

S5 Care Ltd

# George Hythe House

## Inspection report

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Date of inspection visit:  
27 January 2021  
02 February 2021

Date of publication:  
08 March 2021

## 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

George Hythe House is a residential care home that can accommodate 43 people across four separate wings, each of which has separate adapted facilities. They are registered to provide personal and nursing care to people aged 55 years or over with a range of physical and/or mental health needs including dementia.

At the time of our inspection there were 39 people who were living at the service.

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

Care plans and risk assessments were not always reviewed and updated regularly or when there had been changes to a person's care needs. Staffing numbers were insufficient to fully meet people's needs and keep them safe. Robust recruitment checks had not always been completed to ensure only suitable people were employed to work at the service.

There were some areas of infection prevention and control that needed to be strengthened, particularly in the time of the current pandemic.

The acting manager informed us that there were lessons learnt protocols in place so the provider could learn from incidents and accidents, safeguarding concerns and complaints to improve the quality of the service. However, these were not always recorded, and themes not always identified.

People's needs were assessed before starting with the service, however the assessments lacked detail about people's diverse needs and how these should be met. Records showed that some staff training was out of date. The acting manager told us they were addressing the shortfalls in staff training and they were booking dates for further training to be completed by staff.

People provided us with mixed feedback about the quality of the food. People's dining experience needed to be enhanced to ensure there were sufficient staff to support people with their meals. People's dietary needs were not always reviewed regularly and support with nutritional needs did not always follow best practice guidance.

People were supported to access a range of healthcare support; however, we saw that for one person the relevant health care professionals had not been contacted for advice and support following two incidents.

People were not always 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.

Some parts of the home were poorly maintained. It needed redecorating in most areas. The acting manager

said this was being addressed as part of the providers improvement plan which we received following the inspection.

People's records were not always kept securely. We saw care plans in the dining room on one wing that had been left unattended.

People's care and support was often task focused rather than person centred care. Care plans lacked person centred information to ensure people received care in line with their preferences. People gave mixed feedback with regards to meaningful activities available at the service. Some told us they were bored and spent long periods of time in their room with little to do.

There was a pictorial end of life care planning policy in place to meet people's wishes for end of life care, however these plans had not been put in place for everyone at the time of our inspection.

There was a lack of effective quality assurance processes in place to monitor the quality and safety of the service. Feedback from people was not used effectively to drive improvement at the service. People, relatives and staff felt that communication had been poor from the provider during the transition of George Hythe House and during the COVID-19 pandemic.

People who lived in the service told us they felt safe living at the service and staff understood how to recognise and report any concerns they had about people's safety and well-being. Systems in place to ensure the proper and safe management of medicines were followed consistently and ensured that people received their medicines as prescribed.

People told us staff were kind and treated them well. Staff we spoke with were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance.

There was a complaints policy in place and people told us they would feel comfortable to raise any concerns they had and were confident their concerns would be dealt with.

There was a manager who was registered with the Care Quality Commission (CQC) and an acting manager who was going to take over as the registered manager. We found they worked well together and shared the same vision for the service.

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

#### Rating at last inspection

This service was registered with us on 17/07/2020 and has not been inspected.

The last rating for this service was Good (published 26 January 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

We received concerns in relation to insufficient staffing numbers, poor practices regarding infection control, a lack of staff training, poor and unsafe environment and poor leadership and management. A decision was made for us to inspect and examine those risks.

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

The provider took action following our inspection to mitigate the risks to people's safety and their welfare.

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

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

The service was not caring.

**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.

The service was not well-led.

**Requires Improvement** ●

# George Hythe House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by three inspectors and an assistant inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as recent safeguarding concerns that had been raised. We sought feedback from the local authority and other professionals who worked with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

This inspection took place over two days. We spoke with seven people who use the service and two relatives by telephone to gain feedback about their experience of the care provided. We had discussions on site with the registered manager, the acting manager two care staff, the housekeeper and the cook. We spoke with a further four care staff by telephone following the first day of our inspection.

We reviewed a range of records. These included four people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance checks and safeguarding information was also examined during the inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested records in relation to training and supervision data, fire safety, advocacy support and the providers improvement plan



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People were placed at potential risk because risk assessments were not always reviewed regularly or when there had been an incident or change to people's needs. For example, one person who had been assessed as being at high risk of falls had a risk assessment in place, but this was not dated and showed no evidence of a review. We found there had been a rise in falls since the new provider took over the service.
- For another person who had experienced weight loss, we found their nutritional assessment had not been reviewed regularly to ensure they were receiving the diet they needed to meet their needs.
- In one person's file we saw records of two self-harm incidents. However, the risk assessments had not been updated following these incidents and we were unable to find evidence that mental health professionals had been consulted for advice and support.
- Where people refused their medicines, risk assessments had not always been put in place to determine the level of support they needed. They lacked guidance for staff of the actions they needed to take if the person refused to take their medicines.

The provider had not ensured people received safe care and treatment. Therefore, people were at risk of harm. These concerns constitute a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

Following the first day of our inspection the provider had reviewed and updated peoples risk assessments. In addition, for the four people we case tracked, the acting manager had reviewed, updated and re-written their care plans to ensure they contained the essential information needed to meet people's needs.

### Staffing and recruitment

- People told us they were dissatisfied with the levels of staffing. One person told us, "There is not enough staff at certain times. It's okay if you don't have any dramatic problems, but sometimes it's all hands to the deck." Another commented, "No not really, they always have to have agency."
- Staff expressed concerns about the staffing levels. One said, "Staffing levels are nowhere near adequate to meet the needs of people."
- We looked in detail at two weeks of staff rota. This showed that staffing was insufficient to keep people safe. For example, the home was divided into four wings, two on the lower floor and two on the upper floor. On the upper floor there was one staff allocated to each wing and one staff who worked between the two wings. Staff had to leave their wing to contact the extra staff if they needed support, leaving their wing



unattended.

- On the night shift there was one staff allocated to each wing. If they needed support from another staff member it meant their wing was left unattended.
- There were numerous people who required two staff to support them with personal care. This meant that while two staff were supporting one person with their care the wing was often left unobserved. This put people at risk of potential harm.
- There were insufficient staff to provide people with activities to prevent social isolation. There was one housekeeping staff member to provide cover for the entire service. In their absence staff were also expected to carry out cleaning duties.
- Recruitment processes and procedures were not always followed consistently. Staff had been recruited without all the appropriate pre-employment checks being carried out.

The provider had not ensured people received care from sufficient numbers of staff who were suitably qualified, skilled or competent. These concerns constitute a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

#### Preventing and controlling infection

- There were some areas of infection prevention and control which required improvements. Enhanced cleaning of high touch point areas such as door handles and handrails was not taking place regularly which increased the risk of infection spread. Extra cleaning schedules needed to be developed to monitor deep cleaning, for example of mattresses and curtains. Dirty laundry was not always stored securely.
- Communal areas and people's rooms were seen to be clean and fresh. There were sufficient clinical waste bins available and staff had access to plenty of personal protective equipment (PPE) including masks, aprons, gloves and hand sanitiser. However, we did find some used PPE in non-clinical bins and the acting manager addressed this immediately.

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

- People told us they felt safe living at George Hythe House. One person said, "Oh yes definitely, if I didn't feel at ease I would talk with the management." A relative said, "I do feel [my relative] is safe. I see [my relative] through the window and they always tell me they are being well looked after."
- All staff we spoke with confirmed they had completed online training in safeguarding people from abuse. They were aware of signs of abuse and knew how to report to management if they came across or suspected that people were at risk of avoidable harm.
- The provider had policies and procedures in place to keep people safe. Records showed that some safeguarding concerns were reported to the local safeguarding team.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses and accident and incident records were completed.
- The acting manager informed us that if an incident occurred the management team would inform all staff members via a daily handover meeting and/or staff meetings highlighting the issue and any informing of changes to a specific practice or procedure to prevent the same thing happening again. However, information was not always recorded about how lessons were learned when things went wrong.

#### Using medicines safely

- People received their medicines when they needed them. One person told us, "Oh yes I get them at the right time, they're very good with that."
- Processes were in place for the timely ordering and supply of people's medicines and they were stored in

accordance with requirements. We saw that records were fully completed.

- Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- We saw evidence that auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's support needs were assessed to cover physical, mental and social care needs but further work was needed to ensure records provided more detailed information about a person.
- It was not clear how people's suitability for the service was assessed before they arrived. We reviewed a file of a person who was new to the service, but could not find any evidence that the provider had considered the compatibility of this person to live at the service.
- The assessment process considered protected characteristics under the Equality Act 2010, but we found the information to be sparse. In two of the care plans we reviewed, religion and cultural needs sections were left blank.

Staff support: induction, training, skills and experience

- People told us that permanent staff were well trained, but agency staff were not. One person said about the permanent staff, "Oh yes I think they know what they are doing." Another person said, "The agency staff don't know me well, they've not been trained."
- Staff completed an induction when they started working at the service. They said that training was provided, and this was normally online training. All the staff we spoke with told us they would appreciate having more classroom training as the online training was not very detailed and they did not have an opportunity to discuss issues that arose.
- Staff informed us that they were expected to carry out the training in their own time, for which they were not paid. Staff told us this did not make them feel valued or that the provider was investing in the staff team.
- The acting manager shared with us the training matrix which showed not all staff had received training and some training was out of date. The acting manager advised that the documentation was in the process of being updated at the time of inspection and training had been booked for further training.
- The acting manager had implemented a supervision matrix in October 2020. This showed that from 31 staff (including bank staff) 18 had received supervisions.

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

- People gave mixed feedback about the quality of the food. One person said, "I'm not happy with the food. I think it has gone downhill a lot." Another person told us, "Fabulous. I like my food. I am a bit limited as not allowed red meat, but they are very good at putting substitutes on for me."
- People told us they had a choice in what they would like to eat, and we were told menus were discussed at

residents' meetings. However, on the second day of our inspection we observed people being presented with a plate of food and not offered a choice. A member of staff said, "I think people do have a choice, but they do just get what comes out the kitchen."

- Kitchen staff were not always informed about people's dietary requirements. When asked about who was on a modified diet for swallowing difficulties they said, "We know numbers, not names." There was no documentation in the kitchen to refer to or check when preparing meals to ensure they met people's needs.
- Adaptive equipment to support with eating was available but not always used when needed. During a mealtime observation we saw one person struggling to get food onto their fork, it was only when prompted that staff found a plate guard to help this person. Another person sat in their room with their plate on their lap. Staff were not available to support them.
- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. However, these were not reviewed and updated regularly of when changes occurred.

Following the first day of our inspection the acting manager had updated people's nutritional risk assessments. They had referred one person to the dietician, and they had provided the kitchen staff with information about people's dietary needs.

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

- People told us that they would be able to see a doctor if they needed to. One person told us "I always get seen to if I don't feel well."
- We saw some evidence that referrals had been made to a range of health and social care professionals when required to support people's changing health care needs but this was not consistent. We reviewed the file for one person requiring support with their mental health needs, but we could not find any evidence of communication with mental health professionals after incidents.
- Oral health had been considered in care plans and incorporated into people's care and staff training. People told us that staff support them with oral care. Oral health assessments were not carried out for people using the service, but we were assured that this was being implemented.

Following the inspection, the acting manager had implemented oral health assessments for the four people we case tracked.

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

- People's individual bedrooms had been personalised with their own belongings, photographs and ornaments. We saw that some people had a life story and a memory box with their favourite things on the wall outside of their bedroom for people to learn about them.
- The home supported people with dementia, however the environment was not consistently dementia friendly. For example, clocks around the home did not always tell the correct time or date.
- Some parts of the home were poorly maintained. It was in need of redecorating in most areas. The acting manager said this was being addressed as part of an improvement plan.

Following the inspection the acting manager sent us a copy of the providers improvement plan that showed the work to be undertaken and dates for completion.

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

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

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Restrictions on people's liberty had been authorised and DoLS representatives visited people to ensure they were being appropriately supported.
- We saw evidence that the service had met conditions attached to DoLS authorisation to ensure they were working in the least restrictive way.

# Is the service caring?

## Our findings

with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's records were not always kept securely in line with best practice guidance. We saw care plans in the dining room on one wing that had been left unattended. This meant people could have unauthorised access to people's personal information.
- People told us that staff respected their privacy and dignity at all times. One person told us, "They [meaning staff] always knock, they always ask permission." Another person commented, "The staff always respect my privacy. They shut the curtains and door."
- We were told that staff encouraged people's independence and supported them to do as much for themselves as possible. One person said, "They respect my independence and privacy." Another person told us, "They're very good. They let me do what I can."

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

- People gave positive feedback about the attitude of staff and the way they were treated. One person said, "On the whole they [meaning staff] are very very good." Another person commented, "Sometimes they [meaning staff] don't have to ask what I want, they just bring it because they know me well."
- Staff were knowledgeable about the people they were caring for. One staff member told us, "I like working here because of the residents. Each person is very different and has a different story to tell. I find it very rewarding." Another member of staff commented, "I like to walk out of here knowing that I've made a difference."
- We observed that staff treated people with warmth and took an interest in them. We saw one staff member supporting a person to walk and they were laughing and joking together. We saw another member of staff ask a person where they would like to sit. They walked with them to a chair in the lounge, talking to and reassuring them all the time. The member of staff then made sure the person was comfortable before they left.

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

- People told us they had a say in the care provided, daily routines and how their needs were met. One person told us, "Oh yes they listen. They have to listen because I can shout. They are very good." Another person commented, "I do ask them [meaning staff] questions and they do listen."
- One relative said, "My [family member] likes to spend time in [their] room and that is fine with the staff. They respect [their decision]"
- All the staff we spoke with said they supported people to make decisions by listening to what people told them and asking them about their preferences. Some care plans detailed people's likes, dislikes and

preferences; other did not. This meant that staff did not always have information about people's preferences so they could tailor the support they provided to meet people's wishes and needs

- We saw people could have access to an advocate to support them make decisions about their care and support. At the time of our inspection, one person was using the services of an advocate. Advocates are independent of the service and support people communicate their wishes.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care and support was often task focused rather than person centred care and this was evident through our conversations with people. For example, one person told us, "I'm allowed two showers a week, I have Tuesday and Friday." Another said, "They [meaning staff] will come and say it's bath day. Usually it's Tuesday."
- Care plans contained information about how staff were to meet people's health and personal care needs. However, some lacked person-centred information to ensure people received care in line with their preferences. For example, in one file it read that the person 'can experience some incontinence', but there was no information about whether the person required incontinence aids to support them. It did direct staff to prompt the person to use the toilet but did not indicate how often.
- We observed one person who had items of specific interest in their room. However, this personal information about the person's interests was not reflected in their care plans.
- Some of the care plans contained information that had been copied from other care plans, for example in [name of person] nutrition and hydration care plan it recorded, '[name of another person] weight should be monitored.'
- Care plans were reviewed but not always on a regular basis or when people's needs changed. Comments in the reviews did not always provide an up to date picture of any changes needed to improve the persons care. It was not clear from reading the records, if people had been involved in the reviews of their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The acting manager and the registered manager were aware of the Accessible Information Standard (AIS) and people's communication needs had been assessed when they were admitted to the service.
- We found very few examples of documents in different formats or any evidence of how people were made aware they could ask for this.
- There was a very detailed pictorial end of life booklet and the registered manager said they planned to provide more information to people in suitable formats to meet their needs.

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

- People expressed dissatisfaction with regards to activities available to them. One person said, "It's been boring during the pandemic." Another commented, "The carers don't come into my room and do activities, they just come in and get you ready. I used to enjoy the big board game about film stars and bingo. We used to have singers who came in regularly. It was really nice." A third person told us, "No they don't do activities anymore."
- Care plans did not always capture people's individual hobbies, interests and social contacts. The acting manager said they were working with staff to ensure more activities took place for people at the service and they had been successful in recruiting an activities coordinator who was due to commence once their employment checks had been completed.

Improving care quality in response to complaints or concerns

- People told us they would be happy to raise a concern if they had one. One person said, "I would ask to see the management." They then told us they had made a complaint in the past and it had been dealt with satisfactorily.
- There was a complaints procedure in place so people could raise concerns. We were told this was not available in a different format for people using the service, however people were asked during resident meetings if they had any concerns.
- We saw that two complaints had been received since the new provider took over and these had been dealt with in line with the providers complaints procedure.

End of life care and support

- The provider had a detailed pictorial end of life care planning policy in place to meet people's wishes for end of life care, however these had not been put in place for everyone at the time of our inspection.
- The staff training matrix showed that four staff had completed end of life care training. However, during the COVID-19 pandemic, more than ever, staff are finding themselves working more with people who are on end of life care and are required to have the skills to support people at the end of their life.
- The acting manager said they worked closely with other professionals, such as community nurses, when providing end of life care.

# 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

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had not taken sufficient steps to ensure that risks to people were regularly assessed and their safety monitored. Risk assessments and care plans had not been reviewed and updated regularly or when changes occurred.
- Quality monitoring checks in place to assess, monitor and improve the overall quality of the service had not always been effective at identifying areas that required improvements. For example, they had not identified the areas of concern in relation to infection control and prevention and they had not identified the gaps we found in records management, including care plans and risk assessments.
- There was no safe system in place to determine safe staffing numbers. Although the acting manager completed a dependency tool, we found staffing levels to be unsafe.
- Systems in place to ensure lessons were learned and improvements made when things went wrong were not always effective in ensuring accidents and incidents were analysed and reviewed.
- Not all incidents of avoidable harm had been reported to the safeguarding authorities.
- Records were not always stored securely in line with the General Data Protection Regulation (GDPR).
- We had not been notified of any DoLS authorisation in the home. Care providers are required to submit notifications when they receive an outcome from an application made to deprive someone of their liberty.

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

- We saw that the provider engaged and sought feedback from people using the service via residents' meetings and satisfaction surveys.
- We found there was little evidence that actions had been taken following concerns raised. For example, one relative raised concerns that their family member was lacking in the basic care needs such as brushing hair, brushing teeth and cutting nails. There was no action about how this had been addressed.
- There had been numerous concerns raised about the quality of the food. We were unable to find evidence of how feedback had been used to drive improvement regarding the meals provided and how people were involved in the development of the menus.
- Staff meetings and staff supervision were not consistent which meant staff did not have a regular platform to provide new ideas, give their views about the running of the service and the care provided.

- We found numerous concerns from people, their relatives and from staff surveys regarding poor communication. In one relatives survey they wrote, 'We would like better communication between care home and family. We have called several times and left messages, and no one calls us back.' The acting manager told us they had implemented a monthly newsletter to try and aid better communication.

The provider failed to ensure robust systems and processes were in place to assess, monitor and improve the service. The provider failed to act on feedback provided or concerns raised to drive improvement at the service. This was a breach of Regulation 17, (good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had been taken over by a new provider in July 2020. There was a registered manager and an acting manager in post who supported each other. The acting manager had applied to CQC to become the registered manager of George Hythe House. We found they worked well together and shared the same vision for the service.
- People we spoke with told us they were overall happy living at the service, but recent changes had not been well communicated. One person said, "I didn't know what was going on when it changed hands, they didn't come and tell us about it being taken over, but I can't think of any criticism. I am very surprised at how good it is." A relative said, "The care and support is of a high standard. We need regular contact from the manager with updates about our loved ones and on the current Covid situation and about visiting."
- Most staff gave positive feedback about the leadership and management of the service. They told us they could go to management and they would be listened to. However, they felt the registered manager and the acting manager were unable to make changes to company policy, for example, in relation to staffing and they didn't feel the provider listened to staff.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Working in partnership with others

- The registered manager and the acting manager had worked closely with the local authority during the pandemic to ensure all guidance about COVID-19 was up to date and in line with best practice. They had also liaised with Public Health England to ensure they were following current Government guidelines.
- We found good working relationships with other health care professionals that included the dietitian and speech and language therapist.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured people received safe care and treatment. Therefore, people were at risk of harm.
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 robust systems and processes were in place to assess, monitor and improve the service. The provider failed to act on feedback provided or concerns raised to drive improvement at the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured people received care from sufficient numbers of staff who were suitably qualified, skilled or competent.