

Abiden C H Ltd

# Abiden Care Home

## Inspection report

22-24 Rosehill Road  
Burnley  
Lancashire  
BB11 2JT

Tel: 01282428603

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

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

Abiden Care home is a residential care home providing personal care for up to 22 people, in one adapted building. The service provides support to older people, people living with a dementia, mental health, and people with a physical disability. At the time of our inspection there were 15 people using the service.

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

Significant concerns were identified in relation to the environment, gas, electrical safety and water, as well as managing risks. We found concerns in relation to infection prevention and control and management. Staffing shortfalls were noted during the inspection, the provider took action to address the gaps in staffing for the kitchen and night duty. People were safe and systems were in place to guide staff on acting on safeguarding concerns. We found medicines were not always managed safely across the home.

There was no record that maintenance tasks had been undertaken in the service since 2021. A wide range of work was required in relation to the environment, including, radiator covers, clutter in bedrooms and fraying carpets. People's nutritional needs and choice was not always considered. People said that meals were usually good however, there was a large amount of uneaten food on day two of the inspection, feedback was that people did not enjoy this meal. Staff had received training however, there was no record of supervision and competency checks. 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 had access to health professionals and regular visits by the nurse practitioner was ongoing.

People's clothes were stored in the wrong rooms and one person's bedroom was being used to store linen, not all people's choices were supported. People told us they were happy with the care provided. Staff were seen answering buzzers in a timely manner and were visible in the communal areas.

Care records had been developed however these were basic, did not reflect all people's needs and had not been reviewed robustly. There were no meaningful activities taking place. Whilst records of complaints were seen there was no evidence of the investigation or outcomes. Visits were taking place in the service.

The provider failed to identify the widespread concerns we identified at this inspection. The manager and nominated individual told us of their commitment to make the improvements. Audits and monitoring was either not in place, overdue, or lacked details to confirm good oversight and monitoring. There was a range of policies however, these required review to ensure they reflected up to date guidance. We could see little evidence of the involvement of people, relatives and staff. The registered manager had recently left and there was a new manager in post.

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

### Rating at last inspection and update

This service was registered with us on 27 May 2022 and this is the first inspection. The service was registered under the previous provider on 17 August 2020. There was no rating for this provider.

### Why we inspected

The inspection was prompted in part due to concerns received about; the safe management of medicines, delays in seeking advice from health professionals, staffing, the environment, lack of choice and the management of the service. 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. The provider responded to the immediate concerns and gave assurances of the actions they had taken, and the plans to address the significant concerns. Please see the safe, effective, caring, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of medicines, managing risk and the environment, infection prevention and control, consent and unlawful restrictions, nutrition and hydration, acting on complaints and good governance.

We made recommendations in relation to staffing, staff recruitment, supervision and competency checks for staff, supporting people's dignity and appropriate care and meaningful activities.

We have issued the provider with warning notices for regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

### Special Measures:

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 6 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Abiden Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

One inspector, one medicines inspector and one Expert by Experience undertook day one of the inspection. One inspector undertook day two of the inspection. 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

Abiden care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abiden care home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection the registered manager was no longer working in the service.

#### Notice of inspection

Day one of the inspection was unannounced, day two was announced.

### What we did before the inspection

Prior to the inspection we looked at the information we held about the service. Including, feedback and notifications which the provider is required to send to us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with seven people and four relatives. We also spoke with four professionals about the service and asked for feedback from two other professionals. We undertook observations in the communal areas and a tour of all areas of the building. We spoke with eight staff members. These included; two care staff, two seniors, kitchen staff, the manager, the manager offering support from a sister home and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records including; three people's care records, medicines administration records, staff files, training records, audits, checks and records relating to the operation of the service.

# 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 of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- Systems were not robust enough to ensure risks were assessed and managed safely.
- During our observations we identified significant concerns in relation to the environment and safety in relation to gas, electrics and water. There was a gas leak and a water leak which had soaked through a ceiling into electrical wires. The provider took immediate action to make the environment safe for people. Relevant qualified professionals undertook emergency repairs to ensure the building was safe for people to live in.
- Most doors were observed to be wedged open. These included bedrooms and fire doors and some doors did not close properly, this was a risk in the event of a fire. There was a large amount of clutter, including combustibles noted in staff areas. We asked about ensuring an accurate register of visitors to the service. The manager provided a copy of the visitor's book however, the last entry in this was from 2020. A relative of one person told us they were not asked to sign a visitor book, when they visited the service. Records in relation to fire safety identified relevant checks and information to support safe evacuation had gaps in them. For example, not all personal emergency evacuation plans reflected the individual needs of people, fire testing had not been completed recently and the last fire drill record was from 2021. We advised Lancashire Fire and Rescue of the concerns in the service. They visited on day one of the inspection. They made recommendations to the service to address the shortfalls in relation to fire safety. We noted the immediate actions taken in the service by day two.
- There was some evidence of environmental risk assessments in place. However, these were brief, and had not been updated recently to ensure they reflected current needs and risk. For example, the risk assessments relating to infection prevention and control had not been reviewed since May 2020.
- Care files had details of some individual risk assessments. However, two people's individual risks had not been assessed, reviewed or recorded. For example, one person's record did not identify a moving and handling risk, and how to manage this, and another made no reference to the management of falls risks.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place so that risks were assessed, managed and updated appropriately. This was a breach of regulation 12 (1) (2) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence of servicing and checks taking place by external contractors. Where recommendations had been made the provider confirmed they would address all of these to address the shortfalls in the service.
- Accident and incident records had been completed however, these were brief. The service was completing a monthly falls audit with details of each event. We could not see the service had developed records in relation to lessons learned to ensure improvements were made going forward.



## Preventing and controlling infection

- People were not protected from the risks of infection.
- One person told us, "The staff don't normally wear masks, but they did today because you're here." On arrival to the service none of the staff were noted to be wearing appropriate Personal Protective equipment (PPE), and the staff failed to verify Lateral Flow Testing (LFT) status of the inspection team. A professional confirmed they had not been routinely asked to verify their status recently. The manager responded immediately and ensured all staff were wearing masks and that PPE where required was worn. We noted all staff wearing masks on day two of the inspection.
- Where one staff member had tested positive for COVID-19, the service had failed to follow guidance in relation to testing of staff. Lateral Flow Testing was being recorded as done by staff however, the results of these had not been recorded.
- Staff did not have access to up to date guidance to ensure safe infection control practices were followed. The manager responded immediately and ensured up to date government guidance was made available to all of the staff team. Some infection control audits were undertaken however, we noted, an IPC self-audit tool was dated from 2019.
- During our walk around we noted there was no robust PPE station identified for staff and visitors to access. There was a number of areas which required improving, to reduce the infection risk. The communal bathroom which staff advised was the main bathroom for people to use was filled with a large amount of clutter. This included electric fans, continence products, people's clothing, electrical wiring, gloves and aprons. There were continence products on the floor along with a carrier bag with food in it. The manager instructed the bathroom to be cleared immediately.
- People we spoke with told us they thought the service was clean. We noted not all bathrooms and communal toilets had hand wash and paper towels available for people and visitors, to ensure they were able to wash their hands effectively. Another toilet had used laundry in a bag on the floor and the toilet seat was stored behind the bin.
- Following the inspection the manager told us that the infection and prevention team from the local authority had visited the service, and they were waiting for guidance on the actions required to address the shortfalls.

## Visiting in care homes

- The service was not supporting visitors safely to visit people. Systems and checks had not been maintained on entry to the service.

Whilst no people had been harmed, systems had not been established to ensure people, staff and visitors were protected from the risks of infection. This placed people at risk of harm. This was a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was dedicated housekeeping staff available, and we saw them undertaking their duties on both days of the inspection. A range of products and equipment for staff to access to ensure areas were cleaned was available for them to use.

## Using medicines safely

- We found the service did not have enough trained staff to administer medicines when people might have needed them. Staff who administered medicines did not have records to show that they were competent.
- Medicines records lacked details such as the persons GP, allergy status and instructions how medicines should be given. There was a risk that people might not have got their medicines properly as records were incomplete.
- One person had missed four doses of their strong pain relief medicine because the service had no stock.

Another person's medicine record did not match the number of tablets remaining so we could not be sure that medicines were always administered as prescribed.

- Medicines were not always stored safely. The medicines room and trolley were not secure and the room, trolley and fridge temperatures were not monitored to ensure medicines were safe to use. Topical medicines such as creams were not stored safely in people's bedrooms.
- The medicines policy had not been updated for four years and the controlled drug register had not been completed correctly in line with guidance. Medicines audits had not been completed for several months and had not identified the issues found at this inspection.

We found no evidence people had been harmed however, the provider had failed to ensure systems were in place to ensure medicines were managed safely. This was an ongoing breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Staffing numbers were not always sufficient. Staff were mostly recruited safely.
- One person told us there wasn't, "Enough staff at weekends, It's chaos here and they've no cook."
- Whilst we saw there was staff in place on the days of the inspection, we were advised staff were expected to undertake dual roles in their shifts. We noted the manager was responsible for the running of the service as well as undertaking cooking duties on day one. The provider organised for staff from a service within their portfolio to cover the kitchen shifts on both days of the inspection. The manager told us that existing kitchen staff were on leave and would be returning to work the week following the inspection. We also received feedback from Lancashire Fire and Rescue that the numbers of staff required overnight to ensure people were evacuated safely needed increasing. The nominated individual took immediate action to ensure staffing was increased overnight.

We recommend the provider seeks nationally recognised guidance to ensure enough suitably skilled staff are in place to ensure people receive appropriate and safe care, and they take action to update their practice accordingly.

- Duty rotas had been completed which included the staff names and the shifts undertaken. This would assist monitoring staffing allocations and covering any gaps in shifts where required. Staff were visible in the communal areas and were noted to be responding to requests for help and support in a timely manner. Staff told us, "I am able to do my job, people get their care. We would benefit from extra staff." A professional told us they saw the same staff when they visited the service and, there was enough staff.
- There was evidence that staff had been mostly recruited safely. We checked staff files, whilst records included details of the required checks taking place not all had been followed up and completed in full. One person's application record contained details of references however, we noted one of the references for the person had not been listed on their application forms and was not from their most recent employer.

We recommend the provider seeks nationally recognised guidance to ensure all relevant recruitment checks are undertaken, and they take action to update their practice accordingly.

- Staff told us the required checks had taken place prior to them starting work. These included, interview, references and Disclosure and Barring Service (DBS) checks. Staff confirmed inductions had taken place on commencement to their role.

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

- People were protected from the risks of abuse. People and relatives told us they felt safe in the service.

Comments included, "Why shouldn't I be (safe)" and "If I didn't think [family member] was safe in the home (service) they wouldn't be in here."

- Staff had received safeguarding training that would support them to act on concerns. Staff told us they felt people were safe, and told us what they would do if they had any safeguarding concerns. One said, "If someone was being abused, I would first go and inform the senior and manager to keep people safe as possible. I would report the concern to the local authority and the police. I have no concerns regarding whistleblowing."

- Records relating to safeguarding concerns were noted however, there was no record to support investigations being followed up and monitored. The service had access to local authority policy and guidance in reporting and acting on safeguarding concerns.

# 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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- There were shortfalls in the adaption, design and decoration of the service.
- The service had been adapted from an existing building with communal areas to the ground floor and people's bedrooms and communal bathroom and toilets on both the ground and first floor. We noted a number of concerns in relation to safety in people's bedrooms. A high number of wardrobes had not been secured to the walls, one wardrobe had cracked glass on the door and there were items such as bi-fold doors and a vacuum cleaner stored in a person's bedroom.
- Most areas were clean and tidy however, we noted areas of chipped paintwork and peeling wallpaper. None of the bedrooms had doors to their ensembles and three communal toilets did not lock, which would support people's privacy and dignity.
- Where two people had a bedroom which required step access to the communal areas, no risk assessment or consideration had been undertaken about how to access these areas safely. Some carpet edges were frayed and a hole was in one of the carpets in a communal area. There was a maintenance book to record work required. However, we noted the last entry in this was from May 2021. This was despite evidence of a high number of maintenance work required including; a large number of loose radiator covers, a lifting strip on a sensor mat, a faulty wall sensor, a broken glass display in a corridor and faulty laundry equipment which required repair. The provider took immediate action to address the shortfalls we identified at the inspection.

Whilst no harm had occurred systems had not been established to ensure people were protected from an environment that was unsafe, had not been maintained or properly used. This placed people at risk of harm. This was a breach of regulation 15 (1) (c) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw some people's bedrooms were nicely decorated and contained people's own possessions to personalise them. None of the people we spoke with raised any concerns about their bedrooms.

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

- People were not always supported to eat and drink.
- Some people were positive about the meals provided. Comments included, "The foods very nice, I can't grumble, the hostess does me prawn cocktail, the only thing is that you have to wait a long time for your food." People told us they didn't enjoy the food offered to them on the second day of the inspection. One relative told us, "They don't cater for [meal choice]." We noted a high amount of food was returned to the kitchen uneaten. One of the managers discussed the poor quality of the food with one person, and developed a meal and menu plan according to their likes, needs and choice. The manager told us there was

no menu plans available to ensure a varied meal choice was provided, in line with people's choices and likes. These were being developed during the inspection.

- Where people had individual choices and meal requirements this had not been communicated to the staff member responsible for the meal preparation. Records in the kitchen were difficult to follow and not all people's dietary requirements had been recorded. For example, vegetarian choices. Care records contained some information about people's individual meal requirements and likes. However, we noted not all information was recorded, for example a diabetic diet for one person and a vegetarian option.
- Whilst kitchen staff wore protective equipment, we saw staff walking in and out of the kitchen and, there was no guidance to support safe access on display for staff to follow. The nominated individual confirmed all staff would be provided with uniforms which identified their role in the service to ensure only appropriate staff were accessing the kitchen.
- People's weights were being recorded however, these were not always being done consistently when required weekly. Where one person had an identified weight loss, it was not clear in their records whether they had been referred for specialist advice. The manager immediately followed this up and confirmed that relevant referrals had been made.

We found no evidence people had been harmed however, systems were not in place to ensure people received the safe and appropriate support with their nutritional needs. This was a breach of regulation 14 (1) (4) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Tables were nicely set, with condiments, crockery and napkins. People were supported by staff to prepare for the dining experience and, we observed people being supported in a kind manner with their meals. It was evident that staff knew people's needs and the atmosphere was kind and calm.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were not consistently protected from unlawful restrictions and consent had not always been obtained.
- Whilst we saw evidence that MCA and best interest assessments had been undertaken in some of the records we reviewed, not all had completed assessments. One person's record contained information that they had concerns in relation to capacity. We could see no record that relevant DoLS applications had been submitted. The manager confirmed that the application had been submitted. We saw another record in relation to best interests for two decisions for this person. Whilst the record had been signed and dated, it was very brief and confirmed only one staff member had completed it. There was no evidence of the involvement of the person, family or relevant professionals in the decision.
- Some care records confirmed consent had been sought from people. However, not all records had been signed by people to confirm they agreed to their care. There was a policy in place to guide staff for consent

to care, examination and treatment. However this had not been updated since 2015.

Whilst no harm had occurred systems had not been established to ensure people were protected from the unlawful restrictions. This placed people at risk of harm. This was a breach of regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection we observed staff asking permission from people before undertaking any activity.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team. None of the people or relatives raised any concerns about the training staff had to care for people effectively. A professional raised no concerns in relation to the skills of the staff team.
- We asked the manager about supervisions and competency checks . They told us there were no records that competency checks and supervisions had been undertaken. Staff we spoke with confirmed they had not received a supervision or competency check recently. The manager provided evidence following the inspection that supervisions had been commenced.

We recommend the provider seeks nationally recognised guidance to ensure staff receive regular supervision and competency checks in their role, and they take action to update their practice accordingly.

- Staff told us they were up to date with their training and, had completed inductions and shadowing shifts on commencement to their role. Training records confirmed training had been undertaken on a range of areas. There were some gaps in the most current training matrix however, the manager provided a copy of the previous year's training which recorded the training undertaken.

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

- There was evidence in people's care records of some professionals involved in the health needs of people. The manager told us they had a good relationship with the local nurse practitioner who undertook twice weekly visits to assess and review people's needs.
- A professional told us that the service made appropriate referrals to them and, where required call outs were made if more urgent visits were needed. We saw evidence in people's records where emergency services had been contacted, to review people's urgent needs, when required.

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

- We saw preadmission assessments for people prior to moving into the service. Whilst some information was recorded, one record had not been completed in full to ensure staff had the up to date information to support them in moving into the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as 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; Supporting people to express their views and be involved in making decisions about their care

- People were not always treated with privacy, dignity and their independence promoted.
- We saw several bedrooms where people's personal clothing was mixed up in drawers and wardrobes, which belonged to another person living in the service. One bedroom had bed linen stored in the persons drawers. This meant that people's dignity was not supported.
- Not all people were involved in choices. Where one person requested a specific diet this was not always provided. The staff member undertaking cooking duties on day two of the inspection was not aware of people's choice of menu.

We recommend the provider seeks nationally recognised guidance to ensure people received dignified and appropriate care and take action to update their practice accordingly.

- People told us, "They're all good girls, everybody's very fair. If you're nice to people they're nice to you" and, "I can't fault the staff at all, they're very obliging, but understaffed." A relative told us their family member was treated with dignity. They said, "[Person] is clean, well fed and looked after with dignity." Others said, "The staff have been really good and accommodating."
- We saw bedroom doors had locks on them which would enable people to lock their doors if appropriate and safe. People told us staff knocked on doors prior to entry, and we observed staff knocking on doors and waiting to be invited in.
- Care records included information about the needs of people and the support required. However, these would benefit from more details. This would promote their independence.

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

- People received good care from the staff. Most people and relatives told us they were happy with the care. Comments included, "The staff are very kind", "They're very kind, I can talk to them" and, "The carer's (staff) are mostly very good, they know their jobs." A professional was positive about the care people received. They told us, "They are well cared for and are happy. I have no concerns regarding [people's] care."
- We observed staff being kind and attentive to people's needs and care tasks were discussed with people as these were undertaken. Staff demonstrated their understanding of people's needs and likes. Buzzers were observed to be answered in a timely manner and, staff were visible in the communal areas which would enable people to be supported as they required.

# 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; End of life care and support

- Assessments of people's current needs were not consistently in place. People's end of life care and support was not considered.
- None of the people we spoke with could confirm they had been involved in the development of their care files.
- People's care records had been developed however, they were basic and did not always reflect people's current needs. One person's care plan did not reflect their needs in relation to a medical condition. Another made no reference to how to support a falls risk. Whilst care plans and risk assessments had been reviewed, there was very little detail to reflect that detailed reviews had taken place, to ensure they reflected people's current needs. Where one person had fallen, we could see no record of a body map following this. The manager told us they would take immediate action to address the shortfalls in the records.
- Daily and monitoring records were being completed. Whilst records for night checks had been done, these were all timed within an hour timeframe and completed by the same staff member for a number of people. The manager told us they would ensure accurate times of checks were recorded.
- There were no records in place that confirmed discussions around people's choice with regard to end of life care.

Whilst no harm had occurred, systems had not been established to ensure records included details assessments of people's current, individual needs and detailed reviews had taken place. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Policies and guidance was in place to support and guide staff on care delivery and death and dying. These had not been updated recently. The manager told us they had a new system in place that would enable staff to access up to date policies to support them in their role. The Statement of purpose made reference to supporting people at the end of their life

Improving care quality in response to complaints or concerns

- Complaints and concerns were in part considered.
- There was evidence of complaints received by the service recorded. However, there was no records to confirm the details of the investigation and the outcome from this.
- There was a policy in place however, they needed reviewing to ensure they reflected current guidance.

We found no evidence people had been harmed however, systems were not in place to ensure complaints



were investigated and acted upon appropriately. This was a breach of regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- None of the people we spoke with raised any concerns or complaints. Staff told us what they would do if they had any concerns. One said, "I have not had to deal with complaints. If I did it would depend on severity. I would try to sort it and report to the manager. If I was unable to sort it I would report to the manager."

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 were not always supported to access activities. There were no activities taking place during the inspection. People told us, "We haven't seen any activities, there are no activities at all" and, "[Person] used to like singing in the choir, [person] likes singing. [person] feels left out." The manager told us they had recently recruited an activities co-ordinator and it was hoped activities would be improved for people.
- There was an activities file for staff to access with resources. However, these were very basic and made reference to children's activities. There were some records of activities provided to people. However, these had not been completed since March.

We recommend the provider seeks nationally recognised guidance to ensure people who used the service were able to access meaningful and regular activities, and take action to update their practice accordingly.

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 communication needs were somewhat consistently supported. We saw some people were making use of aids to support them to communicate. Where one person required alternative systems to communicate with them, we saw they had access to a pictorial board. We also noted staff used a white board to support communication with them. We discussed with the manager whether staff had been trained in alternative communication skills such as British Sign Language (BLS). They told us they would explore appropriate training for the staff, where required and requested.
- The service was open to visits and we saw visitors during the inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service did not have systems in place to monitor and identify shortfalls, and had not consistently acted when things went wrong.
- Oversight and monitoring was not being completed effectively. Audits and monitoring of the service was either basic, overdue, incomplete or not in place. For example, we saw a care plan audit that did not identify whose records had been reviewed or whether the findings had been followed up. The record for equipment audits had no record of what was required as part of the audit being completed, or the findings other than a list of equipment in each room. The manager told us they were planning to restart daily walk arounds in the service and daily flash meetings. This would ensure the service had systems in place to monitor the service and take action on their findings.
- We identified concerns in relation to the oversight, operation and management of the service. The registered manager had recently left their post, and there was a new manager at the time of the inspection, who had only been in post for a very short time frame. People told us the new manager was approachable, more open and supportive.
- During this inspection we identified widespread failings already identified in the safe, effective, caring and responsive key questions of this report. There was a lack of oversight and monitoring taking place. There was a new provider for the service since 27 May 2022. There was a lack of oversight for the operation, management and monitoring of the service. The provider had failed to identify the significant concerns found at this inspection.
- Systems had not been established to ensure people, staff and visitors were protected from the risks of infection. Systems had not been established to ensure people were protected from the unlawful restrictions. People were not protected from an environment that was unsafe, had not been maintained or properly used, risk assessments had not been completed, detailed or updated. Systems were not in place to ensure people received the safe and appropriate support with their nutritional needs. Systems were not in place to ensure complaints were investigated and acted upon appropriately. Systems had not been established to ensure care records reflected people's current and detailed needs. We also made recommendations in relation to concerns about staffing, supervision and competency checks for staff, supporting people's dignity and appropriate care and meaningful activities.
- There was a newly recruited regional manager in place. The manager told us the regional manager had

visited the service recently. However, there was no evidence of any record to confirm this, or completed senior audits demonstrating oversight in the service. A range of records were not being stored safely and were accessible in the communal areas. The manager took action to ensure these were moved and stored securely.

Whilst no harm had occurred, systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (2) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mainly positive feedback about the manager, however some concerns were raised in relation to the managers ability to address the findings of the inspection. One person said of the manager and deputy, "They are both very good, absolutely great, both on the ball." A professional told us, "The manager is very open and candid. They have not hidden anything, there is no closed culture, maybe there was, but not now." Staff told us, "I go to [manager] with anything, they are a good manager, they should have been manager months ago" and, "The change of manager has been okay. It has been really nice [manager] has been really good with me, a good manager." Another staff member said, "I am not sure [manager] will be able to sort it out."
- The manager and provider told us they were committed to ensuring improvements were undertaken in the service. We saw evidence of a provider visit undertaken soon after the service was registered with them. The provider confirmed the recruitment of a senior manager to offer oversight and support in the service. This person was due to commence post imminently. We noted, and professionals confirmed the service was being supported by relevant professionals. This would ensure improvements were ongoing and embedded. The staff team and information required was provided to support the inspection.
- The service ensured statutory notifications were being submitted to the Care Quality Commission as required. Certificates of registration and the ratings were on display in the communal areas, as well as their employer's liability insurance certificate.  
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
- Continuous learning and improving care was not consistently considered. People and staff were not consistently engaged and involved. None of the people or relatives told us that they had been asked for any feedback regarding any aspect of the service, the care or food for example. Staff also confirmed there had been no team meetings or surveys taking place. We checked the records and saw the last date of a team meeting was in 2019.
- There was a service user guide in place however, this had not been completed recently to ensure it reflected current information and guidance.
- There was a range of policies covering the care, operation and oversight of the service. However, these needed reviewing to ensure they reflected up to date guidance. The manager told us they were transferring over to new and up to date policies. This would ensure all staff had access to up to date information and guidance.

Whilst no harm had occurred, systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence of handover records, day to day diary and a communication book which supported information sharing with the staff team about people's needs and updates.

#### Working in partnership with others

- There was evidence of the involvement of professionals. Professionals confirmed they had been involved in people's care needs and we saw them visiting on the day of the inspection. GP details were recorded in the records we looked at.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People were not protected against risk because systems had not been established to ensure people were protected from the unlawful restrictions.  Regulation 11 (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  Systems were not in place to ensure people received safe and appropriate support with their nutritional needs.  Regulation 14(1) (4) (a) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People were not protected from risks because systems had not been established to ensure people were protected from an environment that was unsafe, had not been maintained or properly used.  Regulation 15 (1) (c) (d) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 16 HSCA RA Regulations 2014

personal care

Receiving and acting on complaints

Systems were not in place to ensure complaints were investigated and acted upon appropriately.  
Regulation 16 (2)

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected against risk because the provider had failed to ensure systems were in place so that risks were assessed, managed and updated appropriately.</p> <p>Systems had not been established to ensure people, staff and visitors were protected from the risks of infection.</p> <p>Systems were not in place to ensure medicines were managed safely.</p> <p>Regulation 12 (1) (2) (a) (b) (d) (g) (h)</p>

### The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough or established to ensure the oversight, monitoring and good governance of the service.</p> <p>Regulation 17(1) (2)</p>

### The enforcement action we took:

warning notice