing improvement but had not completed all actions. We discussed if there was an improvement plan in place to enable them to monitor and plan for when improvements would be completed, following the last inspection. The nominated individual told us they did not have this but would develop one.
● The registered persons had failed to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to people and of decisions taken in relation to their care. They had failed to fully assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk as described in the safe, effective and responsive sections of this report.
● The registered manager and provider failed to have robust auditing processes to identify the shortfalls we found at this inspection. For example, the registered manager completed a medicines audit in October 2022 and identified no concerns with medicines systems. Given all the concerns we found with the safety and management of medicines described in the safe section of this report, this demonstrates this audit was

ineffective.

The failure to ensure an effective system to assess and monitor the service, mitigate risks and improve the quality and safety of the service was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During the inspection the registered manager and nominated individual acted to address some of the concerns we found in relation to care records, MCA, infection control and health and safety. They told us they would continue to work with external health and social care professionals to seek advice and support and make and embed the improvements needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People's care plans contained some person-centred information but required further development to ensure they contained relevant and accurate information about individual risks and needs. We discussed this with the registered manager and provider who started to take action to review and improve care records.
● People and their relatives told us the service culture was positive. Comments included; "I am very happy with the care and service [person] receives, [there is a] friendly atmosphere", "Everyone [staff team] is friendly and approachable, we have had invites to meetings, communication is by phone, no problem, we can discuss any changes and staff will listen, the atmosphere is friendly and as homely as it can be" and "The staff here are good and know what I like."
● Staff we spoke with felt the service was well managed. They were positive about the support they received from the registered manager and told us they could go to them with any issues or concerns. One said, "Both of them [registered manager and nominated individual] are approachable, [there is an] open door, you can go with any issues and I am confident they would sort out." However, we also received concerns via a whistle-blower during the inspection, which described a bullying culture. We discussed this with the nominated individual and registered manager who told us they would review the culture and speak to staff to ensure they felt supported and could raise concerns if they needed to.
●The nominated individual and registered manager told us they had an 'open door policy' and staff and relatives could share any concerns and they would act quickly.

Continuous learning and improving care; Working in partnership with others
● The registered manager met with external professionals on a regular basis to review people's needs. These were as multi-disciplinary meetings and included nurses, a pharmacist and a doctor.
● The registered manager told us this partnership with local health professionals was working well, however, as described in the safe and responsive sections of this report, records of any changes agreed were not always recorded in people's care plans.
● The registered manager and nominated individual were unable to demonstrate they had robust oversight of the systems and processes within the service, to ensure safe care was provided and improvements were made, where previously identified. For example, audits completed by the registered manager for infection control, medicines and care plans, failed to identify the concerns we found during the inspection. This meant where action was needed to improve the safety and standard of care people received, this was not identified in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider told us they sought feedback from people and their relatives using an annual questionnaire.

We asked to see the latest questionnaire completed by people or their relatives and were sent three completed questionnaires. These were all completed after the start of our inspection. Although, one of the feedback forms reviewed, demonstrated action was taken when people raised any issues, we could not be assured there was a robust process in place to analyse any themes or patterns in feedback received.

- Staff we spoke with told us they felt able to discuss anything with the registered manager and they were available when they needed to do this. However, we also received anonymous feedback from staff who described a decline in staff morale and management being unavailable. We discussed this with the registered manager and nominated individual who gave us assurances they would investigate so they could make improvements if needed.
- Staff were kept up to date with important information or any changes through regular team meetings.

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 provider continued to apply the duty of candour where required following incidents in the service. We saw evidence of one incident since the last inspection, where duty of candour had been used. However, when we asked to see the corresponding incident report, this could not be located.
- Notifications to CQC concerning incidents in the service were submitted as required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to carry out an assessment of the needs and preferences for care and treatment of service users

The enforcement action we took:

We have told the provider they must send an action plan every month to tell us about the improvements they are making.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to act with in the principles of the Mental Capacity Act (2005).

The enforcement action we took:

We have told the provider they must send an action plan every month to tell us about the improvements they are making.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safety of the premises and equipment, ensure medicines were managed safely and to ensure infection control measures were managed safely.

The enforcement action we took:

We have told the provider they must send an action plan every month to tell us about the improvements they are making.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure there was an

Diagnostic and screening procedures Treatment of disease, disorder or injury	accurate, complete and up to date record in respect of each service user, to identify their end of life wishes and to ensure an effective system to assess and monitor the service, mitigate risks and improve the quality and safety of the service .

The enforcement action we took:

We have told the provider they must send an action plan every month to tell us about the improvements they are making.