

## East Cosham House

# East Cosham House

### 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

East Cosham House is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The care home can accommodate 24 people in one adapted building.

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

The provider lacked effective governance systems to identify concerns in the service and drive the necessary improvement. At times there was a lack of clear and accurate records regarding people's medicines, support and any potential risks to them. Accidents and incidents were not analysed sufficiently to ensure risks were reduced for people. Insufficient mental and physical stimulation was provided due to a lack of activities staff.

We found concerns in relation to cleanliness of the home and a failure to report safeguarding incidents to the local authority and CQC, We also observed that there were some health and safety concerns in relation to an uncovered floor level radiator and windows that needed to be propped open.

The provider had not followed legislation that required them to act in an open and transparent way when people came to harm.

Best practice guidance was not utilised in providing an environment that promoted the well-being of people who lived with dementia. Some parts of the home were not well maintained and were a risk to people.

People were happy living at East Cosham House and people told us they felt safe. People were supported by staff who were kind, caring and who mostly understood their likes, dislikes and preferences. People's religious needs were met. People were cared for by staff who were well supported and received regular supervision to meet people's needs effectively.

People and their relatives knew the management team and felt able to speak to them if they had any concerns. The registered manager and provider demonstrated a willingness to make improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was requires improvement (published 17 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. At the last inspection there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to safe care and treatment of people, safeguarding people from improper treatment, maintaining suitable premises, failure to notify CQC of reportable incidents and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We identified five breaches of regulation and because this is the second consecutive time the service has been rated as requires improvement we will request a clear action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following receipt of this plan. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# East Cosham House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was conducted by two inspectors on the first day and one inspector on the second and third day.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, registered manager, deputy manager, care workers, the housekeeper, the activities coordinator and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Using medicines safely

- At our last inspection the provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that whilst some improvements had been made there remained further areas requiring improvement.

- Systems in place continued to fail to ensure the safe and proper management of medicines. Staff had been trained to administer medicines however, this had not been updated and staff competency to administer medicines was not being formally reassessed yearly as per best practice guidance. The registered manager said they had recently become aware of the need to provide further training and undertake competency reassessments and was arranging to undertake these. Care staff who usually applied prescribed topical creams had not received any training to ensure they did this safely.
- All medicines were stored securely however, we were not assured that this was always at a suitable temperature to ensure medicines remained safe for use. Staff were not recording the temperature of storage of medicines other than those which required to be stored in a fridge. However, the records of temperatures of the fridge showed that these had not always been recorded daily and when outside of safe limits no action appeared to have been taken.
- Processes in place did not ensure that prescribed topical creams were not used beyond their 'once opened safe to use date'. We found multiple prescribed topical creams without either the person's name or the date at which this was opened. The condition of some containers indicated they had been left in bedrooms for a prolonged time.
- For people who were prescribed medicines to be administered on an 'as required' (PRN) basis, there was basic guidance to help staff understand when to give them. However, for medicines which were prescribed for people who may become very agitated placing themselves and others at risk PRN plans did not link to a behaviour support care plan. This could result in inconsistent administration by staff. No formal pain assessment tools were in use. This meant that where people were unable to request 'as required' pain relief staff used their own judgement as to when to administer and how much to administer of prescribed medicines.
- The registered manager had completed monthly medicines audits however, these had not identified the concerns we found with recording of fridge temperatures or the other unsafe aspects of medicines management as detailed in this report.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the safe and proper management of medicines. This placed people at risk of harm. This was a repeat breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Arrangements were in place for obtaining and disposing of medicines safely. Full records were kept of medicines being received into the home and those returned to the pharmacy for destruction.
- Medication administration records (MARs) were well completed and indicated people had received all their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes had not always ensured people were safeguarded from the risk of abuse. Records showed that where incidents had occurred between people these had not been reported to the local safeguarding team. It was also unclear how the records of such incidents were used to inform staff responses should further incidents occur.

The failure to safeguard service users from abuse and improper treatment was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- People and their relatives said they felt safe using the service. A visitor said "No worries" when asked if they felt their relative was safe. A person responded, "Yes, I like living here."
- Staff had completed training in safeguarding adults and were aware of the action they should take should they identify a safeguarding concern. This included keeping the person safe and reporting concerns appropriately.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely and improvements were needed to ensure people remained safe. For example, one person was on blood thinning medicine. There was no specific risk assessment or risk management plan in place within the care file. We discussed this with the deputy manager, another staff member who was present said, "Is that why they [person] often seem to have bruises?" This meant staff did not fully understand the risks associated with some medicines.
- One person had an airwave mattress to manage the risk of pressure injuries, this was set correctly however; the incorrect type of sheet was being used meaning the mattress pressure reducing function would be impaired.
- The location was not following NICE best practice guidance regarding unwitnessed falls and monitoring of the person for a head injury. On the morning of the inspection a person had been heard, but not seen to fall. We saw the accident report pinned to a notice board in the kitchen washup room. We discussed this with care staff and the deputy manager. They told us they kept an eye on people who had fallen but there was no recording of this within daily notes viewed for this person. Staff said they did not record elsewhere or formally record post fall observations. This was confirmed by the deputy manager and registered manager. This meant that staff may not identify the early signs that a person has additional medical needs following an unwitnessed fall.

The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

Preventing and controlling infection

- People were not always protected from the risk of infection and cross contamination. There was no separate sluice sink in the home, there was a sink in the laundry which had commode pots in it which were soaking in bleach. We saw and the deputy manager told us there was not another sink in the laundry room for staff to wash their hands in. This meant staff would be unable to wash their hands before leaving the laundry room having handled soiled items.
- Red bags containing soiled clothes and sheets were in the laundry next to the shelves where clean clothes were placed. There was a curtain which was in place to separate the clean clothes however, this was open when we inspected.
- There was also a lack of cleaners to clean such a large area in the time employed. The cleanliness of bedrooms on day one of the inspection was a concern, window sills and floors were very dusty. Air vents in bathrooms and other areas were very dusty and the tumble dryer fluff was excessive.
- Some equipment was not included on the cleaning schedule. For example, the weighing chair which was visibly dirty.
- There was a failure to replace damaged items which could not be cleaned correctly. For example, there was a frame around a toilet which was rusted. The bathrooms were generally in a poor state of cleanliness. One bathroom had tiles missing from the wall and a toilet had stained flooring. After the inspection the registered manager informed us that the tiles had been removed prior to being replaced which occurred on 10 January 2020. The inability to adequately clean these areas and equipment which were used by more than one person was placing people at risk of infections.
- On day three of the inspection some improvements had been made. For example, air vents had been cleaned and some of the bedrooms had been cleaned. However, we found further improvements were needed to ensure people lived in a clean safe environment.

The failure to prevent the risk of, and preventing, detecting and controlling the spread of infections was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the cleaner had been off for the two previous weeks and cleaning had fallen behind.
- The service had been awarded 5 stars (the maximum rating available) for food hygiene by the local food hygiene environmental health department.
- Staff had access to gloves, aprons and hand gel and were observed to be using them appropriately throughout the inspection.

#### Staffing and recruitment

- There were insufficient ancillary staff employed. However, the activities coordinator was employed between 1000 and 1200 for activities five days a week. The activity coordinator identified that once they leave, care staff didn't have time to do activities, the memory boxes and activities were left available for them but were never used by care staff. This was confirmed by care staff. During the afternoon staff were busy attending to laundry and meeting care needs and we saw people had no meaningful activity.
- We spoke to the housekeeper who worked between 0830 and 1230 and slightly longer two days a week. When they were not working another cleaner works 0830 to 1230. The housekeeper identified that this was not enough time to do everything, it was apparent they also had to make beds. When we identified some beds that needed remaking, the deputy manager asked the housekeeper to remake two beds which had the wrong type of sheet on and to make the bed of another person who was lying in bed on a bare mattress.
- People and their relatives told us there were enough staff and one relative told us, "There seems to be enough staff." We reviewed the rota and made observations during the inspection. There were enough care staff to support people safely and to ensure people's basic needs could be met. This included the kitchen staff.

- Staff were recruited safely, and all the required checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks, obtaining up to date information about staffs conduct in previous employment and investigating any gaps in employment were completed prior to staff starting work in the service. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.

#### Learning lessons when things go wrong

- Systems and procedures did not ensure lessons were always learnt and action taken when things had gone wrong. We found risk assessments and care plans were not always reviewed following incidents. For example, where a person fell, care plans and risk assessments had not been updated. The care plan and risk assessment did not detail sufficiently how to manage any future similar incidents. This meant that people were at risk of staff being unaware of how to support people appropriately in a similar situation.
- The provider had a system to record accidents and incidents. The registered manager told us, "We reflect back and admit we are wrong and then look how we could have done that differently. We cascade learning to staff."

# Is the service effective?

## Our findings

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

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

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

- The environment was not suitable for people living with dementia, all lounge chairs were the same size, there was a lack of signs to help guide people around the home and bedroom doors were all the same, some with a small name. The outside space presented some risks to people. For example, there was a very steep wheelchair slope leading from the property to the car park. Parts of the home needed refurbishment and repair.
- There had been little consideration in decoration for people living with dementia. The flooring was patterned, walls and doors and door frames were all white and toilets and bathrooms were white.
- There were no signs on toilets and bathrooms to identify what they were, and no directional signs around the home to help people orientate themselves. Bedroom doors were not personalised.
- Windows were not suitable for people's needs. We saw windows would not stay open on their own. Several windows in people's bedrooms had pots of cream or bottles of shampoo wedged in the open window to keep them open. There was a risk if people removed the items holding a window open, they could drop down and injure people. The deputy manager told us they would remove the items from the windows and look into a solution.
- People were not living in an environment that was properly maintained. In the small lounge there was an uncovered floor level radiator which was sharp and hot. The panelling which was meant to cover the radiator had been removed. This meant if people touched the radiator or fell near it there was a high risk of burns and cuts.

The failure to ensure that premises and equipment used by the service provider were properly maintained and were suitable for the purpose for which they are being used was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the provider about this who told us they had not been informed about the radiator. The provider made immediate arrangements for the repairs to be made to the radiator casing.

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

- People's needs were assessed before moving into East Cosham House. This included their physical, social and emotional support needs, as well as some needs associated with protected equality characteristics. For example, religion, disability and relationship status.
- One person had been assessed as having dementia, however, there was no care plan detailing how dementia affected this person. The same person had a sleep behaviour chart in place, there was no care

plan around the reason for this. This meant that staff did not have the appropriate guidance to ensure they were delivering care in line with guidance and the law.

- Staff knew people well and supported them to make choices. We observed people being offered a choice of food and drink and their preferences were documented in their care plans.

Staff support: induction, training, skills and experience

- Staff had received training and were supported to help them meet people's needs safely. Staff told us they had completed a range of training and felt this equipped them to support people effectively. Documents demonstrated that staff had attended a variety of training and were regularly booked onto refresher training. This included, fire training, manual handling training, safeguarding and medication training.

- The cook however, had not done some training such as safeguarding or dementia awareness. They said they were doing a 'nutrition for older people' course and had completed food hygiene training.

- Most staff had a supervision meeting every two months. Staff were positive about supervision and the support they received from the management team. One member of staff told us, "I can go and talk to them [managers] whenever I need to."

- Not everyone had received an appraisal within the last year. The registered manager told us that people were booked in to have an appraisal.

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

- People received a nutritious diet and where needed appropriate support to eat and drink.

- People and their family were consistently positive about the food, which was all home made using fresh ingredients.

- People were offered a choice of food and drink and were positive about the meals they received. One person said, "The food is good and more than enough." Another person said, "It's a very nice cottage pie."

- Each person had a nutritional assessment to identify their dietary needs and preferences.

- Where needed, people received appropriate support to eat and were encouraged to drink often. Should people be at risk of losing weight, regular checks were maintained of their weight and if necessary, action was taken, such as recording food and fluid intake and seeking the support of external health professionals.

- Catering staff knew people's preferences and were able to describe and meet individual needs. Staff always had access to the kitchen meaning that people could receive snacks throughout the evening and night should they require these.

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

- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff received a handover of all necessary information and could access care plans should they wish to confirm any information.

- Staff told us they knew what needed to be done and said they all worked well as a team.

- We observed the housekeeper supporting a person in the lounge and assisting them to a chair when there were no care staff were available.

- Staff told us they had good working relationships with external professionals. Documents demonstrated that a range of professionals were involved in people's lives. For example, chiropodists, GP's and opticians.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The principles of the mental capacity act had been followed and best interest meetings had taken place where relevant. DoLS authorisations had been applied for where people required them.
- Staff told us they always sought consent from people prior to supporting them with any aspect of their care and people confirmed this.
- Observations in communal areas of the home confirmed people were offered choices and staff respected these.
- The deputy manager understood the MCA surrounding administering covert medicines. The registered manager was able to talk confidently about the MCA and what it meant for people living at East Cosham House.
- We observed a family member providing a copy of a Lasting Power of Attorney (LPA) document for finance and health to the deputy manager. An LPA allows people's loved ones to legally make decisions about care and finances when a person cannot do this for themselves.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were consistently positive about the caring nature of staff, describing them as "nice" and "very good". Family members echoed these comments. One said, "My relative always speaks highly of the staff."
- We observed positive interactions between people and staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with dignity and respect and spoke about them in an affectionate, caring manner. For example, at lunch time a staff member supported a person to move to an alternative seat as the sun was shining in the person's eyes.
- During discussions with staff, they demonstrated a good understanding of people's individual needs, preferences, backgrounds and interests.
- People were supported to follow their faith. Local clergy were invited to the home on a regular basis and the activities organiser said leaders of any religion would be welcomed at the home.

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

- Where people were able to express an opinion then this was sought by staff and choices were offered.
- Relatives confirmed they had been asked about people's preferences where they were unable to express their views. One relative said, "They ask me what I think if they change anything, they keep me informed."
- Staff understood people's rights to make choices. We heard people being consulted throughout the inspection about where they wished to go. For example, people were asked where they would like to sit and were offered choices about what they would like to do.
- Family members were welcomed at any time. One visitor said, "I can visit whenever I want." Staff ensured that family members, and others who were important to the person, were kept updated with any changes to the person's care or health needs. One relative told us, "They kept me informed when [person] went to hospital."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy and dignity. One relative told us, "They respect privacy and dignity, they take [person] to their room for personal care and they always knock on doors."
- Shared rooms had dividing privacy curtains to provide some privacy and we saw staff knock on people's doors before entering.
- Staff told us how they promoted people's independence and we observed this throughout the inspection.

- At lunch time a range of crockery and cutlery was available to suit each person's individual needs meaning wherever possible people could eat without staff support. For example, one person was noticed to be struggling to eat their meal, a staff member suggested they used a spoon which meant they were able to continue eating independently.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with legislation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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 provided with enough meaningful activities to ensure they were mentally and physically stimulated.
- An activities organiser was employed for ten hours each week. They told us how they provided activities Monday to Friday for two hours each morning. Once a month a visiting musician entertained people and every two weeks an external activities provider undertook a music and exercise group. Seasonal events were celebrated such as Christmas and birthdays with family members invited to attend.
- However, at other times no meaningful activities were available for people. During the afternoon of our inspection we saw people were either sitting in chairs sleeping or wandering around the home.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were always welcome in the home and were regularly updated about people's wellbeing and progress. One relative told us, "I have no concerns and do not worry when we are unable to visit. They [staff] will always let us know if there are any problems."

Meeting people's communication needs

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

- There was a lack of signage around the home to help people navigate and find essential places such as toilets or their bedrooms.
- Staff had a good understanding of how to communicate with people and we observed meaningful interactions during the inspection.
- The cook had a set of food photographs to help people make choices although these were quite small.
- People were provided with information in a format that was accessible to them. The registered manager told us, "We would get talking books, bigger print or braille if people needed them, so they don't feel isolated."

End of life care and support

- There was limited information about people's end of life wishes as to how they would like to be cared for within care files. Discussions with senior staff showed that some of this information may be known by staff however it was not specifically recorded. This may mean that if the person required to be transferred to an alternative care setting such as a nursing home this information may not be known by the new care provider.

- At the time of the inspection nobody was receiving end of life care. However, records of care previously provided showed that when people were approaching the end of their lives they had been treated with kindness and compassion and received appropriate care to help ensure symptoms such as pain or distress were suitably managed.
- Some staff had undertaken end of life care training. Discussions with them and other staff showed that people were cared for with dignity and respect at the end of their lives.

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

- Staff worked together well to deliver timely and effective care to people. They received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed a handover during the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.
- People were encouraged to make their own decisions and choices and told us they were involved in decisions about their day to day lives. For example, what time they liked to get up, when they wanted their lunch and where they wanted to spend their time. This was observed throughout the inspection.
- Staff were knowledgeable about people's preferences and care needs.

Improving care quality in response to complaints or concerns

- The relatives we spoke to confirmed they would feel comfortable in raising a complaint should the need arise. Two relatives told us they had not made a formal complaint but had raised an issue and this had been dealt with appropriately.
- The provider had a complaints policy and a folder for recording complaints and action taken. The registered manager told us, "We ask if they want to take complaints higher. We will sit with them and ask if it is an official complaint. We feedback about what we do about it to sort it out."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- We identified incidents which should have been notified to CQC and safeguarding. We spoke to the registered manager about this who told us these incidents had all been in relation to one person being aggressive towards another person. They told us they would ensure these types of incidents were reported in future.

The failure to notify CQC of any abuse or allegation of abuse in relation to a service user was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

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

- While we noted some quality assurance audits had taken place, we found they had not identified concerns we found during the inspection. Audits had not been robust to identify areas for improvement. For example, they did not pick up the concerns we found with medicines, care planning and risk assessing and health and safety.

- People and their relatives were positive about the service, they all said they would recommend the home. Staff were also positive and would be happy for a family member to be cared for there.

- Staff had a good understanding of people's needs and demonstrated a shared commitment to treating people in an individual, person-centred way.

- The previous ratings were displayed in black and white in the entrance hall and were accessible to people and their relatives.

- Staff were consistently positive about the support from the Registered Manager, we observed the registered manager knew people and was accessible to staff and people.

The failure to have effective and established systems and processes in place to monitor and improve the quality and safety of the service was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider told us they would review their quality assurance processes.

- All staff were open and transparent throughout the inspection. The registered manager and deputy manager were responsive to any suggestions for improvement.

Continuous learning and improving care

At our last inspection the provider did not always have effective systems and processes in place to assess,

monitor and improve the service. At this inspection not enough progress had been made and improvements were still needed.

- East Cosham House has been rated requires improvement now on two occasions. The provider has failed to demonstrate continuous learning and improvement to achieve a rating of 'Good'.
- We spoke to the provider and the registered manager about the areas for development we had noted such as medicines management, care planning and risk assessments, and health and safety of the environment. We also talked about a failure to report safeguarding concerns to the local authority and CQC which had not been picked up by the provider's audit processes.
- The provider had made some improvement in relation to medicines management however, other areas had deteriorated.
- They told us that they were committed to improving the service. The provider and registered manager told us they would create an action plan to carry out the improvements required.

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

- Not all relatives told us people received personalised care. For example, one relative told us, "They could put the TV on a bit more. Nature programmes would be a good thing instead of sitting in silence." Another relative told us, "Sometimes there is no TV and no music," and, "A few more activities would be nice."
- One person told us, "Staff are caring, and I can do what I want." People and their relatives were consistently positive about the staff. The culture of the home was positive.
- Staff said they enjoyed working at East Cosham House and felt supported by the deputy manager and the registered manager. Staff were positive and said they would be happy for a family member to be cared for there. A staff member said about the registered manager, "He is really good, he has helped me a lot, I haven't got a problem. If I need time off, he gives it to me. If I need training, he is on it. He is a nice manager."

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

- Records demonstrated that people or their relatives were involved in decisions about their care or the running of the service. Relatives confirmed this. One relative told us, "I get invited to meetings."
- Staff understood their roles. Staff communicated well between themselves, for example during handover meetings, to help ensure people's needs were met. Care staff commented that they all worked well as a team.
- We saw minutes of team meetings for staff which demonstrated that staff feedback was actively sought and information from management was shared with the staff team.
- The registered manager told us about their links to the community. This involved various churches and entertainers coming to the home.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>There was a failure to notify CQC of any abuse or allegation of abuse in relation to a service user.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or not robust enough to ensure the safe and proper management of medicines. This placed people at risk of harm.</p> <p>There was a failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed. Risk assessments were not always in place where required and Nice best practice guidance was not followed in relation to a head injury.</p> <p>There was a failure to prevent the risk of, detect and control the spread of infections. Some equipment was not included on cleaning schedules and was visually dirty.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>There was a failure to safeguard service users from abuse and improper treatment. Records</p>

showed that that where incidents had occurred between people these had not been reported to the local safeguarding team. It was also unclear how the records of such incidents were used to inform staff responses should further incidents occur.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA RA Regulations 2014  
Premises and equipment

There was failure to ensure that premises and equipment used by the service provider were properly maintained and were suitable for the purpose for which they are being used. People were not living in an environment that was properly maintained. In the small lounge there was a floor level radiator which was sharp and hot. The panelling which was meant to cover the radiator had been removed which left the radiator uncovered. This meant if people touched the radiator or fell near it there was a high risk of burns and cuts.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

There was a failure to have effective and established systems and processes in place to monitor and improve the quality and safety of the service.