Corner Lodge Limited

# Corner Lodge Limited

## Inspection report

185-193 Meadow Way
Jaywick
Clacton On Sea
Essex
CO15 2HP

Tel: 01255220228
Website: www.cornerlodgecareclacton.co.uk

Date of inspection visit:
18 August 2016

Date of publication:
10 November 2016

## Ratings

| Overall rating for this service | Requires Improvement |
|---|---|

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

# Summary of findings

## Overall summary

The inspection took place on 18 August 2016 and was unannounced. Corner Lodge provides accommodation without nursing for up to 48 older people who may have dementia. At the time of our inspection, there were 43 people living in the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

There were some procedures and processes in place to ensure the safety of the people who used the service. However, not all environmental risks had been identified and managed and improvements were required around cleanliness and infection control.

The provider had not ensured that people were receiving safe and effective care provided by sufficient numbers of skilled and knowledgeable staff. Staffing levels were not always adequate to ensure that people were kept safe at all times and to ensure that records were completed. People did not always receive the time and attention they needed to fully meet their needs.

There were systems in place to safeguard people from abuse and the recruitment of staff was safely completed to make sure that they were suitable to work in the service.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being. However, improvements were needed in the recording and monitoring of people's food and fluid intake and record keeping in general.

The dining experience was not conducive to an enjoyable mealtime. It was very loud and chaotic and staff were not always attentive to people's needs. Improvements were required around the engagement of those cared for in their rooms and ensuring that activities were suitable for people.

Staff were trained and supported to meet the needs of the people who used the service. Staff were trained in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had good relationships with people who used the service and people and their relatives were complimentary about the care people received.

There was a complaints procedure in place and people knew how to voice their concerns if they were

unhappy with the care they received.

There had been a lack of oversight of the service by the provider to ensure the service delivered was safe. Although the provider had some quality assurance systems in place, these had not been effective in allowing the management team to identify concerns and take the required action.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

There were not sufficient staff to meet people's needs.

Environmental risks were not adequately managed and the cleanliness of the service needed improvement.

There were systems in place to safeguard people from abuse

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Food and fluid intake was not effectively monitored or recorded.

Staff training had not always been effective in meeting people's needs.

The service design was not always dementia friendly.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

People's privacy and dignity was not always respected.

Very positive feedback was received from relatives about the care.

People were involved in making decisions about their care and support. Where required their families and or representatives were appropriately involved.

## Is the service responsive?

Requires Improvement

The service was not always responsive

People were not always supported to take part in activities that were meaningful and stimulated them.

Records were not always completed.

Care was not always person centred to ensure that it met peoples needs.

People's care and support needs were regularly assessed and reviewed.

## Is the service well-led?

Requires Improvement

The service was not always well led

The service demonstrated an open and inclusive culture.

The quality assurance systems were not robust enough to independently identify shortfalls in the service provided to people and to take prompt action to continuously improve.

# Corner Lodge Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 August 2016, was unannounced and undertaken by one inspector, a specialist advisor who had knowledge and experience in nursing and dementia care and an expert-by-experience who had experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

Before the inspection, we usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We spoke with five people who used the service and 11 people's relatives. We used the Short Observational Framework for Inspectors (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us, for example, people living with dementia. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We spoke with the director, the quality assurance manager, the deputy manager and 12 members of staff, including care and kitchen staff. We received feedback from the local authority and we spoke with one healthcare professional and the local GP surgery.

We spoke with the registered manager after the day of inspection as they were on leave.

To help us assess how people's care needs were being met we reviewed four people's care records. We looked at four staff recruitment files, staff training records and records relating to the management of the service and systems for monitoring the quality of the service provided.

Requires Improvement

# Is the service safe?

## Our findings

The service did not ensure that there were sufficient numbers of staff to keep people safe. Staff and relatives told us they did not think there were sufficient numbers of staff on duty to meet people's needs. One relative said, "I have seen people wanting attention and no staff available to help. Sometimes [relative] feet swell up and often they have not got their feet up and there is no-one there to tell [relative] to put their feet up." One staff member said, "There is an issue with staff. We are fully staffed maybe once or twice a week. There are not enough staff on the top floor as seven people require double assistance."

The registered manager told us that there were 12 people who needed 'double assistance' within the service; that is two members of care staff to support with personal care and/or mobility. Staffing levels in the service meant that if two staff were needed to assist a person to move or to use the toilet, there would be no care staff available on that particular floor to monitor the welfare of other people in the home and respond to bells or calls for help.

There were 32 people who were not able to use a call bell across all three floors. These people did not have a means of alerting the staff other than calling out. We saw a potential risk, because of the way staff were deployed, that they would not be alerted that someone required help if they were on a different floor or behind a closed door.

During our inspection, call bells were ringing for prolonged periods throughout the day and we observed people requiring help and there was no staff member available to respond to their request. We saw two occasions when people, including one person who as at risk of falling, were left alone in a lounge.

The service planned staffing numbers were seven staff who worked between three floors to support 43 people. We checked the rotas for a four week period between 18 July 2016 and 14 August 2016 which showed that there were approximately 28 occasions when the staffing levels were below the seven staff that we had been told were needed on a day and evening shift. This meant that people were at risk of not receiving adequate care as there would be a reduction in staffing numbers. We were told that this was not an accurate record of the actual staffing numbers and that how staff and the management team were actually deployed day to day was not recorded on the rota, for example, when the registered manager helped out with the care due to reduced staffing numbers. Therefore we could not be assured of actual staffing numbers on each day because the records kept in the service were incomplete.

People cared for in their rooms had very little stimulation and interaction from staff during the day. The activity logs showed that while people received some one to one time, this was not on a daily basis and records did not evidence the length of time spent with the person. Only one person received one to one time on the day of our inspection. The risk of social isolation had not been assessed or considered as part of the staffing numbers.

The registered manager had made changes to the staffing levels as a result of staff survey results and feedback from seniors. Despite the introduction of additional staff members the current staffing levels or the

way that staff were deployed across the service were not sufficient to meet the needs of those living at the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

After the inspection, the registered manager told us about the improvements that they had made, For example, increasing the staffing numbers and changing the shift pattern to provide better cover when sickness occurred.

There were inadequate storage areas and environmental risks had not been addressed to ensure the safety of those using the service. There was moving and handling equipment being stored in a bathroom and wheelchairs and moving and handling equipment being stored in the dining room which were a potential trip hazard. An alternative storage area was being built, however in the meantime, the equipment still presented a risk to people as they mobilised around the service.

One of the hoists on the third floor had a broken plug as a prong was missing. The staff member we spoke to was not sure if the hoist could be used with a broken plug but it had been used that morning. There was a lack of communication about whether the hoist was safe to use and this could have put people at risk. The broken plug was discussed with the director who told us that the prong that was missing did not affect how the plug worked. The plug was still broken and action should have been taken to replace it. The plug was replaced on the day of inspection.

The environment was in the process of being re-decorated, however, improvements were needed regarding the cleanliness and temperature of the building. People's bedrooms were clean and fresh, however some of the hallways were very hot and stuffy and required airing. There were offensive odours in communal areas. Carpets were dirty and marked in places and the stairs and the lift were dirty. There were dirty hoists and slings on the third floor. The kitchen area on the third floor was not clean, with lids to cereals open and dirty crockery on the side and in the sink. We saw a staff member carry soiled pads and bed linen from a bedroom in their arms. They were wearing gloves but no other personal protective equipment and the soiled items were not bagged which could increase the risk of a spread of infection. The deputy manager told us that a deep clean was already planned as part of the yearly maintenance of the service.

Bath temperatures were not formally recorded. We were told and the risk assessment stated that temperatures of the water were taken before people were supported to have a bath; however there was no evidence available to show this was actually happening. The risk assessment for legionella was basic and only covered the temperature that the immersion tank should be set to and that random checks would be completed by the maintenance team. It did not cover other steps to be taken to reduce the risk such as regular temperature checks; however, we saw that the temperature of the water had been checked monthly.

Two staff members said that they did not know which sling to use when supporting people. People did not have individual named slings. One staff member said, "We try the sling to see if it fits and use a different one if it doesn't." This meant there was a risk of the incorrect sling being used which could result in a person falling. Both staff did not think this information was in the care plan. The information was in the care plans that we checked but the staff did not know this which put people at risk. The quality manager told us that a senior was completing additional training in moving and handling to be able to provide updates to the staff team and that action would be taken to ensure that all staff were aware of the correct slings to use for each person.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Records showed that fire safety checks and fire drills were regularly undertaken which helped to ensure staff and others knew how to reduce the risks to people if there was a fire. The fire evacuation plan and signage were visible in the service to tell people, visitors and staff of the evacuation process in the event of a fire. People had Personal Emergency Evacuation Plans (PEEP) recorded within their care records. These showed the support people required to evacuate the building in an emergency situation.

Individual risk assessments provided staff with guidance on how risks to people were minimised. Risk assessments were completed in relation to pressure ulcers and nutrition. These were detailed and had been reviewed regularly. People were encouraged to take responsibility for their own safety. For example, there was information called, "Help me to reduce my falls." displayed in the hallway, which covered practical steps to reducing falls such as making sure people had good fitting shoes.

Appropriate recruitment checks had been carried out on new staff, to ensure they were of good character and suitable to work with people in the service.

Staff had received safeguarding training and were able to identify different types of abuse. The safeguarding policy explained the different types of abuse and included the action staff had to take if anything was reported to them. For example, to listen carefully and to not make promises. One staff member said, "I have a good knowledge of abuse and safeguarding and I would tell management if I suspected any abuse. I would explain to the person that I have to tell someone and put what they have said in a statement and reassure them. If I saw something that wasn't right I would report it."

Systems were in place for managing medicines and there was a policy in place which included covert medicines and controlled drugs. People's medicines, including controlled drugs, were stored safely and at the correct temperature. Medicines records we inspected were accurate and appropriately completed. There were appropriate protocols in place for 'as required' medicines so that staff knew when people who could not describe their symptoms should be given this type of medicine. Checks were completed on medicines regularly and covered ordering, receiving, administration and recommendations. We saw that issues identified during these checks had been discussed in a seniors meeting and improvements made.

Requires Improvement

# Is the service effective?

## Our findings

The service did not effectively record and monitor the food and fluid intake of people who had been assessed as requiring this. Fluid and food charts were seen in people's rooms but were not consistently completed. Two people had no fluid charts for the 18 August 2016. Another person had no food chart entries for 18 August 2016. Where records had been completed, there was no evidence that these had been monitored to establish that what had been consumed was adequate for people's needs. Fluid charts had not been totalled to record the total fluid intake and output for each day and there was no guidance provided within the care records or on the fluid chart for staff of the target amount of fluid that each person needed to achieve to ensure they were not a risk of de-hydration.

We were concerned that due to inadequate staffing levels people did not always receive the support they required to maintain their fluid intake especially those cared for in their bedrooms. Fluids were available in people's bedrooms and were in reach but some people were unable to pour their own drinks and help themselves. One staff member said, "There is just not enough staff, especially when we are trying to push fluids." A relative said, "Staff don't wake [relative] to make sure that [relative] drinks." We saw that one person had 200ml of tea entered onto their fluid chart at 10.00 but had not drunk this and another person also had fluid entered onto their chart which was still in the cup. This meant that records were not showing the actual amount of fluids being consumed and people may be drinking less than what was recorded on the charts. One person only had 130ml of fluid recorded for the previous day and we could not see any action taken as a result. This was discussed with the quality manager who was unsure if any action was taken.

The registered manager told us that senior staff check that each person has had enough fluids daily and any action taken as a result of poor fluid intake should be recorded in the care plan and in the medical records. There was no evidence on the records of any action taken in relation to poor fluid intake.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

After the inspection, the registered manager told us that the importance of recording had been discussed in a staff meeting, that spot checks on records were being completed and that disciplinary action was being taken where improvements were not made.

Despite records not being complete or monitored effectively, we saw that fluids were being encouraged on the day of inspection. A senior staff member verbally handed over to the next shift that one person required more fluid and we saw ice lollies were being given to people due to the hot weather on the day of inspection. We observed staff encouraging people to drink, one staff member said, "How about a cup of tea, what about a little one?"

People's individual needs were not always met by the design and decoration of the service. We saw that the service had signed up to the dementia pledge and the service user guide said that the service was a specialist in Dementia Care. We saw some evidence of good practice, for example, some people had

memory boxes and photographs outside their rooms as a visual aid. The director told us that they had used the Kings Fund to improve the environment including signage. However, some of the design was not dementia friendly. For example, chairs were not arranged in small clusters to encourage conversation in the lounges and there were some absent contrasting colour handrails in the corridors to encourage people to walk independently. The registered manager told us that chairs had been arranged in clusters previously; however these had been moved back by people living in the service.

There were no sensory or comfort items around the service such as rummage boxes, scarves, handbags or dolls that people could pick up and use to stimulate thoughts and memories which are seen as important when caring for people with dementia. The crockery was not in a distinctive colour to contrast with tables and to encourage people to eat and identify food on their plates. Distinctive colour plates had been suggested by one staff member and had been noted as actioned on the minutes that we saw, however, this was not in place. The registered manager told us that this had been considered and discussed with the dietician and based on this, a decision taken not to make any changes.

The lunch meal was not a relaxed experience which would encourage people to eat and enjoy their meal. It was noisy and chaotic especially in the first half of the dining room where the meals were being dished up. We saw that staff did not always respond quickly where people required assistance. For example, one person entered the dining room and stood at the end of the table. They wandered down the side of the table moving people's walking frames out of the way which was worrying those sitting at the table. One staff member said, "Lunch is mayhem because people wander." There did not appear to be a strategy in place to support those people who did wander during lunchtime to ensure that this did not impact on the enjoyment of others. Another person tried to talk to a staff member but was not heard as the dining room was loud and the staff member walked off unaware that the person had been talking.

We recommend that the service explores further current guidance from a reputable source on improving the design and decoration of accommodation and creating a positive mealtime experience for people living with dementia

Staff had completed a survey about the food on behalf of the residents and the results had been discussed with the kitchen staff to make improvements. A member of kitchen staff said, "We make food colourful and make it smell as nice as we can. We offer fruit every day and milkshakes on the tea trolley" During the inspection, we saw milkshakes being offered as well as yoghurt, crisps, cakes, ice cream and a variety of drinks. We were told people were also offered fruit, but we did not see this happen on the day. The chef was knowledgeable about people's needs and people were given a choice of food on the day. A member of kitchen staff told us this was due to people's dementia to help them remember what they had ordered. A relative said, "I heard the chef saying, if you don't like this lunch, you can have something else that you like."

Some people were using blue staff aprons to protect their clothes during mealtime. We were told that this were their personal preference and demonstrated that staff respected people's choices.

People's meals looked colourful and appetising and fruit juice was available on each table. One person was heard saying, "The food is nice." The support people received with their meals varied depending on their individual circumstances. Care staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. We heard staff offering assistance and gaining consent before helping people. For example, "Shall I cut your sausage up for you?"

The service made appropriate referrals to other health care professionals. Where one person had lost

weight, the weight loss was documented in the care plan and a referral had been made to the dietician and SALT (Speech and Language Therapy). In this instance, staff recognised and took appropriate action to keep people well. One relative said, "[Relative] sees everyone, the doctor and dentist." One healthcare professional when talking about working with the service said, "We have a great relationship." Another healthcare professional said, "They always get in touch if there are any concerns."

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

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

The registered manager and the staff team understood the principles of MCA and DoLS. One staff member confirmed that they had received training in MCA and told us, "I have had training in MCA and DoLs it is about if the person has capacity. If a person does not have capacity then everyone else can make decisions for them. We always give people a choice even if they don't have capacity, choice of clothes, food, drink and where they want to go."

We saw that people were asked for their consent before staff supported them with their care needs, for example assisting them with their medicines and we saw that people had signed to give consent to having a photograph taken and put on their bedroom doors. Where people had bed rails in place, a consent form had been signed by the person or their representative and a capacity assessment had been completed. One person refused hospital treatment despite encouragement from the staff and this choice was respected.

Each staff member had an induction on commencing employment at the service and shadowed staff to gain knowledge of the role. One staff member confirmed they had an induction and said, "I had an induction on the first day and covered policies. My training had to be completed within the first month and included moving and handling, medication, infection control, safeguarding. It seems we are on training all the time."

Staff felt supported and were provided with opportunities to talk through any issues. Staff had regular supervision and attended staff meetings.

Requires Improvement

# Is the service caring?

## Our findings

One person had a fall during the inspection. Staff responded quickly and appropriately by closing the curtains between the lounge and conservatory and using screens to respect the person's privacy and to ensure that others were not upset by this incident. They reassured the person and spoke gently to them, letting them know what was happening. However, people's privacy was not always respected. When we arrived at the service, the office was door was wide open and there was information on display on the wall of the office about individual people which was confidential. We also saw care files in the middle lounge which were open and not locked away. This meant that information could be read by people who did not have a right to see it.

One staff member was not respectful when talking about a resident. They communicated very loudly about this person so that other people in the dining room could hear and did not respect a significant life choice that the person had made. This was discussed with the manager who informed us that this would be addressed with the staff member. We also heard staff referring to 'feeding' people which was not very caring and focused on the task rather than the person.

People and staff appeared comfortable with each other. Staff were professional whilst also being friendly and easy going in their interactions with people. Staff provided reassurance where needed. We received very positive feedback from relatives regarding the care. One relative said, "My [relative] is very happy here, I can't fault the place, I would give them 120 out of 100. I had to fight to get [relative] here." Another relative said, "This home is wonderful. I come here every day and this is the best one around."

Staff demonstrated knowledge and familiarity with the needs and preferences of people in their conversations with them and demonstrated genuine affection and care when talking about people. One staff member said when asking if they enjoyed working at the service, "I love it." We saw that staff were patient and encouraging in their interactions and encouraged independence. For example, encouraging one person to take their time when using their walking frame. We saw one staff member bend down and speak into a person's ear to ensure that they heard what was said. The staff member was smiling and gentle in their interactions.

People were given choice and relatives were included in the service. One relative, "Staff gave [relative] a choice, I cannot praise them enough. If [relative] has dirt on their clothes they change [relative] giving [relative] choice of what to wear." Residents and relatives meetings were held to ensure that people could express their views on the service and everyone was kept up to date through a newsletter. Relatives were encouraged to attend events and to book a monthly care review for their relative if they wished. One relative said, "They are good at creating a happy atmosphere and we looked at a lot of places. They are always trying to involve us and we are encouraged to come and have dinner here which makes a lot of difference."

Records showed that people had been involved in their care planning. People had signed their care plans and they met with their keyworkers regularly to discuss their care. Keyworkers were senior staff members who ensured that people were involved in their care planning and that their care was reviewed regularly to

ensure that it was meeting people's needs.

People's bedrooms were personalised and reflected their choice and individuality. People had the opportunity to include personal items of decoration and furnishing to personalise their space. Some bedrooms had recently been refurbished and people had been involved in choosing colour schemes. Some people's bedroom doors had a box that contained items to describe them and their past to help them to recognise their bedrooms and to evoke memories of what is important to them.

Requires Improvement

# Is the service responsive?

## Our findings

Information in care plans was person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with guidance on how people's needs were met and covered areas such as mental health and medicines. Some people had a DNAR (Do Not Attempt Resuscitation) in place. When talking about DNARs, one staff member told us that most people had these in place and they did not know which people didn't have one. The staff member said that they would try and resuscitate the person and call for a senior, just in case it wasn't in place. This could mean that resuscitation was attempted when this was not what the person had requested.

One relative said," [Relative] does not have enough baths and staff don't check on them enough." Another relative spoke of their relative not always being clean and tidy and if more time was taken to approach it in a certain way, staff could persuade their relative. We checked the care records and they were not always complete. Where people were assessed as requiring regular observations, there were gaps in records. This meant it was not possible to know if people had received the appropriate care and support. For example, one person's observation chart had an entry that said they had received personal care at 7.30pm the day before the inspection and there were no further entries. Another person had no entries after 9.30pm from the previous day.

We checked the bathing records for three people over a two week period. Baths were recorded in three different places making it difficult for staff to monitor. Over the period that we checked, one person had been supported with one bath. A senior staff member checked this and said that the person had been offered a bath but this had been refused. This was not documented. This meant that it was not possible for staff to demonstrate that baths were being offered and that people were being supported to ensure that their personal care needs were met.

Although there were group activities arranged, there were limited activities and engagement for those who were cared for in their rooms. This meant that some people were not supported to take part in activities that were meaningful and stimulating and these people were at risk of isolation.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

After the inspection, the registered manager told us about action that was being taken to improve the record keeping and ensuring that people were supported with baths by allocating this as a role for each person's keyworker. The registered manager had also allocated specific times for the activities co-ordinator to spend with people in their rooms.

There was an activity co-ordinator in post and an activity was scheduled for every day. One relative said, "The activities are great, the activity co-ordinator is a wonder." Another relative said, "My relative is always happy and there is a lot going on and [relative] is engaged with it. Today [relative] is having their nails painted. There is lots of music and [relative] gets involved and has a sing along." However, one staff member said, "There are not really enough activities; it is the same thing day in day out. The entertainment is the

same entertainment all of the time."

There was a garden with lots of stone animals and a bus stop with plenty of seating to encourage people to have fresh air. Activities included hand massage, singalong, flower arranging and karaoke. We saw that artwork and completed puzzles were on display on the walls. There were large and normal print books available. Flower arrangements made by people during activity sessions were on the tables. This showed that people's interests were encouraged and valued.

The service very much encouraged and welcomed relatives and visitors to the service and held regular events such as BBQ's and summer parties. Photographs of events held at the service had appeared in the local newspaper. One healthcare professional said, "It is always busy." We saw photographs of the recent BBQ which lots of people attended. The service had many visitors on the day of inspection and the atmosphere was warm and lively. People and their relatives were enjoying the sunshine in the garden.

Volunteers were encouraged at the service and contributed to the activity programme. Local schools and colleges were involved in the service and the cadets supported with community trips. One staff member said, "People don't go out in the community often because we are carers. There is only one person doing activities and people could go out more often if we had more staff." Despite this, we saw evidence that some people had taken part in a charity walk and attended a football match.

The service had a complaints policy which was displayed in the service. Formal complaints were recorded and responded to. The service had received one formal complaint and the response was on file. The local authority had been involved in resolving the complaint.

Requires Improvement

# Is the service well-led?

## Our findings

The provider did not have a consistent and robust oversight of the service's operations. There were gaps in how the service assessed and monitored the quality of its provision. While there were some quality assurance mechanisms in place, these had not been effective in highlighting the issues we found on the day of inspection or identifying areas for improvement. As mentioned previously in this report we identified problems with staffing levels, risk management, suitability of environment, record keeping and monitoring, confidentiality, activities and person centred care. Where issues were identified by the management team, such as storage issues and the need to increase staffing levels, action had not been taken promptly.

It was not always clear what action had been taken or that action had been followed through by the management team. Surveys had been completed on areas such as food and staffing. We saw that a meeting had been held to ensure that staff were aware of the improvements that were required. One of the concerns highlighted was that people had requested cheese and biscuits at suppertime and this had not been actioned, despite it being requested by management three months previously. This meant that management had not checked that required improvements had actually been implemented. We saw records where medication errors and inappropriate manual handling techniques had been discussed with staff members and re-training had been identified as a measure to support the staff member to improve. We could not see on the records that this training had been completed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our inspection visit the registered manager wrote to us and told us the actions they were taking as a result of the shortfalls we had found.

The service had employed a Quality Manager who had highlighted some areas for improvement through auditing, for example, updating care plans, painting railings outside and new dining tables. The management team had consulted with people using the service, their relatives and the staff team regarding the implementation of CCTV in communal areas. Following this consultation, CCTV had been installed. The service had recently introduced a new role of knowledge leaders. Senior staff members had recently become knowledge leaders to share best practice in areas such as safeguarding and falls prevention. This encouraged the staff team to professionally develop. A team building workshop had recently been held and staff that we spoke to felt the team worked well together.

Despite our findings, the feedback we received from relatives and staff on the day regarding the management team was positive. One relative said, "They are good at contacting me and things run smoothly." Staff told us that they felt supported and listened to. One staff member said, "If people want something it is provided. The management are very approachable." Another staff member said, "If we have a problem at home, it's nice because they support you through it. I can be open and honest." We saw staff surveys had been completed and feedback had included, "Home is well run." and, "I am very happy and feel supported."

The service was part of an NHS project to improve resident safety across Essex care homes and to reduce the number of emergency hospital admissions as a result of falls, pressure ulcers and urine infections. This showed us that the home was proactively involved in ensuring that they kept up to date with best practice and used this project to monitor and analyse any trends that developed.

We saw compliments that had been received which included, "Carry on doing the wonderful work you do." And, "Thank you for all you have done in caring for [relative] and making life easier."

Staff understood their roles and understood whistleblowing and said they would not hesitate to report concerns. Team meetings had been held within different departments. Minutes of staff meetings showed that they were kept updated with changes in the service and people's needs. Staff were provided with the opportunity to express their views about the service and suggest improvements.

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<br><br>Food and fluid intake was not effectively recorded or monitored.<br><br>9 (3) i<br><br>People in their rooms had limited engagement or meaningful activity.<br><br>Care records were not complete.<br><br>People were at risk of not receiving care according to their preferences.<br><br>9 (1) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Environmental risks were not always identified or assessed effectively and action taken to reduce risks promptly.<br><br>12 2 (a) (b)<br><br>Staff did not always have the required information to ensure that they supported people safely.<br><br>Some equipment and some of the environment was dirty and personal protective equipment was not always used.<br><br>12 2 (d) (e) |

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The providers quality assurance systems were not robust enough to independently identify all shortfalls and action taken had not always been effective or taken promptly.<br><br>17 (1) (2) (a) (b) (c) (f) |