

Radah Care Ltd

Lizbis Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lizbis Care Home is a care home registered to provide accommodation for people who require nursing or personal care relating to their health conditions, such as dementia, and frailty of old age. The service provides support for up to 19 people. At the time of our inspection there were 15 people using the service.

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

Systems in place to learn from incidents and drive improvement were not effective. Accident and incident forms lacked detail of actions which had been taken as a result, although knowledge of these incidents was present by the provider and registered nurses.

Not all environmental risks were managed. We found a fire door which had been wedged open when they should remain closed for safety, and the storage of people's medicines required improvement.

People were not engaged in activities as much they wished, and some carers did not always speak to people with respect. We have made a recommendation about more effective ways to communicate with people.

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. Not all Mental capacity assessments were decision specific and did not evidence how the determination of people's ability to make decisions were made. People did not have the required deprivation of liberty safeguards in place.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The provider was open and honest about the challenges which had been faced recently. They told us they were committed to improving the service and the support people required.

People and their relatives told us they felt safe living in the service and felt staff were responsive when they asked for help. Staff told us what person-centred care was and knew people well. Staff knew how to recognise signs of abuse and how to report these concerns. Policies and procedures were in place.

There were enough staff to meet people's needs. Agency workers were used to cover shifts permanent staff were unable to commit to and these were regular workers so people could get to know them.

People's care plans were reviewed regularly and updated so staff had access to the most up to date information to support people and people's wishes for support at the end of their life were recorded.

Rating at last inspection

This service was registered with CQC on 10 January 2022 and this is the first inspection.

Why we inspected

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.

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see all 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

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 governance, dignity and respect and deprivation of liberty safeguards at this inspection.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lizbis 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

This inspection was carried out by two inspectors.

Service and service type

Lizbis 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. Lizbis Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 there was a manager registered with the CQC but was not in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration and sought feedback from recent visiting professionals. We used this information to plan our inspection. 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.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered nurses, and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded but there were no effective systems in place to learn from these and minimise the risk of reoccurrence.
- Records showed a person had fallen in their room. The action taken stated 'encouraged [person] to use the call bell.' However, in this person's care plan it stated they lacked the capacity to understand how to use the call bell. The action was therefore ineffective in minimising the risk of reoccurrence.
- There were further records of accidents and incidents which contained no details of who the incident was reported to or what had been done to reduce the risk of it happening again to keep the person safe. There had been no impact on the person, and we were assured appropriate action was taken but not recorded.
- We saw incident forms for one person who had fallen in different circumstances over a few months. There had been no analysis of these incidents to try to identify any themes or trends to learn if anything could be done to reduce future risk. We have reported on this further in the Well Led section of our report.
- The provider responded immediately to the records issues we raised. We were assured by the provider's knowledge of incidents that correct action had been taken but these had not been recorded. The provider assured us they would inform all staff of how the incident and accident forms should be completed and would monitor these.
- Staff knew what to report and how to do this. Staff told us they used the handover sessions between shifts, to let other staff know what had happened and what should be monitored during the next shift.

Assessing risk, safety monitoring and management

- Not all environmental risks were managed. During inspection we observed a member of staff wedging a person's bedroom door open. This was a fire door and needed to be kept closed. There was clear signage that it was to close automatically in the event of a fire and the wedge would impact its effectiveness to keep people safe. We raised this with the provider who removed the wedge immediately and informed us a new door guard – a device which would enable the door to be open but would automatically close in the event of a fire, had been ordered.
- Records of risks to people and knowledge of how to mitigate these were present. Risk assessments for people who required bed rails, who were at risk of falls and who were nutritionally at risk were completed and staff we spoke with knew how to manage these.
- People had personal emergency evacuation plans in place, these were to ensure people could leave the building safely in the event of an emergency. All the required safety inspections had been completed to ensure the environment was safe such as gas and electrical safety, equipment servicing and legionella testing.

Using medicines safely

- Medicines were not always stored correctly. The medicines storeroom lock was broken and not secure. This posed a risk to people who were independently mobile as the storeroom contained prescription only medicines.
- The temperature of the storeroom was 30 degrees.' NICE guidelines state medicines room temperature should be 'usually no more than 25 degrees' as higher temperature can affect the stability of the medicines.
- The provider responded immediately during and after the inspection to the concerns relating to storage of medicines which we raised. The provider had the service maintenance staff fix the lock on the door the same day and post inspection we were sent photographic evidence of a new cooling system which was installed to lower the temperature.
- People who required 'as and when' medicines had correct protocols in place which contained guidance for nursing staff to follow and administer these medicines safely.
- Medicines stock checks were completed and there were regular audits of these in place to ensure correct numbers of medicines were present.

Staffing and recruitment

- On the day of inspection there were enough staff deployed to keep people safe and meet their needs, However, there was an increased dependency on agency staff due to issues with recruitment of permanent staff. The provider had recruited four new members of staff, but this process was delayed as the provider was waiting for the appropriate checks to come back.
- One person told us, "There are enough staff. They always come quickly when I call." Another person told us, "I have never seen so many staff." We discussed this with the provider on inspection, who informed us the staffing numbers had been increased due to a recent new admission to the service in line with their dependency tool planner.
- Staffing levels were increased following a recent visit from the local fire service. They discussed with the provider the risks to people if there were not enough staff to manage safe evacuations. The provider responded by increasing the night staff numbers and being on site themselves until more staff completed their recruitment process.
- Staff had been recruited safely. Records were kept in the service and showed correct checks had been made on employment history, references and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nurses employed were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nurses are required to update their registration annually.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to protect people abuse. The provider understood their responsibilities relating to safeguarding and had reported concerns to the local authority.
 - Staff received safeguarding training and were able to describe the different types of abuse a person may be at risk of and how they would report this if they were concerned.
- People told us they felt safe living in the service and relatives told us they did not have any concerns regarding the care and support their loved ones were receiving.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
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- Visitors were able to visit their loved ones when they wished. Any visitors were asked for a negative lateral flow test on the day of their visit and to wear face coverings to ensure people were protected from the risk of infection.

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.

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.

- Mental Capacity Assessments had been completed for people where required. However, there were inconsistencies in how these were completed. Some people had individual, decision-specific mental capacity assessments such as, can a person consent to care or can they understand the risks of leaving the building unaccompanied. Others had 'blanket' decision assessments such as one assessment for at least 4 different decisions. These records were not sufficient in evidencing whether someone could make this decision for themselves.
- Based on the outcome of these assessments, applications for DoLS had been made and these were granted for seven days. The authorisations had expired in and around April/May 2022 and no follow up request or discussion with the DoLS authorising body had taken place.
- We found one person had a risk assessment about leaving the service unaccompanied. There was no mental capacity assessment to confirm they could not make this decision but a DoLS had been applied for. One person had a mental capacity assessment which had determined they could make decisions for themselves but a DoLS had been applied for.
- We did not find evidence anyone living at the service had a current authorised DoLS in place. The entrance and exit to the building were locked by a keypad, therefore people who were unable to be supported to leave safely, were being deprived of their liberty without the appropriate legal authorisations in place.

People must not be deprived of their liberty for the purpose of receiving care and treatment without lawful

authority. This was a breach of regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised these issues with the provider during the inspection and they assured us the mental capacity assessments would be rewritten and the necessary applications made to the DoLs office. We will follow this up with the provider.
- Staff understood the mental capacity act and had completed an online training course in this. Staff were able to tell us what this means in practice when supporting people who may not be able to make decisions for themselves. Staff we spoke with understood the need to ask consent before completing any care and support tasks. Staff told us, "I would always ask, is it ok to help you wash or could I help you to use the toilet, if people refused I would go away and come back to try again later."

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

- People's care plans were completed and there were individual assessments based on their diagnosis or conditions and how their needs were to be met.
- People's needs and choices were assessed prior to moving into the service to ensure staff could meet people's needs and keep them safe. This was carried out in-line with the Equality Act 2010. This ensured people's protected characteristics, such as disability and religion were positively promoted.
- Peoples' preferences, likes and dislikes were recorded in care plans; they contained enough information for staff to know about peoples' individual choices and wishes.

Staff support: induction, training, skills and experience

- Staff had completed their mandatory training. This was a set of online courses that gave them the information needed to perform their jobs well. Staff we spoke with were all experienced carers and said they felt the training was informative.
- Staff felt supported by the provider and told us, "Nothing is too much trouble for them. The provider has been there if we need them in an emergency. They are so dedicated."
- Staff had been supervised by their seniors. They told us this was beneficial as this gave them the opportunity to raise things of concern and discuss any progression goals they may have.

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

- There had been concerns raised before the inspection that care staff have had to work in the kitchen whilst supporting people which was potentially impacting on the care people received. We were made aware the chef had left recently, and the provider took responsibility of working in the kitchen with support from extra members of care staff whilst they recruited a new chef.
- We observed the lunch time which was very task orientated with staff serving meals and drinks with little interaction; however, people were supported, where appropriate with eating and drinking.
- The member of staff working in the kitchen on the day of inspection had a good understanding of people's likes and dislikes or if they needed specialist diet such as soft food or pureed.
- People were not offered a choice of main meal, but alternatives could be given if requested such as sandwiches; and people told us the food offered was good.
- People who required support with eating and drinking had this identified on their care plan and people had been referred to Speech and language therapists (SaLT) and dietician services where concerns about people's nutritional intake had been identified.

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

- The service had been adapted to meet people's needs. It was a purpose-built care home which was clean and bright.

- People's bedrooms were decorated in a personal way and people were able to have their own belongings in them.
- There were signs around the service with pictures to help people identify where things were such as the bathrooms or toilets.
- Laundry was completed by staff in a dedicated area. There were individual boxes for each person's clothing to try to minimise any items going missing or being lost.

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

- People were supported to access external medical support. We observed the registered nurse making referrals to GP's and specialist services on behalf of people during inspection.
- People were supported to manage their health needs, with conditions such as diabetes, the registered nurses administered insulin injections and supported with maintaining skin integrity.
- A relative told us, "It can take my [loved one] lots of time to eat. The staff have had support from the SaLT teams and dieticians to see if anything else could be done. I am really confident they would have any professional in they felt would be of benefit."
- People's oral health needs had been assessed and were included in their care plan to help staff identify the level of support people needed to remain healthy.
- Relatives also told us the provider and registered nurses keep them informed if there are any changes in a person's wellbeing.

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

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

- Some interactions and language used by staff was not respectful or caring. We observed some staff speaking loudly asking people across the room if they required any medicines. There were more respectful ways this could have been communicated.
- One member of staff did not follow good practice when assisting a person to stand from a chair. This interaction was not caring, and we raised this immediately with the provider who spoke to the member of staff.
- During a discussion with one member of staff, they used generalised assumptions about people living with a learning disability which were not respectful. This discussion was not in front of people and we raised this with the provider immediately for them to address.

People were not consistently treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from people's relatives was positive. One relative told us, "When we came to look at the home, we heard the emergency buzzer. Staff explained they would be back once they had investigated. I followed to see if I could help. I witnessed really nice interactions between staff and people living there. It was nice to see." Another relative told us, "The staff are always patient and look after [person] and they don't ever give me any signs of being distressed or unhappy."
- We observed some positive interactions between people. One person who had recently moved into the service was asking to leave. The provider and registered nurse were very relaxed and explained why they were there and what staff can do to help them. this helped the person to become more comfortable and followed staff to the dining room.
- One person had misplaced a belonging which had made them very upset. The registered nurse had a friendly conversation with the person and then went to look for it. The nurse returned with the item and the person was overjoyed and very grateful.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and promoted. We observed staff discreetly offering one person to use the toilet and bedroom doors were shut when supporting people with personal care.
- People were encouraged to complete aspects of their care they could themselves. We observed staff supporting a person to the bathroom. Staff asked if they needed help. The person declined so the care staff remained outside, to be there if any support was needed.

- One person told us, "I have trouble with my [continence], especially at night. I only have to press my call bell and staff come straight away. They changed my bed and made me comfortable."
- Care records were stored securely via the providers electronic system; they were password protected meaning only staff who were authorised were able to access people's private data.

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

- People were encouraged to share their life experiences, where appropriate, so staff could get to know them well. Care plans included past hobbies, people's past professions and their interests. People's likes and dislikes were also recorded.
- If people were unable to be involved in making decisions about their care, relatives and professionals were consulted on their behalf so the information could be obtained.

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.

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.

- Care plans held information about how staff were to communicate with people, such as simple questions or speaking to people in a clear way. We identified improvements through our observations, which need to be made when staff are communicating with people- specifically those who were hard of hearing.
- Accessible forms of information such as pictures or photos relating to the topic of conversation had not been considered. For example; pictures of pain relief when asking a person who could not hear staff, if they felt they needed some.
- We recommend the provider develops resources to improve systems to effectively communicate with all people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to choose how they wished to spend their time. Most people liked to be in the main lounge or the smaller dining room, others spent time in their room listening to music or reading. However, People were not always supported to take part in things they wanted to do. We observed a member of staff ask a colleague what time the activities started and suggested some people could go into the garden. Two people said they would like to do this however this did not happen.
- Staff were in the lounge where most people were residing but were standing in doorways and observing people instead of taking opportunities to engage with them. There were spare chairs where staff could have sat next people and interact with them, but this did not always happen.
- There was a board in the lounge which gave people information about what activities were planned for the week. This included things such as arts and crafts, baking, pampering sessions. On the day of inspection, the board stated that it was the pampering activity however, we did not see this take place.
- One person we spoke with told us, "I am only here for a short while. Even though there are no activities to do I always am able to talk to other people about other things going on. All the staff here are lovely. Another we spoke with said, "There may not be anything formal to do I am really happy and content here."
- People were watching television and listening to music. We raised the lack of things to do with the provider who told us there are lots of plans in place for more things to do such as visits from small animal

petting zoos and exercise classes but they needed to complete further checks before this could be put in place. We will follow this up with the provider.

- People and their relatives were able to maintain their relationships as they were able to visit when they wished or speak on the telephone.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personal and written from the person's perspective. The plans were electronic and could be updated immediately by staff using their mobile handsets when providing care and support.

- People's care needs assessments and risk assessments were completed and reviewed by the registered nurses. This helped to quickly identify any change in people's health and wellbeing and action taken in a timely manner.

- All staff we spoke with told us about providing care in a person-centred way. One told us, "I love spending time with people when they first move in. I introduce myself and tell them important things like how to use the call bell and that they can ask for anything. I then get to know them but having conversations – not doing an interview."

- A person we spoke with told us, "The [staff] come to check on me in my room when needed. In the morning they open my wardrobe and ask me to choose what I would like to wear. They always ask me what I would like."

- Care plans had been reviewed to keep staff up to date when there had been a change in a person's needs and included people's life histories, who was important to them and what they wished to achieve.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure available to people, relatives and professionals. Relatives we spoke with told us they knew who to complain to but had not felt the need to.

- There had been no formal complaints received since the service began providing care and support.

- The provider told us complaints would be treated fairly and in a responsive manner. The provider was committed to learning what could be improved in the service.

End of life care and support

- There were no people being supported, at time of inspection, with end of life care.

- People's wishes for the end of their life were assessed and recorded in their care plans. This gives staff information to follow in the event a person was to pass away, such as who to contact, any religious or cultural wishes and funeral arrangements.

- The provider and registered nurses worked with other health care professionals such as GPs or specialist nurses to provide end of life care. Medicines were available when required, to keep people as comfortable as possible.

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

- Governance systems in place had not ensured high quality and safe care. There were shortfalls in records relating to risk management and learning from incidents.
- The provider and registered nurses lacked systems to review and update people's mental capacity assessments and monitor the expiration dates for people who DoLS had been applied for.
- The provider did not have systems in place to request feedback from people and their relatives so improvements could be made at the service.
- Staff we spoke with told us there had not been any meetings where all staff could get together and raise concerns or make suggestions, but they felt able to raise these with the provider as required.

Systems had not been established to assess, monitor and improve the quality and safety of the service provided in the carrying out of the regulated activity which could place people at risk of harm. Records were not always complete or accurate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A condition of the provider's registration is for there to be a registered manager in post. Although there was a manager registered with the CQC they had recently left. In the absence of the registered manager the provider had spent extended periods of time in the service. A new manager has been recruited and is currently registering with the CQC.
- Staff told us the provider was supportive and approachable and were confident in reporting any concerns.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The provider had not submitted any notifications to the CQC before this inspection, but they understood this responsibility and knew how to correctly submit notifications to CQC when required.
- The provider understood their responsibility to report duty of candour incidents. A duty of candour incident is where an unintended or unexpected event occurs which results in the death of a service user, severe or moderate physical harm or prolonged psychological harm. The provider was aware they needed to inform people, their relatives and external professionals when something had gone wrong and to be open and honest. Relatives we spoke with told us, "I am always contacted and updated if something has happened with [loved one] [the provider] and [nurse] call me and let me know what has happened and what

they are doing about it."

- Staff felt engaged in the service and told us the provider was supporting them to progress in their careers, for example with studying to become a registered nurse. We were told that the morale within the staff teams was high.
- Relatives told us they were informed of important changes in the service or developments if they visited or called the service.

Continuous learning and improving care; Working in partnership with others

- The provider was responsive to issues and concerns raised during the inspection. They were committed to learning and making improvements to the service and to the care and support people were receiving.
 - The provider worked closely with local health and social care teams.
 - The provider and the registered nurses liaised with external health professionals such as Salt, Dieticians and specialist medical professionals to ensure people received joined up care.
 - We signposted the provider to additional resources of information and support available to them.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People and their relatives told us their engagement with the provider and the service as a whole has been generally positive.
 - Staff told us there was a positive and supportive culture within the service. Although there was a high dependency on agency staff, regular agency staff were used which enabled strong relationships to be formed with permanent staff.
 - Despite the concerns found on inspection, people told us they were content living at Lizbis Care Home. They knew who to go to if they needed extra support and were able to tell us who the provider was.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were deprived of their liberty without the required legal authorisation.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were inconsistent records relating to incident and/or accidents. There was no evidence these were analysed to drive improvement of support people were receiving.