

Earlfield ZG Limited

Earlfield Lodge

Inspection report

25-31
Trewartha Park
Weston-super-mare
BS23 2RR

Tel: 01934417934

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Earlfield Lodge is a care home providing accommodation and personal care for up to 52 people. At the time of the inspection, 19 people were living at the home.

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

Systems to monitor and audit the home were not effective and had not identified the improvements that were required. The provider visited the home weekly, but no formal audits had been completed which would have helped to identify any shortfalls and to monitor any actions identified. Quality assurance systems were not robust.

The provider had failed to identify or act to mitigate the risks to people. We identified through our inspection that the home did not have safe staffing levels. The manager showed us a dependency tool which they used. This did not take into account the design of the building and allow for changes in people's needs. We received consistent feedback from staff and relatives that the home did not have enough staff.

Safety monitoring and management checks of the building were taking place. However, we found inconsistencies and improvements were required. Records evidenced fire door checks were not taking place. Staff had not attended a fire drill for some time. The records kept of fire drills did not show who had attended a fire drill and when. Personal evacuation plans were in place for each person. However, we could not be satisfied these were effective because they had not been tested. The home was in need of re-decoration and furniture to be replaced. No firm plans were in place of how and when works would commence.

Staff training was in need of improvement to ensure staff were suitably trained and their competency checked. The provider maintained a training matrix of courses completed by staff, which they considered were mandatory. This identified a number of staff had not completed training in some areas. This included for example, manual handling, first aid and safeguarding.

The manager told us they were currently using three systems which recorded information about people's planned care. This included a paper based system and computer based system. It was therefore difficult to navigate through the systems. We were told that staff were undergoing training in how to use the new computer system which they planned to transfer over to. Care records were reviewed on a regular basis. People knew about the home's complaints procedures and knew how to make a complaint.

Medicines were being managed safely with improvements made to the medicines system in recent weeks. Processes to safeguard people from abuse were in place along with infection control measures to help keep people safe. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people.

Staff were caring, and people were treated with kindness and respect. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity and independence promoted. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner.

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 home supported this practice.

Staff were enthusiastic and happy in their work. They felt supported by the manager within their roles. We received consistent feedback from staff that they felt the manager was supportive of them and had made lots of positive changes at the home since they started in post. Staff described working together as a team to help people achieve their potential.

Rating at last inspection

The service was taken over by another provider and registered with us on 30 April 2021. This is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Prior to this inspection we were made aware of some concerns by the local authority who had visited the home. The home was working on an action plan which had been put together by the local authority. We used this information as intelligence and to help us plan this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this report. You can see what action we have asked the provider to take at the end of this report. The overall rating for the service is requires improvement. This is based on the findings at this inspection.

Enforcement

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

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to the service response in ensuring safe levels of staffing, managing risks, the environment which people lived in, staff training and around good governance. This meant that improvements were required to ensure quality monitoring and management and that provider oversight was more effective.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Earlfield Lodge on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Earlfield 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 carried out by two inspectors at the home and an Expert by Experience who made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Earlfield 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.

Registered manager

The home did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In December 2021 the home appointed a new manager. We were told they would register with the CQC. Throughout the report we refer to them as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

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 used all of this information to plan our inspection.

During the inspection

We spoke with the manager, two senior care staff and four people. We spoke with ten relatives by phone. We emailed staff to gain feedback about the care people received and regarding the leadership and support at the home. We observed staff practices and how they interacted with people. We reviewed a range of records relating to the management of the home. This included people's care records, training records, medicines records, staff recruitment records and governance audits. We considered all this information to help us to make a judgement about the home.

After the inspection

We carried out a video call meeting with the manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We continued to seek clarification from the manager to validate the evidence we found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management

- Although some safety monitoring and management was taking place, there were inconsistencies and improvements were required.
- Some records had not been updated to reflect that checks had been completed. We were told fire doors were checked weekly but the last entry in the records to evidence this had taken place was October 2021.
- We could not be satisfied that staff and people knew what to do in the event of a fire. Although the fire alarms had been tested as required, staff had not attended a fire drill for some time. The records kept were poor and we could not ascertain who had attended a fire drill and when. The requirement for day staff to attend every six months and night staff to attend every three months had not been achieved.
- Personal evacuation plans were in place and had been updated in April 2022. The records reflected how people would be kept safe in the event of a fire or evacuation process. However we could not be satisfied these were effective because they had not been tested during fire drill/evacuation procedures.

The failure to safely monitor and manage risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We could not be satisfied the systems in place ensured safe levels of staffing. The provider had recently introduced a dependency tool to help determine staffing levels based on the needs of people. This however had not taken into consideration the layout of the building. In addition, staffing levels did not take into account any emergencies, for example a person requiring emergency services, a person becoming acutely unwell or for those people who required end of life care. Staff told us they felt stretched and focused at times on completing tasks rather than on person-centered care and support.
- There were potential risks because of staffing levels during the night. There were two care staff for the 19 people living at the home and sometimes three. We were told out of 19 people, 10 required the assistance from two staff for support with personal care tasks, managing continence and moving and handling.
- We received consistent feedback from staff and relatives about staffing levels at the home. Relative comments included, "My impression regarding staffing is that I am not sure there are enough staff now" and "Staffing could be improved. The carers do their best regarding her personal care". Staff comments included for example, "There are occasions where staff can be limited and this can make things more difficult being short staffed at certain points of the day, or night", "I feel that we struggle in the morning when there is only two members of staff on during the night", "We are high dependency for a residential home and the home is a big home, so I feel the staff ratio should be higher" and "Some nights the night team work with only two carers, I know the resident ratio isn't very high at the moment but it is hard and stressful as most of the

residents need assistance of two carers".

This meant people were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. The manager told us they planned to renew all staff DBS checks within the next few months.

Systems and processes to safeguard people from the risk of abuse

- Despite the concerns around staffing levels there were positive comments from relatives who felt family members were cared for and safe. Comments from relatives included, "I feel she is safe and being looked after well. Mum is now bedbound, and I know the carers move her to prevent pressure sores. I am confident that the service is looking after her very well and that she is safe", "My mum is safe; they look after her well. I visited recently and she seems very happy and the carers are pleasant to her" and "My relative is safe. She is never scared or frightened, she would tell me if she was. She has fallen recently, but they informed me straight away".
- Staff understood what constituted abuse. Staff felt confident and competent when raising concerns to safeguard people.
- The manager understood their responsibilities to raise safeguarding concerns about an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Using medicines safely

- It was evident from speaking to the manager that they had made improvements to the homes medicines system to ensure that this was safe.
- Staff that administered medicines had received training in safe medicine administration and their competencies were checked. At the time of our inspection only one senior night staff was medicines trained at night. The manager told us that three other night staff were currently being trained and having their competency assessed. In the meantime, the day time senior staff member started work earlier to administer those people who were prescribed 6am medicines. A staff member was on call if people needed medicines during the night.
- Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature. Each person had a medicines administration record (MAR) detailing each item of prescribed medication and the time they should be given. Staff completed the MARs appropriately.
- Medicines were audited regularly and were stored in a locked room and medicines trolley. There were safe systems in place for the receipt and disposal of medicines.
- The manager was in the process of updating people's individual photos on their medicines profiles.
- Where people required assistance applying topical creams, records provided information on where and when these should be applied. Two topical creams that we checked had a date recorded on each tube. It was unclear if this was the date opened or to be disposed. The senior carer showed us evidence that this was the date opened and took immediate action to address this.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

The provider was following guidance in relation to visiting at the home. At the time of the inspection the home was open to visitors with no restrictions. This was in line with current guidance.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Any concerns were escalated to senior staff. Accidents and incidents were reviewed to ensure appropriate actions had been taken. The manager monitored safeguarding, accidents and incidents.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider maintained a training matrix of courses completed by staff, which they considered were mandatory. This helped the provider to monitor when this training needed to be updated. The registered manager told us staff training was in need of improvement. This had been identified by them and the local authority during a quality assurance visit.
- There were a number of staff who had not completed training in some areas. An example being out of 21 care staff none were up to date with yearly practical manual handling training. We were told two sessions were previously cancelled due to COVID-19 outbreaks. 17 out of 21 staff had though undertaken online manual handling training. Out of 38 staff, 20 had either not received or were out of date with three yearly first aid training. Out of 38 staff, 15 had undertaken online first aid training. 20 staff out of 38 were out of date or had not undertaken safeguarding adults training. Out of 38 staff, only seven were up to date with yearly Equality and Diversity training.
- Although it was clear the COVID-19 pandemic had affected staff training, further improvements were needed to ensure staff were suitably trained and their competency checked.

The failure for staff not being appropriately trained is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff that we spoke with confirmed they received regular one to one supervision and felt supported by the manager. Their comments included, "I do believe that I am supported in many ways throughout the home. The staffing team are always happy to help one another" and "Our supervisions are a useful tool to speak about any issues and concerns we have to talk about".
- As well as one to one supervision, group supervision was carried out at times during the COVID-19 pandemic.
- New staff had an induction period where they were mentored by senior staff and observed until they were competent within their role and ready to work independently

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

- Earfield Lodge is a large period property. Over the years the upkeep of the home had deteriorated. Some areas of the home had been screened off and were not in use. At the time of the inspection only one side of the home was occupied. The home was registered with the new provider in June 2021. It was evident that that there was a lot of work to do in the home to improve the quality and safety of the home. It was

important that people were involved and consulted in making decisions about where and how improvements should be made in the future.

- The maintenance hours only provided for urgent/general repairs and health and safety checks. The manager told us they had met with the provider to consider providing wet room/en-suites in people's bedrooms. However, there was no evidence of a rolling programme for planned and continued up-keep of the whole home. Some improvements needed to be prioritised to improve people's quality of life and promote their dignity and respect.
- The home was tired and in need of redecoration and refurbishment. In some areas wallpaper had been scuffed off the walls and paintwork was badly chipped. Some double-glazing had blown which meant condensation accumulated between the panes.
- We could not be satisfied that regular maintenance checks of equipment and the environment had taken place and that they were effective. Commodes had rusty legs, divan beds were in poor repair and we saw rips in the bases. Although we saw some furniture had been condemned and stored outside, there were various items of furniture that were still not fit for purpose and needed to be replaced.
- Soft furnishings were poor, duvet covers, and towels were old and thin, carpets and upholstery was stained. Hooks were missing on curtains, so they did not hang or close properly. The sheets were provided and laundered by an outside contractor, and although the quality was fair, they did not fit the beds.
- Although areas of the home were clean and fresh, the interior fixtures, fittings and furnishings were not in good physical repair.

The failure to maintain the premises and equipment is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Prior to people moving into the home their needs were assessed. These assessments were used to develop the person's care plans and make decisions regarding people's care.

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

- The manager told us when people were at risk of malnutrition, the appropriate health professionals were contacted. The manager kept an overview of people's weights. This showed people had maintained or gained weight after a loss over a three month period.
- We observed lunch, which was a sociable experience. Most people were sat at tables in the dining area. Some people chose to eat in quieter areas of the home. This included their bedroom. One lady person us, "I like the food, I haven't particularly enjoyed the pork today".
- Even though people were offered a choice of meals we found menus were not displayed for people to refer to. The manager told us a new chef had commenced in post. They were working with people to revamp menus and offer a further range of choice. Photos were being taken of meals which were planned to be displayed with menus on a notice board.

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

- The manager and staff team worked with external healthcare professionals to support and maintain people's health, for example GPs and community nurses.
- People's records contained information about people's medical history, professionals involved in their care and the details of any health appointments they had attended. Visits carried out at the home by professionals were also recorded with a summary of each visit.
- The manager told us they had been trying to register people with a dentist. They had escalated this as a concern due to local dentists not accepting new patients. Some people that lived at the home were not able

to visit a dental practice and a home visit was required. The manager told us due to remaining COVID-19 restrictions in place with dental services these visits were on hold.

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). People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People's daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and with staff. They chose to spend time in the lounges, various seating areas, the dining room and their own rooms.
- The home had submitted DoLS applications for people. Some were waiting to be processed by the local authority. Systems were in place so that the manager would know when these expired and when to reapply.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The atmosphere in the home was calm and friendly. We observed that staff members interacted with people in a positive and respectful manner. Staff initiated conversations with people and chatted to them when providing support.
- People were supported to celebrate birthdays with their friends and family. There were open visiting arrangements. Family's had been invited to join their loved ones to celebrate Easter and Mothers Day.
- Relatives spoke positively about the care and support their loved ones received. Comments included, "She likes the staff; they appear kind and caring as they make her tea in the middle of the night" and "The staff are very kind, friendly and caring. I know because when they speak to her, they have a good banter with her, which she enjoys".
- Staff spoke fondly of the people they cared for and all felt the staff were caring of people. Staff comments included, "We know how to lift their spirits when they are down. We know what makes them happy whether it is a certain food or drink, going outside for a cigarette, having a dance or just sitting holding hands with them" and "I feel that all our staff are caring. I have witnessed this on many an occasion, for example, a resident was very sad about not seeing someone, the person was contacted and asked to come in to see them. On a special day for someone cakes are made, and songs sung, the gentle touch is very important, a cuddle goes a long way and just sitting down and listening means a lot to a person".
- People were protected under the characteristics of the Equality Act. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care records included information about their individual characteristics. Where people had religious beliefs, they were supported to maintain their faith.
- The home had a chapel onsite which was used by people. One person told us, "I like to go down to the chapel and spend some time reflecting on my day. It brings me comfort especially not being able to go to church when places of worship were closed".

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

- Resident meetings were taking place for people to express their views about their care and support and people were able to express if they wanted things done differently or if they needed any additional support.
- People and relatives told us they were involved in making decisions about how they wanted to be supported. Care records showed that they were involved and had consented to the decisions made about their care. One relative for example told us, "I make all decisions regarding her care; they ask me for

permission to do things".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and their need for privacy. For example, some people liked to spend time alone in their rooms. Other people chose to spend time in communal areas with friends and staff. One relative told us, "They encourage Mum to be as independent as she can be. When she does activities, they encourage her to do things herself", "They do respect her privacy and dignity. They will shut her door if they are supporting her in her room".
- People appeared well groomed and clothing looked clean and tidy. People were offered assistance to bath and shower as many times as they wanted throughout the week.
- Staff provided us with feedback with regards to how they supported people. Comments included, "All our residents are treated with dignity and respect, choices and kindness, we laugh and cry with them" and "All staff encourage residents to try be as independent as they can as we don't want them to lose all independence".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The approach to care was person centred and staff tried their best to offer this approach. The home was in the process of changing over to a new computerised system. At the time of our inspection the staff were going between three systems as a temporary measure. This included paper records and computer based. Plans were in place to train the staff on the new system and to transfer over people's records. It was therefore difficult to navigate through people's records and for the staff to follow each person's plan.
- We spoke to the manager about the importance that staff were given time to transfer over the information and to ensure people's care records were effective and of good quality.
- People had taken the time to provide and share specific details about preferred routines and what level of assistance they required, and this was reflected in their records.
- The 'This is me' document provided staff with a detailed account about people's lives to help form positive relationships with staff and aid meaningful conversations, care and support. There were questions asking people how they preferred to communicate, what made them worry and what would make them feel happy. People had told staff, "I am a hugger it's my favourite way to communicate", "I worry about timescales and when my son is late. I feel better if I can walk in the garden and have a cup of coffee whilst I wait for him", "Flowers and birds make me happy the kingfisher is my favourite bird" and "I take pride in my appearance and like to have my nails done and wear clips in my hair".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified through care planning and getting to know people. This included people's needs with regards to their language, hearing, sight and speech.
- The manager told us they used pictures and photos to help communicate with people.

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

- The home protected people from social isolation and recognised the importance of social contact in addition to respecting people's choice. One person's care plan stated, "I like my own company and spend a lot of time in my room. I am aware that I am putting myself at risk of becoming socially isolated, but I am

happy with the way I spend my days. I like to speak with staff when they come to my room or support me when I visit the doctor".

- During our visit people were attending a quiz session. Attendance was good and people were clearly enjoying this activity. The activity coordinator encouraged people to shout out their answers to questions and they praised each other when an answer was correct. The activity coordinator had an approach that made people feel valued. When a person got an answer incorrect, they encouraged the person to keep guessing and used language such as 'ah your almost there' and 'that's not quite right but your close'.
- Relatives that we spoke with were happy with the activities which the home provided. Comments included, "The home provides lots of activities. I love singing and I have been in and performed for the residents", "They provide lots of activities for her to do. I have been sent an Easter card which she made for me".
- People were vulnerable but as Covid restrictions were reducing they were feeling more confident to go out.

Improving care quality in response to complaints or concerns

- There was a complaint's policy and system in place to manage complaints. At the time of the inspection the provider had not received any complaints directly. Where relatives had complaints and concern's they had contacted the local authority commissioning or safeguarding team. Records had been kept from these investigations. We spoke to the provider about sharing the complaints procedure to people and relatives.
- People told us they knew how to make a complaint and the staff and manager took action to address anything they were not happy with. One person told us, "I have no complaints or grumbles. I would tell the staff if I did". Relatives we spoke with told us, "I have never had any reason to make a complaint" and "I have never had to make a complaint everything is done well. I would speak to the manager though if I was not happy".

End of life care and support

- At the time of the inspection the home was not supporting anyone with end of life care.
- The manager and staff explored people's preferences and choices in relation to end of life care. We were told the staff did everything they could to care for those people who were end of life in the comfort of their home and surroundings.
- Records included people's preference and information about their culture and spiritual needs. The manager and staff were in the process of revamping end of life care plans for people to make them more person centred.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Given the shortfalls identified at the inspection, we could not be satisfied quality assurance monitoring and audits were effective. Improvements were required with some audits to make them more robust and effective.
- The provider told us he visited the home once a week and kept in contact with the manager by phone. The provider told us when they visited, they walked around the home and checked some records. However, they told us they did not conduct any formal quality monitoring of the home with records maintained from visits. This would have helped the provider to identify and monitor the shortfalls within the home.
- The manager told us that no formal quality assurance surveys had been sent out to staff, people and relatives under the current provider. This would have helped the provider to continually evaluate the service and the quality of care which people received.

This meant systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had been in post since December 2021. Due to unforeseen circumstances they had a period of absence and returned in February 2022. They planned to register with the CQC.
- The manager was making every effort to familiarise themselves with people who lived in the home, their families and staff, whilst trying to support the smooth running and management of the home. They were also aware of the improvements that were needed to bring the home to a good standard.
- The provider did not have a deputy in post to help support the manager with the daily running of the home and to help make improvements. Although senior care staff were employed, they supported the care staff to help care for people and undertook the medicines duties. It was evident from our findings a number of improvements were required within the home and the manager required further support to make the necessary changes.

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

- We received consistent feedback from staff who felt the manager was supportive of them. Comments included, "My manager is very supportive and shows care and attention to all at all times", "My manager is very approachable I believe if there is ever anything I need to talk to her about she is always there to listen",

"I have seen a huge turn around in the morale of staff since [manager] has started. It was quite a negative working environment before, and improvements were needed. [manager] has implemented these urgent changes and has more to do. These have really made the home a more positive environment for all who work there".

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

- It was evident during the inspection that staff were sometimes frustrated and felt they were not listened to by the provider when improvements were required. Common themes shared with us included, staff wanting to undertake training opportunities but were not being paid outside of their working hours to undertake this and they expected to use their own IT equipment. Other themes included staff ideas they put forward were not being listened to.
- Despite the need for improvements identified above we did receive some positive comments from people and relatives about the manager and staff. Comments included, "I don't know the new manager, but the atmosphere in the home really changed when the new manager took over", "I have not met the new manager, but I have had letters from management, telling us what they are planning to do to improve the service. The new staff are very friendly, supportive and informative" and "The new staff are friendly and helpful. The atmosphere in the home is calm and relaxed".
- Communication systems were in place to help promote effective discussions between staff and the manager, so they were aware of any changes for people in their care. This included daily handover reports and written daily records.
- Other methods of communication included planned meetings. These had been slightly compromised by the pandemic

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. Working in partnership with others

- We were mindful the pandemic had been difficult for everyone who worked in an adult care setting. All staff who contacted us were professional throughout, many were clearly tired, yet remained committed to the people they cared for and each other.
- The manager understood their responsibilities about informing people and families, the CQC and other agencies when incidents occurred within the home.
- The manager told us they were open, honest and transparent when lessons could be learned and improvements in service provision were required.
- The home ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and Deprivation of Liberty Safeguards teams and the CQC.

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 The provider failed to safely monitor and manage risks. Regulations 12 2 (a) (b) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider has failed to maintain the premises and equipment. Regulations 15 1 (a) (e) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice. Regulation 17 2 (a) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. Regulation 18 (1) |

