Elstow Lodge Ltd

Elstow Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Elstow Lodge is a care home providing accommodation and personal care to autistic people and people living with a learning disability. People have their own personalised bedrooms and share communal areas such as a lounge, dining room, kitchen and garden. The service can support up to 9 people and 9 people were living at the service at the time of our inspection.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support
People were not supported to pursue their interests or achieve their aspirations and goals. People were not being supported to try new things or to follow social interests and past times on a consistent basis.

Reasonable adjustments were not made so that people could be fully involved in discussions about their support. Staff did not always communicate with people in their identified and preferred methods.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Staff did not always support people safely with their medicines. There were some aspects of people's support such as risk assessments being detailed and staffing levels that were not always safely supported by staff.

People were supported to live healthy lifestyles and staff members promoted healthy choices in areas such as eating and drinking. Staff kept people's home environment clean and safe and maintained people's equipment to help ensure it was always used safely. Staff knew how to support people in a kind and caring way if they experienced distress.

Right Care
Staff were not promoting people to try new things which may have enhanced their wellbeing and enjoyment of life. People's support plans did not fully reflect their range of needs and promote their wellbeing and enjoyment of life. People who had individual ways of communicating such as using symbols or body language could not always interact comfortably with staff as they did not have all the skills necessary to understand them.

Staff were not being supervised to support people effectively. The registered manager was not checking staff competency to perform their job roles in all areas.

People were not always receiving kind and compassionate care. Staff did not always protect and respect people's privacy and dignity. Staff knew people well as individuals, however in practice, did not support people in line with their identified likes, dislikes, and preferences.

Staff knew how to recognise, and report abuse to appropriate agencies.

Right culture
The management and staff team did not understand the key principles of guidance such as Right Support, Right Care, Right Culture. Audits completed at the service by management had not picked up on areas that could have been improved to help support a more positive culture. Audits had not been completed in a lot of areas.

People and those important to them, were not fully involved in planning their support. It was unclear how staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate.

The service had a negative culture that was at risk of becoming a closed culture. Staff were not supporting people to have a good quality of life or achieve good outcomes.

People sometimes received kind and compassionate care from a staff team who had got to know them as individuals. People were happy and relaxed being supported at the service and staff spoke with people in a friendly manner. People and relatives were positive about the support they/ their family member was receiving.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 26 February 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, the provider was no longer in breach of this regulation, but was now in breach of other regulations. This service is now rated inadequate. This service has been rated inadequate or requires improvement for the last two consecutive inspections.

Why we inspected
This inspection was prompted by a review of the information we held about this service.
The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.
We have found evidence that the provider needs to make improvements. Please see all the 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 have identified breaches in relation to safe care and treatment of people, staffing levels, people being treated with dignity and respect, people receiving personalised care and the way the service is managed at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about

CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the 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? 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 responsive. Details are in our responsive findings below.	**Inadequate**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Elstow Lodge

Detailed findings

Background to this inspection

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

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 completed by 1 inspector and an inspector from the CQC medicines team.

Service and service type
Elstow Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elstow Lodge 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced. We visited the service on 20, 23 and 25 July 2023 and we spoke with people's relatives over the telephone on 28 July 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to fill in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 6 people who used the service and 5 relatives about their experience of the care provided. Some people using the service could not give us feedback, so we spent lots of time observing how staff supported people and how people spent their time at the service. We spoke with 10 members of staff including support workers, senior support workers, the registered manager, and the director.

We reviewed a range of records. This included 4 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

- There were not enough staff on shift at all times to support people in a meaningful way. There were usually 3 staff on shift to support people, but this fell to 2 staff for most of the weekend, apart from Sunday afternoon. This limited people's opportunities to leave the service, follow their social pastimes or be supported to take part in tasks to help promote their independence.
- We observed there to be a visible lack of interaction with people when 2 staff were on shift. People spent a long time without staff interaction and staff told us it was not possible to support people with tasks such as preparing meals. A relative said, ''[Staff] talk about doing things but not a lot has happened the last couple of years.''
- Some people using the service needed 2 staff to support them with personal care. Staff told us when this happened, they had to leave the other people unsupported during these times. We found no evidence people were at risk during these times, however staff would be unable to support people in a timely fashion should they need it.
- A staff member was running late for a shift at the weekend on Sunday afternoon. They informed the registered manager they had missed the bus and would need to pay to come to work. The registered manager informed them not to come in and the 2 staff on shift would manage working short staffed. This further limited people's opportunities to be supported in a meaningful way.
- Some staff were working extended periods of time without a break. Whilst staff had agreed to do this, we were not shown any risk assessments or evidence the management team had assessed how safe this was. We could not be assured staff would be able to support people to the best of their ability working extended hours without a break.

We found no evidence people had been harmed. However, there were not always enough staff on shift to support people safely or in a meaningful way. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would review staffing levels across the week to help ensure there were enough staff to support people at all times.
- Despite our findings people and relatives felt there were enough staff. One person told us, ''There is always [staff] about.'' A relative said, ''What is good about Elstow Lodge is there is a small staff team, and they are always around if [family member] needs help.''

At our last inspection the provider had failed to complete the necessary checks to help ensure staff were recruited safely and were suitable for their job roles. This was a breach of regulation 19 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

● The provider had checks in place to help ensure staff were recruited safely in line with current legislation.

Assessing risk, safety monitoring and management; Using medicines safely
● People had risk assessments in place for their care needs such as being supported with mobility, eating, and drinking and accessing the community. However, these were not all detailed enough to guide staff how to support people safely. In some cases, risk assessments for people were very similar and not always personalised. Whilst staff knew people well, this meant there would not be enough information for new staff to support people safely.
● Staff did not always support people safely with medicines. Some people were prescribed 'as and when required' (PRN) medicines. However, protocols were not in place, or were not detailed enough to guide staff when these should be administered. When staff administered PRN medicines or topical creams, they did not sign documents to show clearly these had been administered or the reasons why these were given to people.
● Some medicines were no longer being used by people and were out of date. However, these were still being stored in the medicine's cupboard. Some medicines had been opened, but not dated and so may have been open too long to be safe to use.
● We asked the registered manager to show us evidence staff had their competency to administer medicines checked. This was not provided to us. Audits of medicines had not picked up on the issues we found during this inspection.

We found no evidence people had been harmed. However, risks to people had not been thoroughly assessed and people were not being supported safely in all aspect of medicines administration. This is a breach of regulation 12 (1, 4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff knew people well and understood how to mitigate risks whilst supporting them. One person said, ''I feel very safe.'' A relative told us, ''[Staff] know every little detail about how to keep [family member] safe in all aspects of what they help with.''
● The director and staff team completed health and safety checks of equipment and the environment to help keep people safe.
● Staff were confident administering medicines to people and knew how people liked to be supported with this.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● The registered manager did not have effective systems in place to monitor incidents and accidents. This made learning lessons and sharing these with the staff team difficult and also meant there were missed opportunities to improve how safe people were. There were no formal meetings in place to discuss lessons to be learned with the staff team.
● We identified several minor incidents in people's daily records which had been recorded by staff but not picked up by the management team. This was because of the lack of systems in place to monitor this.

We recommend the registered manager reconsider how incidents and accidents are monitored to help improve opportunities to learn lessons.

● People and relatives felt they or their family member were safe. A person said, ''Do I feel safe? Of course, I do.'' A relative told us, ''I have absolutely no concerns for [family member's] safety. [Staff] have to do a lot more for them as they got older but have taken this on with no problems.''
● Staff were trained in safeguarding and knew signs to look for which may indicate people were not safe. They felt comfortable reporting concerns outside of the service to organisations such as the local authority safeguarding team or CQC.

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.
● Relatives and friends were able to visit people whenever they chose to. One relative told us, ''I can just show up without making a plan to, which is great and feels like I am visiting [family member] in their home.''
● The service looked and smelled fresh and clean. A person said, ''[Staff] help me clean my room and I help out where I can.''

Requires Improvement

Is the service effective?

Our findings

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

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

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

- People's needs had been assessed when they first started living at the service. However, the registered manager had not updated people's needs in line with new standards and guidance such as Right Support, Right Care, Right Culture. Whilst people's personal care needs were assessed, there was no focus on how to support people to set and achieve their own personal goals or ambitions. Staff did not support people to identify and learn new skills or become an active part of their community, if this was their choice.
- Despite our findings, relatives told us the service assessed their family member's needs well. A relative said, ''[Family member] had a great experience when they started living at the service and had a few settling in days. It is a credit to the staff team, how well they have settled in.''

Staff support: induction, training, skills and experience

- Staff had training in areas such as safeguarding, moving and handling, supporting people to eat and drink and supporting people living with a learning disability and autistic people. However, staff competency after their training had been done, was not being checked or assessed to help make sure the training had been effective.
- The management team had not supported staff to keep up to date with legislation such as Right Support, Right Care, Right Culture. Staff were not confident in explaining how to support people in line with this guidance.
- Despite our findings, people and relatives felt staff were well trained. A person said, ''The staff know all their stuff.'' A relative told us, ''I have no reason to think [staff] do not have all the training they need.''

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

- The service did not look homely. There were numerous signs around the service detailing information for staff to be aware of in communal and living areas. People's medical and dietary needs were on display in the dining room and kitchen area.
- We fed this back to the registered manager who removed some of these signs. However, many of them were still up on our subsequent visits to the service. This made people's home feel more like a workplace for staff than the place they called home.
- People's bedrooms had been decorated and personalised to their choosing. A relative said, ''[Family member's] room is just how they like it and is like a little boutique hotel.''
- The service was large and spacious which enabled people to move around easily. The registered manager told us they had plans to improve the large garden area by adding sensory equipment to it.

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.
● The director completed mental capacity assessments and made decisions in people's best interests if they did not have full capacity to make decisions themselves. However, not all of these were completed in line with the MCA. For example, people's capacity was not always assumed and in some cases relatives and people's advocates had not been consulted about these decisions.

We recommend the registered manager review capacity assessments and best interests in place or people to make sure they fully adhere to the MCA.

● Staff were trained in the MCA and asked people for consent before supporting them. A relative said, ''I like that staff are polite and always let [family member] know what is going on even if they have done it a thousand times before.''
● The management and staff team supported people in line with any DoLS they had in place.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink in line with their assessed needs. However, the registered manager and staff team were fully in control of menu planning and what people ate. This limited the opportunity for people to maintain a balanced diet or eat what they chose all of the time.
● Food looked and smelled appetising, and people enjoyed their meals. A person said, ''The food is beautiful.'' Another person signed to say they thought the food was 'delicious.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff requested support from health professionals such as GP's and nurses if this was needed. Advice from health professionals was recorded in people's support plans. A relative said, ''[Staff] are very proactive with any medical issues and are on top of things to make sure [family member] is well supported quickly.'' Another relative told us how staff had challenged health professionals who felt their family member did not need support. This resulted in their family member getting the help they needed.
● Staff supported people to live healthily in ways such as supporting them to drink regularly. Staff also put plans in place to help people get to health appointments and feel safe and at ease when doing so. A person said, ''[Staff] help me get to all my health appointments. We go together.''

Requires Improvement

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people 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; Respecting and promoting people's privacy, dignity, and independence

- People were not always treated with kindness and compassion. For example, on our first visit to the service a person requested a hot chocolate. This was not given to them, despite them asking numerous times. Staff told the person to wait until later and gave them a time, however the person was unable to tell the time. This caused the person some upset and anxiety and they kept asking ''What is the time?''. The person did not receive their hot chocolate until 6 hours after they first requested it. Despite us feeding this back to the management team, the same thing happened to the person on our second visit to the service.
- Another person's daily notes indicated they had become upset because staff did not allow them to have the breakfast they wanted. This caused the person to become anxious and display how they were feeling in a way the person did not like or would choose to display their feelings otherwise.
- A person asked to be supported to go and use the commode. Instead of supporting them staff told the person discreetly, they had a pad on, and they needed to go to the toilet in the pad. This did not respect the person's dignity or respect.
- The management team had placed signs around the service which were disrespectful to people. For example, there was a large sign on the kitchen door which was a large red hand stating, 'Stop, I need support'. Another person had a sign about staff wearing PPE placed next to a picture that was of spiritual significance to them. This did not respect people's dignity or their home environment.
- Staffing levels at some times of the week meant it was not possible to support people to be independent if they chose to do so. When staffing levels where low people were no longer supported to prepare meals or complete domestic tasks around the house. Staff were able to do this when staffing levels were higher.
- When staff entered the service to start their shifts, they did not say hello to people, or make their presence known. This did not promote a kind and caring atmosphere. Staff spoke with people kindly, however in some cases spoke with people in a child like manner. It was unclear if this is what people wanted or not.
- Some language used in people's support plans was disrespectful. People were described as clumsy, purposefully forgetful or as not being able to make choices and be independent to any degree due to living with a learning disability. This did not treat people with dignity or respect.

People were not consistently supported with dignity, respect and kindness. Staff were not consistently supporting people to be independent. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We fed back our findings to the management team who addressed some of the immediate concerns we

had with the staff team. However, we could not be assured they had a longer-term plan to address these issues and support staff to understand where they could improve.

● Despite our findings we also saw staff speak with people kindly. Staff were patient and understanding when speaking with people and supporting them with aspects of support such as eating and drinking. When staffing levels allowed, staff supported people to be independent by preparing meals or washing and wiping up.

● People and relatives were very positive about the kind and caring nature of staff. A person said, ''You won't find better staff than what there are here.'' Another person told us, ''[Staff] are lovely and look after me.'' Relative's comments included, ''[Staff] are very loving and compassionate with [family member],'' and, ''[Staff] are absolutely great and I can trust them completely to do anything [family member] needs.''

● Staff supported people to meet their cultural needs, such as choosing to follow religious beliefs. For example, a person's room had been adapted to include aspects of their religion that were important to them, and other people were supported to go to church.

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

● Staff did not fully respect people's choices. For example, people were not consulted about meal plans and staff did not always respect people's choices of drinks. People were also limited in choosing when to leave the service when staffing levels were low.

● Despite our findings staff knew people well and supported them to make choices such as what to wear or what to do in the house in line with their likes and dislikes. A relative told us, ''It is a small and stable staff team meaning they have got to know [family member] well and can support them in every little way.''

● Relatives told us they were consulted and asked for their feedback about wider discussions of their family member's support. This included being asked for their input into people's support plans.

Inadequate

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People were not supported in a person-centred manner. The management and staff team had failed to understand or embrace many aspects of guidance such as Right Support, Right Care, Right Culture. This had led to a poor experience of care for people. However, people were not aware of this as they had been supported by the management and staff team in this way for an extended period of time.
- Staff had not supported people to identify what they would like to achieve, nor had they supported people to achieve any goals they may have liked to pursue. When we raised this with the management team, they told us speaking with people about goals was 'stressful and unproductive' and was difficult because of people's 'short attention span'. The provider had failed to treat people as individuals and work with them to live their lives the way they choose.
- People were not given meaningful choices in many aspects of their lives. The registered manager and staff team made decisions for people in areas of their life. These included what they could eat and drink or whether they could be supported with personal care when they chose, without a documented reason as to why this was. A relative told us, ''[Family member] asks for [type of drink] a lot but what the staff say goes. They are not able to have one all the time.'' This meant people were not given choice and control to meet their needs.
- People's support plans were not detailed in relation to people's preferences, likes and dislikes. There was little information to guide staff about what people's hobbies or favoured pastimes were or how they could engage people in these preferred interests.
- The management team were not meaningfully reviewing support plans and daily notes to help make sure people were at the centre of their care. This made it difficult to support people in a person-centred way or help identify where they needed more support to meet their needs.

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 (AIS). 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 were not always supported in line with the AIS. A person using the service used sign language to tell us how they were feeling. We had to explain to staff what some of these signs meant as they did not have the knowledge to know this themselves. This meant it was difficult for staff to speak with this person in their preferred method of communication.
- A person had a visual timetable in their bedroom; however, this was hidden behind other documents.

When we asked staff, they confirmed that this had not been used for a long time. This meant staff had failed to support the person to use a visual schedule to support them to understand what would be happening in the day.

● Staff and the management team did not use methods such as pictures or objects to help support people to communicate. Most people using the service did not understand written word, however staff asked people for choices of the two options at mealtimes using this. The management team told us people did not understand pictures or objects, however there was no evidence these had been discussed with people or considered by the staff team

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 able to leave the service when there were 2 staff on shift at the weekends. This limited people's ability to be a part of their community and follow their social interests and pastimes. A relative said, ''[Staff] have been talking about supporting [family member to take part in preferred social pastime] but as far as I know it has not happened yet. We have been speaking about it for a long time.''

● Staff took people out to some social pastimes such as a church coffee morning and people attended day services. However, other than this, there was no evidence people had been supported to identify what they would like to do with their time. Staff were not supporting people to try new things or speaking with them and their relatives to identify things they would like to try. A relative said, ''[Staff] used to take [family member] out years ago but have not done anything like that in the last few years. They used to go to town to the library and do other things, but they don't talk about this anymore.''

● Staff did not engage with people whilst they were at the service. They gave people things to do such as puzzles, playing with play dough or colouring but did not then support people with this. A person sighed when they said, ''I will do some colouring now then.'' When we asked this person if they wanted to do this they said, ''Yeah, it's alright.'' Another person put a puzzle away after sitting with it for a short period as they could not do it unsupported. Another person sat with a box of 'sensory objects' for over 2 hours with no interaction from staff.

● People went for long periods of time without any interaction from the staff team, who were busy completing other jobs such as cleaning or cooking. Some people were not spoken with by staff for upwards of 3 hours. Staff spoke with people when it was time to support them with meals or personal care, but not in other ways.

We found no evidence people had been harmed. However, people were not being supported with personalised care, to have their communication needs met or to follow their social interests and pastimes. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite our findings, staff knew some of people's likes, dislikes and preferences. Staff had supported people for a long time and people were happy and relaxed being supported by them.

● People and relatives were positive about the staff team. People's comments included, ''Staff are brilliant. You won't find better staff.'' and, ''Staff are lovely.'' Relatives told us, ''I cannot praise the staff team enough- it is a stable staff team, and they totally understand [family member] in every way.'' and, ''[Family member] has lived at the service most of their life and it is the best place I have seen. They are happy and relaxed there.''

● Relatives told us about some historical times where staff supported people to follow their social interests and attend family events such as weddings. This meant a lot to people and their families. Staff supported one person to visit a relative who lived far away, and this had a very positive impact for the person and their relative.

End of life care and support

● The management team had put a document in place for each person using the service. This said end of life care had been discussed with them, but they did not understand what this meant and so relative's wishes would be followed. There was no evidence wider discussions with relatives and professionals had happened or if people had been supported to understand the information in other ways.

We recommend the provider re-address end of life care and wishes with people using the service, their relatives and advocates to make sure their wishes and preferences are recorded.

Improving care quality in response to complaints or concerns

● The registered manager had a complaints procedure in place. Relatives told us they would feel comfortable raising concerns and confident these would be dealt with.

● The registered manager did not have any records of complaints or concerns made to show us at the time of the inspection.

Inadequate

Is the service well-led?

Our findings

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

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

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

- The registered manager and staff team had failed to follow guidance such as Right Support, Right Care, Right Culture. Staff felt they were supporting people in a way which empowered them and did not realise they were working in a closed culture which did not give people choices or support them to identify and achieve good outcomes.
- People were not being supported in a person-centred way. Staff did not engage with people regularly throughout the day and people were not being supported to try new things or identify and follow their social interests and pastimes.
- Staff did not understand the way they were supporting people such as denying choices, not supporting them to understand what was happening or not supporting them to be a part of their community was leading to poor outcomes for people. The management team had failed to monitor how people were being supported to have good outcomes and were not aware of how people using the service were being supported.
- Whilst people and relatives were mostly positive about the service, they had been supported in this way for a long time. They were unaware of how their support was not giving them every opportunity to identify and follow their interests or achieve their goals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team had failed to keep up to date with current guidance such as Right Support, Right Care, Right Culture. They had not spoken about this with staff and as a result they were not clear about their job roles.
- The management team did not have plans to continually improve the service. The management team told us they were not aware of guidance such as Right Support, Right Care, Right Culture. However, we shared this guidance with the registered manager in February 2022 and they had still not implemented at the service.
- We asked to see evidence of how the registered manager monitored the quality of the service. We were shown very few audits and audits did not cover areas such as reviewing daily records or reviewing if people were spending their time in meaningful ways. The management team told us they 'dealt with issues on a day-to-day basis' rather than having a continuous overview of the service. However, this had not been effective in identifying where improvements could be made.
- We asked the management team to show us how they had used audits to improve the service. They did

not have any service improvement plans in place at the service and were unable to tell us how they were using the audits they completed to improve the service.
● We fed this back to the management team, and they did not give us immediate reassurances they would act on our feedback.

We found no evidence people had been harmed. However, the service had a risk of closed culture and people were not being supported to achieve good outcomes. Audits were not in place to monitor the quality of the service and there were no plans in place to continually improve the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The management team told us they would take action to improve the service. This included meeting with the staff team to talk about Right Support, Right Care, Right Culture and improve their understanding of this guidance. They also explained how they were consulting with an outside service to put some audits in place to better monitor the quality of the service.
● Despite our findings people and relative were positive about the culture of the service. A person said, ''You won't find a better place than Elstow Lodge. There is nothing like it.'' Relatives told us, ''I have no concerns and the service is the best place for [family member],'' and, ''I like the fact the service is small, and they are very solution focused.''
● People and relatives were also complimentary about the way the service was managed. One relative said, ''I think [management team] are doing a great job.''

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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
● Staff were not always engaged with at the service. The management team did not hold staff meetings and instead shared written information with staff and asked them to sign to say they had understood this. This limited staff's ability to speak about aspects of the service or be a part of how the service was being managed.
● People were supported to take part in 'resident's meetings'. However, minutes from these meetings were not made available to people in accessible formats. People discussed issues in these meetings but the registered manager failed to follow this up. People were not supported to have 1 to 1 discussions to feedback about the service. This limited the opportunity for people to feedback about the service.
● Despite our findings, relatives told us they were contacted by the management team to raise issues. A relative told us, ''We are involved in the care plans and [staff] ring us up to let us know what [family member] is up to.''
● Staff let people know what they were supporting them with throughout the day.
● The registered manager was open and honest with people and let them know when things went wrong.

Working in partnership with others
● The management and staff team worked with professionals such as GP's to help promote good health outcomes for people.
● People were supported to attend day services and church coffee mornings if they chose to do so.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found no evidence people had been harmed. However, risks to people had not been thoroughly assessed and people were not being supported safely in all aspect of medicines administration.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care We found no evidence people had been harmed. However, people were not being supported with personalised care, to have their communication needs met or to follow their social interests and pastimes.

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not consistently supported with dignity, respect and kindness. Staff were not consistently supporting people to be independent.

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence people had been harmed. However, the service had a risk of closed culture and people were not being supported to achieve good outcomes. Audits were not in place to monitor the quality of the service and there were no plans in place to continually improve the service.

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

We found no evidence people had been harmed. However, there were not always enough staff on shift to support people safely or in a meaningful way.

The enforcement action we took:

Warning notice