

AKM Care

East Cosham House

Inspection report

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11 August 2022

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

East Cosham House is a residential care home providing personal care and accommodation in one adapted building for up to 24 people. At the time of our inspection there were 23 people using the service, all of who were over the age of 65 and some of which were living with dementia.

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

Although people told us they felt safe, we identified some care plans and risk assessments had not been completed where required. However, most staff demonstrated they understood people's needs and how these should be managed.

Risks associated with infection, prevention and control were not managed safely. Concerns found, included, but were not limited to; areas of the home which could not be effectively cleaned due to wear and tear and poor maintenance, poor cleanliness and lack of systems in place to ensure people had access to safe and effective handwashing facilities.

Effective systems and processes were not in place to ensure people were cared for in a safe environment. Environmental safety checks had not been regularly completed to identify risks.

There were not sufficient numbers of staff available to meet people's needs in a person centred, timely or effective way. People were not supported to partake in activities meaningful to them that considered their individual interests.

Records to demonstrate 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, needed improving.

People were supported to access healthcare services when needed and received enough to eat and drink. However, further work was needed to help ensure people were involved in food choices and had access to food they enjoyed.

People were not provided with enough meaningful activities to ensure they were mentally and physically stimulated. People we spoke with felt there wasn't enough for them to do.

Mixed feedback was received from people, relatives and staff about the management of the service and the level of care received. We did observe some positive interactions by staff that were caring, and kind, however interactions were limited.

Quality and safety monitoring systems were not adequate, and we found there was a lack of governance processes and systems in place to help ensure the safe running of the service. Without these systems, the provider and registered manager could not be proactive in identifying issues and concerns in a timely way

and acting on these.

Processes were in place to ensure safe recruitment of staff and people were supported to take their medicines safely.

Systems were in place to help ensure staff had received adequate training in a timely way to equip them to do their roles, safely and effectively.

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 22 April 2021) and there were breaches 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 we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about environmental issues, lack of person-centred care, staffing levels and poor management and leadership. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection.

Please see the all key questions sections of this full report.

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

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

Enforcement and Recommendations

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

We have identified five breaches of regulation including, person-centred care, safe care and treatment, staffing, premises and equipment and good governance.

We have also made two recommendations in respect of mealtime arrangements and consent.

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

We served warning notices in relation to safe care and treatment and good governance and required the registered manager to be compliant by 17 October 2022.

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?

Inadequate ●

The service was not safe.

Details are in our safe findings below

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

East Cosham House

Detailed findings

Background to this inspection

The inspection

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

The inspection was completed by one inspector and an Expert by Experience. 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

East Cosham House 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. East Cosham House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 August 2022 and ended on 16 August 2022. We visited the service on 4, 9 and

11 August 2022.

What we did before the inspection

We reviewed the information we had received about the service, including the previous inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us. We also used information gathered as part of the monitoring activity that took place on 12 July 2022 to help and inform our judgements.

We used the information the provider sent us 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 the registered manager and two deputy managers in the service. We also spoke with seven staff members which included, four care staff, the activities coordinator and ancillary staff. We observed care that was being provided and spoke with six people using the service and five relatives. We received feedback from one social care professional and spoke with the provider.

We reviewed a range of records, including seven people's care records in detail, seven people's medicines records and daily notes for 10 people. Three staff files were reviewed in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training, staff rota's policies and procedures were also reviewed.

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. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

At our last inspection we identified the provider had failed to effectively assess and control the spread of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had not made effective and appropriate improvements in this area resulting in a continued breach of Regulation 12.

- Some areas of the service were poorly maintained so could not be effectively cleaned. This included gaps around flooring and piping in bathrooms and toilets and peeling paint on radiator covers and the ceiling of a shower room.
- On the first day of the inspection we observed clinical waste was disposed of in bins which were not clearly marked for clinical waste. Additionally, these bins contained clear waste bags and not yellow bags. This did not comply with the providers own infection, prevention and control policy, which highlighted the use of yellow clinical waste bags and was not in line with best practice. We discussed this with the registered manager on the first day of the inspection, who told us they had, 'run out' of yellow bags. By the third day of the inspection, yellow bags were still not available. Additionally, all bins had to be opened by hand, one of these bins did not have a waste bag in but contained clinical waste and another had no lid. This meant there were increased risks from clinical waste not being disposed of safely which could result in infection and cross contamination.
- Not all areas of the home and equipment within East Cosham House were cleaned to a safe standard. On the first day of the inspection we observed some skirting boards, floors, toilets and commodes to be dusty and dirty. When this was checked on the third day of the inspection, we noted effective action had not been taken to address this.
- We could not be assured that commodes were emptied in a timely way following use. For example, we identified commodes in four bedrooms to have human waste in. One of these commodes was checked four times throughout the first day of the inspection, the first check being at 10.18am and the last check being at approximately 15.30pm. On all these checks urine was found. The person who resided in this room spent the majority of the first day of the inspection in the communal area of the home, which was on the ground floor. They would have been unable to access their bedroom or use the commode without support.
- We identified hand sanitiser was available throughout the home, however some hand washing facilities did not provide appropriate provisions to allow good hand hygiene. For example, some bathrooms/toilets were without soap or hand drying equipment. Furthermore, a person told us they frequently had nothing to dry their hands on in their bedroom, which we observed during the inspection. This person told us, since they did not want to be without paper towels, they took used ones from the communal toilets. They

commented, "I try to salvage as much as I can. I get the used ones from the bins. I don't know if that's a good idea, I may be making myself worse." When we discussed this with the registered manager, they told us they were aware of these behaviours and had reported it to healthcare professionals. However, they had taken no action to mitigate this risk to reduce this behaviour, or to ensure handwashing facilities were effective and safe.

- The concerns we found had not been identified by the registered manager or provider. Furthermore, regular infection control audits had not been consistently completed to identify issues or concerns in this area, to allow timely action to be taken.

The provider had failed to safely manage infection control risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the first day of the inspection the concerns we had identified were shared with the provider. The provider was unaware of these issues but confirmed they would be immediately addressed. On the second day of the inspection, work was underway to address some of the concerns found. This work included completing some maintenance in bathrooms and toilets and purchasing foot operated clinical waste bins.
- Records showed, and staff told us they had completed training in infection prevention and control. They had received additional training in good hand hygiene, and the safe use of their personal protective equipment (PPE).
- Throughout the inspection, visitors and staff were wearing face masks in line with government guidance. Staff told us and we observed staff wore additional PPE when required.
- We were assured that the provider was accessing testing for people using the service and staff.

Visiting in care homes

- The registered manager was facilitating visits for people living in the home in accordance with the latest government guidance.

Assessing risk, safety monitoring and management

At our last inspection we identified systems were either not in place or robust enough to demonstrate risks were effectively managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had not made effective and appropriate improvements in this area resulting in a continued breach of Regulation 12.

- Although people told us they felt safe, we identified specific care plans and risk assessments had not been completed where required. This meant staff were not always provided with the guidance they needed to ensure people were provided with safe care and treatment. Risks to people were not managed and mitigated effectively. For example, one person placed themselves at risk of ill health due to their behaviours. Although the registered manager told us they were aware of these behaviours, they had not completed care records or a risk assessment to demonstrate how this risk would be reduced and mitigated.
- Additionally, where people had specific health conditions, including but not limited to, diabetes, catheter care and epilepsy, there was not always an associated care plan or risk assessment detailing how to effectively manage these conditions, how the conditions effected each person and actions staff needed to take to keep them safe. This was discussed with the deputy manager who agreed to update care records and risk assessments to ensure appropriate information would be available to staff. Other risk assessments were in place which included, risks of falls and use of specific medicines and these were clear, detailed and comprehensive.

- Environmental risk assessments, general audit checks and health and safety audits had not been consistently completed to identify risks and demonstrate action had been taken to reduce risks. We discussed this with the registered manager, who was unable to provide us with an up to date environmental risk assessment or related audits and told us this was the providers responsibility. The provider had a general health and safety risk assessment which had been completed on 1 July 2020 by an outside agency. However, this did not identify all risks or up to date risks. The registered manager was unaware if any other environmental risk assessments had been completed and confirmed they had not completed any audits to monitor the safety of the service. Following the first day of the inspection we received a copy of a 'General Health and Safety Risk assessment' via the provider which had been completed by an outside company dated 1 July 2022. The registered manager confirmed they did not know this had been completed. This meant we could not be assured safety checks on the environment were robustly completed to identify risks and take action where required.
- The registered manager was unable to provide us with evidence that all equipment was regularly checked for safety. For example, according to the providers own records a bath hoist, which was in use, should have been checked in line with health and safety requirements in October 2021. The registered manager confirmed this has not been done. This placed both people and staff at risk of harm and injury should it fail during use.
- Although we identified water temperature checks were being completed regularly the provider and registered manager were unable to provide us with an up to date legionella risk assessment. There is a legal duty for providers to assess and control the risk of exposure to legionella bacteria. Therefore, we could not be assured the service was working in accordance with legionella safety requirements and this placed people at risk of harm. We were told by the registered manager on the third day of the inspection that action had been taken and an urgent assessment from an external professional in relation to legionella, would take place in August 2022.

The failure to ensure people were provided with safe care and treatment was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire safety was managed and monitored appropriately.

Staffing and recruitment

At our last inspection we identified the provider had failed to have a systematic approach to determine the number of staff required and to effectively meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had not made effective and appropriate improvements in relation to staffing levels, resulting in a continued breach of Regulation 18.

- Although there appeared to be appropriate numbers of care staff available to meet people's basic daily care needs, due to other duties required of them, such as laundry and cleaning, the care provided to people was not person centred. The amount of staff available meant staff did not have the time to consider people's emotional, psychological and social needs. For example, on the first day of the inspection we observed very little interaction between people and staff. People spent their time in the communal areas of the home watching television or sleeping, with little engagement with staff. When we discussed this with the registered manager, they told us this was because the activities coordinator was not present in the service. On the second and third days of the inspection, the activities coordinator was available to people, which resulted in improved interaction with people. However, the activities coordinator only worked five days per week for five hours each day, and when they left, people were left with little to do and staff did not have time

to sit and talk to them.

- Throughout the inspection we also observed periods of time where no staff were present to support people where required. On a number of occasions, we witnessed people who were living with cognitive impairment walking without purpose in the corridor and entering other people's bedrooms. When we discussed this with staff, they told us they did not have the time to monitor this. This placed people at risk of harm from falling and impacted on other people's privacy.
- People spoken with described there not being enough staff available to provide them with the care they required. One person, when asked if they feel there is enough staff said, "What staff? If I wanted anything I would go and find them. If there's anyone there they would get me a cup of tea or they'd say they were too busy." Another person told us, "They could do with more staff. I would feel more free to say what I wanted to say. It would help with any emotional problems." A third person told us, "They [the service] probably could do with more [staff]."
- All staff spoken with felt there was not enough of them to meet people's needs. A staff member said, "I do like working here, but everything is a strain. We work with skeleton staff in relation to all aspects of the home, including care staff and cleaning staff." Another staff member told us, "There is not enough [staff]; from the minute we get here we are on the go. We have multiple jobs to do, so don't get time to spend with the people." A third staff member said, "There is not enough care staff, we are spending so much time doing other tasks that are not related to care. We never have time to sit and talk to people."
- The staffing levels were discussed with the registered manager who told us they had discussed staffing levels and the need for increased staff hours for cleaning and maintenance, with the provider. However, following discussions little action had been taken. We discussed staffing levels with the provider who agreed to review these.

The failure to ensure sufficient staff were deployed to meet people's needs at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified the provider had failed to safeguard service users from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found appropriate action had been taken and the provider was no longer in breach of regulation 13.

- People told us they felt safe. People's comments included, "Yes, I feel safe, I've got no worries" and "I'm all right in here." A relative told us, "He's safe because of the care."
- Staff had received training in safeguarding and understood their responsibilities to identify and report any concerns.
- Staff were confident action would be taken by the management team if they raised any concerns relating to potential abuse. One staff member said, "I would report concerns to the senior or registered manager, I know they would act but if I needed to, I would go to CQC or the local safeguarding team."
- There were processes in place for investigating any safeguarding incidents and concerns. These were followed by the registered manager.

Using medicines safely

- People were supported to take their medicines safely.
- Medication administration records [MARs] confirmed people had received all their medicines as prescribed.
- People were provided with 'as required' (PRN) medicines when needed and PRN care plans were in place.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Medicines were administered by suitably trained staff who had been assessed as competent to do so safely.
- At the time of the inspection no one was prescribed medicines that had additional legal controls, however we were assured these would be appropriately and safely managed and monitored where required.
- There were safe systems in place for people who had been prescribed topical creams.

Learning lessons when things go wrong

- There were systems in place to assess and analyse accidents and incidents. These systems allowed themes and trends to be identified and acted on to prevent and mitigate reoccurring risks.

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 key question was last rated as Requires Improvement under the previous provider. At this inspection the rating has remained Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection under the previous provider we identified the provider had failed to ensure that premises and equipment used by people were properly maintained and the environment was suitable for the people living there. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had not made effective and appropriate improvements in this area resulting in a continued breach of Regulation 15.

- The environment was not well maintained and did not promote people's emotional wellbeing or physical safety. The registered manager told us short falls in the standard of the environment was due to a maintenance staff only being available to the home for seven hours per month. Within these seven hours they were expected to complete regular tasks, including water and fire checks as well as day to day maintenance and gardening. Following the first day of the inspection we were told by the registered manager and maintenance staff they had been requested to do additional hours by the provider.
- Although there was a good size garden at the rear of the home, people were unable to use this as it was poorly maintained, overgrown and unsafe. At the front of the home there was a car park and a grass and seating area. Although this was slightly better maintained; areas of the ground were uneven and this area was not secure. This meant people at risk of falls or deprived of their liberty under DoLS, were unable to use this independently. During the inspection people expressed they would like to spend time outside however; this could not be safely accommodated due to the issues highlighted above.
- Other parts of the internal environment were not well maintained. For example, not all taps were marked, 'hot or cold' and some taps when pushed on resulted in water coming out at great force resulting in people getting saturated with water. This would not only have caused people discomfort but could have also impacted on their safety. Communal bathrooms were in need of refurbishment as they were not a relaxing or comfortable environment for people to bathe in.
- The size and layout of the building presented some limitations in how people's social needs could be met. For example, armchairs in the lounge were arranged close together around the edge of the room. One television was in this area, which could not be seen from all areas of the room. Additionally, this television was on with the volume up loudly throughout the majority of the inspection. This did not constitute a calm and relaxing environment and also limited social interaction between people.
- The premises had not been maintained or adapted to improve the quality of people's lives and living in an environment as described as above, would not have a positive impact on people's emotional, psychological

and physical health.

The failure to ensure the environment was properly maintained was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some adaptations had been made to the home to meet the needs of people living there. For example, some corridors had handrails fitted to provide extra support to people and toilet bathroom and bedroom doors were sign posted, so that people could recognise them.

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.

- People who were able to make decisions for themselves, had not been given the opportunity to formally consent to having their care provided. For example, no formal consent forms had been signed by people to receive care and treatment or to have their photographs taken and used by the service. This meant we could not be assured people had been fully informed of their rights in relation to receiving care, or the sharing of information. This was discussed with the registered manager who told us no consent forms had been completed, but people had been asked verbal consent to care. The registered manager agreed they would review the current consent processes and consent forms would be implemented.
- The registered manager was aware when people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. However, on review of the records in relation to this, we noted records of best interest decisions made did not always demonstrate different options had been considered and had not always been documented as required, in line with MCA guidance. The registered manager agreed to address this.
- We identified DoLS applications had been made as required and the system in place to ensure these were renewed in a timely way was robust.
- People told us they were always asked before care was provided.
- Staff were clear about the need to seek verbal consent from people before providing care or support and we heard them doing this throughout the inspection. People's right to decline care was respected.

We recommended the registered person seek advice from a reputable source to ensure consent was gained appropriately and the application of the MCA was applied and recorded consistently and accurately.

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

- Although people were provided with enough to eat and drink; on the first day of the inspection we observed mealtimes were not a safe, relaxing or sociable experience for people. For example, staff were not

always present during lunchtime which placed people at risk of neglect and potential harm. For example, we observed one person try to give another person some of their dinner. The person also mixed some of their main meal in their drink and handed it to a person next to them. This person then proceeded to pour this mixture into their pudding. Both these people were living with dementia. We had to point this out to staff when they returned to the room, who tried to remove the person's pudding from them, resulting in them becoming agitated. Increased staff presence may have prevented this from developing. This was discussed with the registered manager who told us this was because there was no activities coordinator in that day. On the second and third days of our inspection there was an improvement in the mealtime experience.

- People had not been involved in menu planning, this was confirmed by the registered manager and staff. A person told us, "Steak pie in this hot weather!" and a staff member said, "In the hot weather people are still being given stews or casseroles, who wants to eat that when it's so hot." This was discussed with the deputy manager and registered manager who agreed to review the menus. However, people were accepting of the food provided and their comments included, "It's all right. You get what you're given, but they do try to give you something you'll like", "It's edible, like school dinners" and "The food's pretty standard."
- When staff were present during mealtimes, they were attentive, people were offered second helpings, were not rushed and staff ensured people had finished eating before removing their dishes.
- Each person had a nutritional assessment to identify their dietary needs and preferences.
- Where needed, people received appropriate support to eat and were encouraged to drink often. Should people be at risk of losing weight, regular checks were maintained of their weight and if necessary, action was taken, such as recording food and fluid intake and seeking the support of external health professionals.

We recommend the provider seeks guidance and best practice to meet people's nutritional needs and preferences in a person-centred way.

Staff support: induction, training, skills and experience

- There was an induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. New staff spoken with, confirmed they had completed the induction programme and found it helpful.
- The registered manager had a system in place to record the training that staff had completed and to identify when training needed to be refreshed. Staff told us they received appropriate training in a timely way. Training staff had received included; moving and handling, medicines, fire safety, infection control and safeguarding.
- People described staff as being trained. A person said, "I suppose they are well trained, if you need anything you go and ask. I don't go unless I really need to. They've got a lot to do." Another person told us, "On the whole, yes [the staff are well trained]."
- Staff received regular one to one supervision with the registered manager or a deputy manager. These sessions of supervision provided an opportunity for the managers to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop.

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

- People's needs were assessed before moving into East Cosham House. This included their physical, social and emotional support needs, as well as some needs associated with protected equality characteristics. For example, religion, disability and relationship status.
- Information had been sought from people, their relatives and any professionals involved in their care, when required. Information from these assessments had informed the plan of care.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's oral health and to monitor

people's weight.

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

- People were supported to maintain their health by timely access to relevant health professionals. This included community nurses, opticians, GPs and chiropodists. Additionally, people were supported to attend hospital appointments where required.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay.

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 key question was last rated as Good under the previous provider. 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

- Staff told us they felt the staffing levels resulted in them not being able to provide people with the standard of care they required. This was observed throughout the inspection. Two staff members told us people were not always able to receive baths or showers when requested due to lack of staff, another staff member said, they often had to rush people when supporting them and a further staff member told us, "It's awful as sometimes I just have to tell people they need to wait, when they request something or ask of support." Additionally, all care staff spoken with told us, they didn't have time to sit and interact with people.
- However, staff spoke fondly about the people living at East Cosham House. One staff member said, "I love the residents. I look at them like family and we should always treat others how we would want to be treated." Another staff member told us, "I love it, we are all like a little family [staff and people]."
- Although staff did not often have time for people, we found that when they did, they mostly spoke to them in a kind and respectful way. For example, a staff member noticed a person appeared sleepy. This staff member spoke with the person and offered to support them to bed for a lie down. The person keenly accepted this offer. However, we also observed, some people walking in and out of other people's bedrooms and when this happened, on occasion they were told loudly and firmly by staff members not to do this. This was not person centred, did not consider individual people's needs and did not seem to have any effect, as the behaviour continued.
- People and relatives were positive about the staff. People's comments included, "I like that one (pointing to a particular staff member). She's always nice to me. She makes me laugh and she's always there with me when I'm down", "They [staff] are normally pretty good" and "I get on well with the staff." Relatives told us, "Staff are always kind, they are very good" and "I can't fault the care. One day when [person] was upset, one of the carers reached out and spontaneously wiped away their tears. It was a really caring thing to do."
- Staff knew how people liked to be addressed and called people by their preferred name.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. For example, we saw people's religious beliefs had been recognised.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff took steps to protect people's privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area.
- However, staff had not considered how other people's behaviours could impact on people's privacy. For example, throughout the inspection we observed people entering other people's personal bedrooms

without consent. On one occasion a person entered an unoccupied bedroom belonging to another person and proceeded to move bedding about and attempt to make the bed. We also witnessed another person enter someone else's bedroom and close the door behind them. When we discussed this with a staff member, they told us the person was looking for food and sweets brought for others, yet no action was taken to address this. One person told us things regularly went missing from their bedroom and although they reported this to the registered manager, nothing had been done about this. Furthermore, a person told us, "One night I got into bed and I was just getting comfortable and going to sleep and [person] comes walking in. I spoke to them and told them it wasn't their room and out they went. 15 minutes later they comes back and out they go again. They didn't come back, but I was awake then."

- Staff described how they protected people's privacy when supporting them with personal care. This included make sure the doors and curtains are closed and the person was covered up as much as possible, when helping them to wash and dress."
- People's care records contained information about what people could and couldn't do for themselves and staff were aware of people's abilities. A staff member described how they supported a person to wash and dress by only assisting them with the areas they were unable to manage themselves.
- People were supported to make decisions in relation to some aspects of their care, such as when to get up or go to bed. However, were not always involved in other decisions in relation to their care. This is further referred to in the responsive section of this report.

Is the service responsive?

Our findings

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

This key question was last rated as Requires Improvement under the previous provider. At this inspection the rating has remained Requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not provided with enough meaningful activities to ensure they were mentally and physically stimulated.
- People we spoke with felt there wasn't enough for them to do. A person said, "There's nothing. I've come here and all I do is sit about, there's no activities. When I first came here, they did drawing and colouring, silly things you do at school, but at least it was something. It's boring, you just sit and watch telly." Another person told us, "It's a nonexistence [activities]. I pop in here [communal lounge] and have a snooze. I never did that before; I was always busy."
- Staff told us they did not have the time to complete activities with people. We observed staff were only in communal areas when providing drinks to people, cleaning side tables or when walking through supporting other people. We observed staff interacted infrequently with people. For example, on the first day of the inspection, we observed a person went to find staff, when another person in the communal area needed assistance.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were always welcome in the home and were regularly updated about people's wellbeing and progress. One relative told us, "I can come whenever I like. I don't have to let them [staff] know."
- The activities coordinator did arrange seasonal and celebratory events for people, including Christmas parties, occasional BBQs and birthday celebrations, which family members were invited to attend.
- People were supported and encouraged to make their own decisions and choices in relation to some aspects of their day to day lives, including, when they go up or went to bed. However, people were not always involved in making decisions about their care needs and preferences.
- At lunchtime we observed one person did not want the main meal they were provided with. A staff member told them they would bring them a sandwich; however, they did not ask what they would like in their sandwich and brought them a sandwich with filling the person did not want. The staff member then told the person they would get them a ham sandwich, although this had not been provided previously, because the chef had to obtain permission to open a packet of ham. This meant people's food choices were potentially limited and subject to unnecessary restriction.
- People also expressed a wish to spend time in the garden or outside the home, however this was rarely accommodated due to staffing levels and an unsafe outside environment.

The failure to ensure care and treatment meets people's needs and reflects their preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- From discussions with staff it was evident they were knowledgeable about people's preferences and care needs.
- Staff received a verbal handover between each shift. This helped inform staff of any changes in people's needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was prominently displayed in the home.
- The registered manager was able to describe what action they would take should a formal complaint be received, which following the details within the policy.
- Although no formal complaints had been received since the last inspection, people had mixed views on the management team's response to concerns or issues. One person told us, "I've told [registered manager] about things several times and they just say, 'I'll get it seen to', but they don't." Another person said, "If I had a complaint, I would go to the registered manager or deputy manager, but I don't think it will get sorted out as things haven't when I have told them before." A relative said, "I would go to the [registered manager] I'm sure they would take action."

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, recorded and highlighted in their care plans.
- The management team was aware of the Accessible Information Standard (AIS). We were told that documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

End of life care and support

- End of life wishes had been considered for people living at East Cosham House and people's care records contained information in relation to how they wished to be cared for at the end of their life, including their end of life wishes and preferences.
- Some staff had received training in end of life care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we identified the provider failed to operate effective systems to assess, monitor and ensure the quality of the service. This was a breach of regulation 17 of the health and Social care Act 2008 (regulated Activities) Regulations 2014.

At this inspection we found the provider had not made effective and appropriate improvements in this area resulting in a continued breach of Regulation 17.

- Leaders of the service including the provider and registered manager did not work together to ensure safe and effective care was provided to people. This resulted in poor leadership, direction and oversight.
- The registered manager was unclear of their responsibilities and what was required of them. For example, when we identified poor management of the risks related to legionella, the registered manager told us, they thought this was the responsibility of the provider and had thought a member of staff checking water temperatures was sufficient. Following the inspection, the provider took immediate action to ensure a legionella risk assessment was completed by a competent person. Poor leadership had impacted on the running of the service and the safety of the care people received.
- We found multiple breaches of regulation. These failings demonstrated there was a lack of governance processes and systems in place to help ensure the safe running of the service. Without these systems, the provider and registered manager could not be proactive in identifying issues and concerns in a timely way and acting on these. The concerns found at the inspection included but were not limited to, staffing, consent, environmental safety concerns, the cleanliness of the environment, risk management and person-centred care.
- Neither the registered manager or provider identified the environmental issues identified during this inspection, including poor cleanliness and poorly maintained environment. There were very limited systems in place to audit, identify and take action to reduce risks. Infection control audits and health and safety audits were rarely completed. The last infection control audit was completed by the registered manager in February 2022, which did not identify the concerns found at the inspection. The infection control audit completed prior to this was in November 2020. A health and safety audit was completed in July 2022; however, the registered manager was unaware this had been completed or if any action was required. The health and safety audit completed prior to this was done in July 2020. No other environmental checks had been completed by the registered manager or provider to ensure the environment was safely maintained so risks could be identified, and any action required could be planned.

- The registered manager had not recognised the need for consent forms to be in place and when discussed they showed little understanding of this. Therefore, people with capacity had not formally consented to care and treatment.
- Policies were in place to aid the running of the service. However, on review of these policies it was noted they were not all up to date, were not provider specific and frequently referred to the previous provider. There was no evidence that these had been reviewed or there was a process in place to periodically review them.

The failure to operate effective systems to assess, monitor and ensure the quality of the service was a breach of regulation 17 of the health and Social care Act 2008 (regulated Activities) Regulations 2014.

- The registered manager had some systems in place which were robust in ensuring some specific areas continued to remain safe. These included detailed; medicine, training and supervision audits and monthly reviews of care plans, falls and accidents and incidents.
- CQC were notified of all significant events that occurred in the service.
- The previous performance rating was prominently displayed on the premises.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Significant improvements were needed to ensure people consistently received safe, empowering, high-quality care and good outcomes.
- When people and relatives were asked if they felt the service was well led their comments included, "The manager don't do nothing. He pops his head in and says, 'Hello'. He does listen if you speak to him, but you don't see him much. He's busy", "It's not bad, it could be better" and "It's pretty open. Any place could do better. There's always room for improvements."
- When people and relatives were asked if they would recommend the service to others, we received mixed responses. Comments included, "I don't know", "I wouldn't say yes, but I wouldn't definitely say no. It's not ideal", "No. There's nothing to do. You just sit there" and "Yeah. I feel it's well run. The care is the important thing. The building is a bit tired and the garden could be better maintained, but perhaps they can't afford a gardener." People appeared to be complacent and accepting of a poor standard of their living environment.
- Staff had mixed views about the leadership and running of the service. Most staff were positive about the registered manager and comments included, "[Registered manager] is very supportive" and "I am confident in [registered manager], they will act and follow up concerns." However, staff felt undervalued and unappreciated by the provider. A staff member said, "We have to wait for everything, nothing is sorted out straight away, they [provider] makes empty promises and don't listen to the staff, our views don't matter." Another staff member told us, "I feel valued by [registered manager] and team but not at all by provider, we don't get bonuses, incentives or even a thank you, some of us don't even have contracts or get paid correctly or on time." Other staff commented, they had to pay for their own training and new uniforms, as well as gain permission to open food products and approach the management team to allow access to washing powder.
- People were not always engaged or empowered in making decisions about their surroundings or care. For example, people were not involved in developing menus or making decisions about the decoration in the home. The registered manager confirmed people had not been included in making these decisions. Additionally, some bedrooms viewed were not personalised to people's individual tastes and interests and were not a pleasant or inviting space for people to spend time in. This was particularly evident for people who did not have any family to support them to individualise their personal space and this had not been considered by the registered manager or provider.
- People's views were not always listened to or acted on. For example, one person told us they had reported

things going missing from their bedroom to the registered manager. However, no action had been taken to address this and another person told us, other people frequently entered their bedroom. When this was discussed with staff, they were aware of people entering other people's rooms, but did not have the time, skills or knowledge to understand how to improve the situation.

- All the above demonstrated there was a lack of engagement for people using the service, people were not empowered to make decisions about their care and there was not a person-centred culture to help achieve positive meaningful outcomes for people.

The failure to engage people in designing their care or treatment, involving them in decisions relating to the way in which regulated activities are carried out and providing them with opportunities to manage their care is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although staff were unhappy with the overall running of the service, they told us they enjoyed working at East Cosham House and describe there being a good team of staff, who worked well together.
- Relatives told us they were kept informed about people's health and were involved in care planning and decision making, where appropriate.

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

At our last inspection we identified the provider had failed to follow their duty of candour and provide written notification to relevant people was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made effective and appropriate improvements in this area. Therefore, this resulted in the provider no longer being in breach of regulation 20.

- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Continuous learning and improving care

- Effective systems were in place to allow continuous learning and improving care in relation to accidents and incidents. When these had occurred, these were investigated to identify further risks or triggers or prevent recurrence and to help ensure people's safety.
- Although some audits had been completed as described above, other audits or systems were not in place to help ensure improvements of care and promote safety.

Working in partnership with others

- There was evidence in care records of regular contact or appointments with health and social care professionals. A social care professional told us over recent months the service had become more engaged with requesting and accepting support from professionals. This social care professional described how they were working closely with the deputy manager to improve care plans.
- The registered manager told us regular staff meetings were conducted. The minutes from the last staff meeting demonstrated staff were encouraged to provide feedback and make suggestions.
- The registered manager told us regular meetings for people and relatives had been difficult to facilitate due to the COVID-19 pandemic. The registered manager told us there were plans in place to recommence these meeting. In addition, formal feedback was requested from people, staff and relatives annually.

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 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure care and treatment met people's needs and reflects their preferences and to engage people in designing their care or treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the environment and premises was properly maintained and suitable for the people living at the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient staff were deployed to meet people's needs at all times.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to safely manage infection control risks and to ensure people were provided with safe care and treatment.

The enforcement action we took:

We have issued the provider with a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems to assess, monitor and ensure the quality of the service.

The enforcement action we took:

We have issued the provider with a Warning Notice.