

Mrs Nilda Yasoda Dooraree Mermaid Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mermaid Lodge is a residential care home providing personal care and accommodation to people with mental health needs including paranoid schizophrenia, psychosis and substance misuse. Some people had additional health needs including those affecting their physical health and memory loss caused by prolonged alcohol misuse. There were eight people receiving a service at the time of inspection.

The service is located in Lancing and can accommodate up to nine people in one adapted building. The service provides people with a safe place to live and support to make healthy lifestyle choices.

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

There was not an adequate process for assessing and monitoring the quality of the services provided and ensuring that records were accurate and complete. Health and safety checks were not routinely taking place and risks to people had not always been assessed and monitored.

People lived independent lifestyles and they told us they were happy with the care they received. People said the service provided them with a safe place to live and positive environmental experiences. People were protected from the risk of abuse and harm by staff who knew what action to take if they had any concerns. Some people required staff to administer or prompt them to take their medicines; this was completed in a safe way. People's needs were regularly reviewed to ensure the service they received was suitable.

There were sufficient numbers of staff to ensure people received support when they needed it. People had direct access to staff at all times. People spoke positively about the staff and supportive and caring relationships had been developed between staff and people. People were treated with kindness and compassion and staff were friendly and respectful. People benefited from having support from a consistent staff team.

Before people received support from the service, the registered manager undertook assessments of people's needs. People and their relatives were involved in discussions about their support and people's life stories were captured. This information was used to develop care plans that enabled people to be supported in a person centred way.

People's privacy and dignity was respected, and people's diverse needs were supported. 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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 December 2018) and there were two breaches of regulation. The provider failed to complete an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvements had been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Enforcement

We have identified two continued breaches of regulation. Quality assurance processes were not in place to assess, monitor and improve the quality and safety of the service. Risks to people had not always been identified to ensure people's safety, this included ensuring the premises and equipment were safe. You can see what action we have asked the provider to take at the end of this full 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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Mermaid 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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the provider and is referred to as the provider throughout this report.

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. A change in the way CQC requests information meant the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from five health and social care professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with three staff including the provider. We reviewed a range of records. This included five people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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.

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

At the last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider had not acted on all the concerns raised at the previous inspection. There is a continuing breach of regulation 12.

- Personal emergency evacuation plans (PEEP) had not been undertaken to assess and plan for people's safe evacuation in the event of a fire. This was raised as a concern at the previous inspection. Following the most recent inspection, the provider gave CQC assurances that PEEPs had been completed for all people living at Mermaid Lodge.
- Fire precautions were not always adequate, and the provider was not following their own policy with regard to fire safety. The policy stated that full records of fire precautions should be entered in the fire log by the fire safety lead or by a nominated fire warden. Information should include, dates and times of fire alarm tests and equipment checks such as emergency lighting.
- Records showed that weekly fire alarm tests had not been recorded since 18 October 2019. The provider told us that tests had taken place but had not been recorded and they would address this following the inspection. The provider did not have a system in place to check that fire doors and emergency lighting were in working order and said they would address this matter immediately.
- During the inspection the inspector noticed a crack in the wall by an internal stair well. The crack extended from floor to ceiling and continued across the ceiling of the stairwell. In places daylight could be seen through the crack. The provider told us they were aware of the crack and every so often they filled it in and painted over it. They said they had not sought advice from a structural engineer as they were not aware that daylight could be seen through the crack until the inspector pointed it out to them. The provider took immediate action to address this concern by seeking advice from a local authority health and safety representative and arranging privately for a structural engineer to visit on the 21 November. Following the inspection, the CQC inspector reported the concern to the local council's building and planning department.
- People were at risk of avoidable harm as risk assessments were not routinely reviewed or updated. People new to the service did not have risk assessments in place for known risks. For example, pre-admission documents for a person who had recently moved to the service identified a specific risk to staff when the person was under the influence of alcohol. This risk had not been assessed and there was a lack of

guidance to support staff to stay safe or to mitigate the risk of an incident occurring. Although staff were aware of risks to people through reading pre-admission histories, the lack of documentation meant people could not be assured of receiving consistent and appropriate support to manage risk.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had acted to address the concerns raised at the last inspection about the risk of Legionnaire' disease. Legionnaires' disease is a form of pneumonia caused by the Legionella bacteria. A Legionnaire' risk assessment had been undertaken by a private contractor and the provider was following guidance from the Health and Safety Executive (HSE) on reducing the risk of Legionnaire' disease in care homes.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us that they felt safe living at the service and did not have any concerns over their personal safety. One person said, "in the past I have become quite paranoid about things, but I don't worry so much here as I feel very safe". Another said, "I would tell [providers name] if I didn't feel safe"
- The provider had an up to date safeguarding policy and procedure in place. This clearly set out the responsibilities of staff in relation to safeguarding adults at risk and how to report concerns. Staff received training and knew how to report any concerns they had. Records showed that concerns were raised in line with the local authorities' safeguarding requirements.
- Staff had an awareness of the signs indicating a person might be vulnerable to exploitation and coercion linked to substance misuse. Records confirmed that concerns of this nature had been raised and acted upon appropriately. For example, security measures were in place to protect people from drug dealers visiting the service. These included clear guidelines about inviting visitors to the service and improved security to the outside doors. People told us that they were pleased with these measures and felt safer. One said, "It's fine here, residents at the moment are ok, there is no problem these days", another said "They put things in place to keep me safe, I'm not scared of other people".

Staffing and recruitment

- There were safe systems and processes for the recruitment of staff. The service had an established staff team some of whom had worked for the provider for 20 years. The provider had not had the need to recruit new staff recently at Mermaid Lodge however they were able to tell us about the safe recruitment processes that were in place when the need for new staff arises. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- The rota reflected, and our observations were, there were enough staff. People told us that they received care and support in a timely way and we saw staff taking time to talk with people. One person told us, "The staff here have been here a long time, it's good that they are the same people, they get to know us well, and know when we are trying to pull a fast one! But it's good to have familiar people and they are very supportive".

Using medicines safely

- People received their medicines safely. Some people required staff to prompt them to take their medicines and some needed staff to administer them. Staff had received training in the administration of medicines and only those staff who were assessed as competent were able to administer these.
- Systems and processes were in place to identify omissions and errors with recording and administering

medicines. This ensured that appropriate action was taken to safeguard people in the rare event of an error occurring.

- People told us they were supported with their medicines appropriately. Comments included, "I know I have problems with my memory and I would forget to take my medication if it wasn't for the staff reminding me", and "I haven't been very well lately, and the staff made sure that my medication was correct as I was so confused with it all".

Preventing and controlling infection

- The environment was clean, staff understood how to prevent and control the risk of infection and had received training in this area. They used appropriate personal protective equipment and had access to suitable facilities to help prevent the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. No-one living at the service was subject to DoLS.

At the last inspection it was recommended that the provider used a tool to assess people's capacity to make specific decisions where this was needed and followed up with the relevant DoLS team. At this inspection people had capacity to make specific decisions. The provider was aware of the need to assess people's capacity for specific decisions should the need arise in the future and had a format in which to do that.

- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.
- Staff described when and how decisions would be made in people's best interests. They were aware of which people were able to provide consent and the circumstances that may cause people to have fluctuating consent such as when they were affected by drugs or alcohol or medical conditions such as dementia.
- We observed that the kitchen was locked outside of meal preparation times. The provider explained to us the safety reasons behind this although they had not assessed each individual risk such as access to knives and safety concerns when people were under the influence of drugs or alcohol. People had not been asked to provide their consent for the door to be locked, and most had moved into the service with this practice already in place. People could access the kitchen with staff support on request. We asked people if they felt restricted by this and no one did. People told us that they had tea and coffee making facilities in their rooms and if they wanted to have a hot snack between meals, staff were always around to warm something up. A person said, "Staff are always brewing up so it's never a problem you can always get a hot drink or a snack if

"you don't want to make it yourself". The provider was aware that this may be viewed as a restrictive practice should anyone's capacity change and there might be a requirement to undertake a DoLS referral.

- People told us that staff always sought their permission before providing care and support; we observed this in practice throughout the inspection.

Staff support: induction, training, skills and experience

- Staff were skilled and experienced to meet people's needs. Observations of staff's practice demonstrated that they knew how to support people in a caring, safe and effective way.
- Staff were trained in providing care and support. Staff had been supported by the provider to complete either a level 3 or 4 Diploma in Health and Social care or level 5 in leadership. The provider was a trained nurse in mental health (RMN). Staff had access to a range of refresher training through DVD and face to face learning to ensure their knowledge and skills were current. For example, staff had recently undertaken medicines training at another of the provider's services. This ensured they were competent to administer medicines.
- Staff told us they did not receive formal recorded supervision on a regular basis or an annual appraisal. They said there was good access to the provider each day which they welcomed as it enabled them to discuss matters as they arose. The provider told us that they were in the process of planning staff appraisals and a more formal approach to 1-1 supervision and support.

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

- People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.
- Care records showed that a person who had recently moved into the service had a detailed and holistic assessment of their needs undertaken by the provider before moving in. For example, there was a detailed account of their past history including physical and mental health needs and what support they would require meeting these.
- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans included information needed to support people with their mental health needs and substance misuse, such as attending support groups and community rehabilitation programmes.

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

- People told us they had enough to eat and drink. We observed a lunch time meal of spaghetti Bolognese being cooked for lunch. This contained a large selection of fresh vegetables and portion sizes were very generous. Comments about the lunch included "it was great, very tasty" and "the food here is always good, they know what we like and there is plenty to go around."
- The dining room had been set for lunch, with placemats and flowers on the table. One person said, "It's a lovely room to eat in, just look at that sea view, perfect" The menu board reflected what was being served and one person told us it was their job to make sure the menu was up to date. In the kitchen there was a list of people's preferences, dislikes and allergies and this reflected what people told us and what we had seen recorded in people's care records.
- People told us they could request alternatives meals if they wished but this did not happen often as the menu had been created from meals that people really enjoyed. One person said, "We can always have a sandwich if we want a snack" and "most of us go out a lot during the day so we can grab a snack on the go if we want to". We observed a person informing staff they were going out to meet a friend and requested their evening meal to be saved for their return. Staff told us they would heat the meal up when the person came

back.

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

- People had access to health care services and support. Records showed contact was made with health and social care services when needed, such as the community mental health team and care managers.
- People were supported to live healthier lives and had access to a range of healthcare professionals and services. One person told us about a recent health diagnosis they had received and the support they were receiving from the team to understand the implications of this news. Another told us how they had been supported to attend a hospital appointment the previous day for minor surgery. They said, "The staff were brilliant, [name] went with me and knew what to do and which way to go in the hospital which stopped me worrying".
- People were encouraged to manage their own health care appointments and were supported by staff to do this when required. One person told us that they had monthly medical appointments which they attended on their own. We saw in another person's records where they had been supported to attend a community support group. People had access to national screening programmes and clinics to monitor their health, including psychiatric and mental health support.

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

- The environment met people's accommodation needs. People told us they had good living accommodation and were able to personalise their rooms. The main communal areas looked over the sea and had access to balconies. There was a games room with a pool table and also a separate lounge for smokers with outside space. We observed people using the dining room and lounge to socialise and eat. People were encouraged and supported to use the laundry facilities to maintain their independent living skills.
- The environment was clean and smelt fresh, a new carpet had recently been fitted to the hall stairs and landing. One person told us that they helped with the cleaning in the service and with the garden in the summer. People told us their privacy was respected and their rooms provided them with personal space. People had keys to their bedrooms which meant they could spend time privately if they wished.
- Peoples independence was supported by good transport links in the area. The service was located on a road with regular bus links to nearby towns which people told us they used frequently. One person said "it's great, I can hop on the bus to Worthing or Brighton ", another told us the service gave them good walking access to their GP surgery and local shops

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 were treated with kindness by a caring and dedicated care staff. Care staff showed a compassionate approach towards people and that they worked well together as a team. People praised staff and described them as "brilliant" and "really good". We observed positive interactions between staff and people which were relaxed and respectful.
- People were supported by staff who understood their needs and were committed to delivering kind and compassionate care. People said staff were caring and kind to them. A person said, "I get good support, and if I find myself in a situation where I need assistance it's there". Another said, "I get good care, generally they don't treat it like a money making business, it feels like my home and I'm comfortable with that".
- People's differences were acknowledged and respected. Staff told us it was important to respect people's choices and feelings as everyone was different. Staff said they spent time getting to know people when they first moved in, but as many people had been there for a long time, they knew their individual personalities and traits. One person said, "The staff know me too well, I'm not perfect and I do argue with them sometimes, usually because I'm smoking in the wrong place. I am an avid smoker and I know they are only looking out for my health when they mention my smoking, they are a good bunch really".

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

- People contributed to the development of their plan of care. Staff encouraged people to make decisions about the level of support they wanted and took people's preferences and choices into consideration when providing care and support.
- People told us they were involved in planning their care and spoke about this with staff. One person said, "Staff talk to me about my mental health needs, they understand me here and I am treated fairly and respectfully. Staff are ok they look after me". Another said, "Life here is generally ok, I enjoy living here and feel respected and valued. I think staff listen to me".
- Care records showed that a person who had a history of failed placements had discussed measures to support a positive and successful placement. This had been discussed with the person before they moved in and was based on eradicating known triggers that had led to previous placement breakdowns. This included only being able to bring family members into the service. And this protected them and other vulnerable people from the effects of drug dealers and strangers entering the service. Staff said it was 'early days' and they were working with the person to see the positive effects this could have on their life.

Respecting and promoting people's privacy, dignity and independence

- People accessed community facilities either independently or with staff support. Staff encouraged people

to be independent and form positive relationships and networks. One person had been supported to gain voluntary employment and make community connections. They told us that their interest in gardening had led to them having a small community network of people they helped with odd jobs in the garden. This gave people a sense of purpose and responsibility.

- People told us that staff gave them encouragement and promoted their independence. One person told us they were encouraged to contribute to day to day household tasks. Although the kitchen was locked people were encouraged to develop their cooking skills by getting involved in meal preparation alongside staff. Comments included "I am pretty much free to do what want I want to do, staff look out for me, but I have my independence and I go out on my own as long as I let them know". and, " I have my own independence and have my own key so I can come and go as I please without ringing the bell".

- People's rights were upheld and respected. For example, one person told us about the forthcoming general election on the 12 December. They said they were looking forward to voting, "I always vote, my card comes here, and I go to the polling station behind the church on South Street, it's really important to me to be able to vote".

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised support which met their needs and preferences. They were involved in the planning and review of their care. Support needs were discussed with people when things changed for them. For example, we saw that a person's care plan had been updated to reflect a significant change in their health following a medical appointment a few days before our inspection. This ensured the person received appropriate and timely support for their changing health needs.
- People told us that they were supported by a very small but consistent staff team who understood how they preferred their care to be provided. There was an equality and diversity policy and people's different needs, backgrounds and cultures were catered for. For example, some people had protected characteristics including those relating to a disability. Staff supported them appropriately and in line with the Equality Act 2010, ensuring their rights were upheld, and they were protected from discrimination.
- Staff had a good understanding of how each person's mental health needs impacted on their well-being and daily lives. Staff were sensitive to the personal life histories and needs of people who lived at Mermaid Lodge. People were encouraged to be as independent as possible within their individual abilities. For example, a person who wanted to live independently in the future, was supported to undertake aspects of daily living appropriate to their own mental health. This included general household tasks and looking after their personal health. This gave people the opportunity to maintain skills and learn new ones appropriate to their plans for their future.

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.

- People's communication needs were met. Communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. For example, one person's support plan outlined the person's difficulty with processing thoughts, known as a thought disorder. The impact for this person was a tendency to muddle words and sentences leading to frustration and irritability if others were unable to understand them. Staff told us that it was essential to keep the person calm and focused during these periods.
- A person told us that although they were able to communicate verbally this was impaired by their memory loss. This meant that sometimes they forgot what they were saying or were unable to recall the right words. They said they required staff to prompt for missing words and keep them on track with a conversation, and that staff did this which really helped.

- People had access to a telephone in the service which they could use freely at any time to keep in contact with friends and family and make appointments. This ensured that people had a method of communication regardless of their financial priorities.

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 encouraged to participate in community engagement activities and maintain relationships with friends and families. One person told us that they used the bus to travel to a day centre each week, to meet with friends. Another said they had good access to their friends in Brighton and met with them on a regular basis.
- Records showed that people were supported to maintain contact with family members. For example, one person's relative visits weekly and another person told us of the arrangements they had made to see their relative over Christmas. People told us they used the telephone to keep in contact with family on special occasions such as birthdays and anniversaries.
- There were occasional activities available to people if they chose to participate. However most people told us that they were independent and followed their own interests outside of the service. One person told us that occasionally a person would come in and play a guitar which was nice and sometimes they would all play charades. We observed a person asking for the PlayStation as they wanted to play one of the games that were in the lounge and people told us that they sometimes had a game of pool in the games room.
- People were able to celebrate special events and celebrations that were important to them. For example people told us about how they celebrated Christmas at the service including decorating the house and choosing food. Some people planned to visit family and friends and other's were celebrating at Mermaid Lodge. One person told us it had been a tradition of the service to celebrate the religious festival of Diwali. During this time the provider made traditional food and sweets for people and visitors to enjoy. People told us that they really enjoyed this time of celebration and it had become an integral part of the service each year. One person said, "It reminds me of the days when I was travelling the world, living in different countries and learning about different cultures".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave people details of how to raise a concern and how they could expect this to be dealt with. Information about how to make a complaint was also displayed in the communal areas.
- The provider informed us that they had not received any formal complaints since the last inspection. The provider informed us that people sometimes raised things informally which they listened to and responded to appropriately, however these were not recorded. They said they viewed complaints as a way for improving service provision, so it was important to listen to people's feedback.
- People told us that they knew how to make a complaint and would feel comfortable to do this if the need arose.

End of life care and support

- The service was not supporting anyone with end of life care and this was not something that the service would ordinarily expect to do. However, the provider acknowledged that in cases of an unexpected death it would be important to have an awareness of the preferences for funeral plans and if people felt comfortable to discuss this subject their preferences would be recorded.

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; Continuous learning and improving care

At the last inspection the provider had failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. Accurate and contemporaneous records were not always maintained regarding people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- The provider had not taken ownership or fulfilled their obligations and responsibilities in relation to the management of the service. They had not ensured effective monitoring of the quality of services and the safety of people.
- The provider had failed to ensure issues highlighted in the previous inspection, such as those relating to the breach of regulation 17, were fully addressed.
- The provider had failed to implement effective quality assurance processes to ensure key aspects of the service were regularly reviewed or effectively operated and therefore failed to identify any emerging issues. For example, the provider did not have an up to date record of staff who had undertaken the provider's mandatory refresher training. This meant that they could not be assured that staff were updating their training at appropriate intervals to ensure their knowledge and understanding was current and relevant to their role.
- Staff did not receive 1-1 supervision in line with the provider's policy. The provider confirmed this. This meant that the provider had not ensured a process for assessing staff learning, areas for development or if further additional training or support was required. The registered manager told us that this was an area they planned to improve.
- There was no evidence presented that showed a structured approach to monitoring the quality of care plans and risk assessments. Systems were not in place to identify that risks to people's health and wellbeing were being assessed and documented to ensure that all reasonably practicable actions were considered and taken to mitigate the risk.
- Systems were not in place to identify health and safety checks were undertaken. The provider's audit

process did not include a system to ensure such checks were completed therefore safety issues had the potential to be left unnoticed.

The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was known to people, and staff. One staff member told us, "The provider is very good to work for she makes you feel valued and appreciated". People told us that the provider had made a positive difference to their lives. One said, "She is great, really understanding and supportive", another said, "I have lived here for 20 years, that's down to [names] giving me the right support and understanding and most of all a home".
- Staff were happy working at the service and were committed to providing high-quality care and support. One staff member told us the provider was always contactable, and communication was very good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted transparency and honesty. Staff told us that communication was good, they were kept up to date. One staff said they trusted the provider to be honest with them. They described the provider as approachable, positive and genuinely caring and honest person.
- Records showed that when things had gone wrong the provider had notified the appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt
- Staff spoke highly of the provider. We observed a pleasant and friendly atmosphere among the staff and provider. Staff said the provider had an open-door policy and confirmed they always felt able to speak to her. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.
- People received holistic person-centred care. The provider had embedded a values-based culture which was inclusive and reached out to people they supported along with family and friends. The provider told us how they had worked with people to develop community connections which have supported people to gain voluntary employment and become part of their local neighbourhood.
- People received opportunities to share their experience about the service. People told us they felt involved and consulted and had good access to the provider and staff. We observed throughout the inspection people taking the time to speak with staff. Communication was open and relaxed

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

- The service worked in partnership with other agencies. People were supported by a range of professionals and the staff team consistently worked with these to ensure all aspects of people's lives were recognised as being important. These included healthcare services as well as local community resources. One person told us, "I get good support with medical appointments and help to make arrangements if I need to."
- Records showed that staff had contacted a range of health care professionals. This enabled people's needs to be understood so they received the appropriate support to meet their continued needs. A person told us how staff had been concerned about their weight loss and encouraged them to seek medical help. This had led to a significant underlying health issue being diagnosed.
- The provider had sent out satisfaction surveys to people and stakeholders during 2019. This gave people an opportunity to be involved in the running and development of the service. Staff said they had the opportunity to be involved in the service, one said, "their ideas, views and thoughts were always listened to

and they felt valued".

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm</p>