

Radha Krishna Healthcare Ltd

Aquarius Care Home

Inspection report

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Date of inspection visit:
05 December 2022
06 December 2022

Date of publication:
14 March 2023

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

About the service

Aquarius Care Home is a residential care home providing accommodation for persons who require nursing or personal care to up to 20 people. The service was not providing nursing care, people's nursing needs were met by community nurses. The service provides support to older people, some of who lived with dementia. At the time of our inspection there were 19 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

Staff did not provide effective support to identify people's aspirations and goals and assist people to plan how these would be met. There was not a consistent approach to supporting people to learn new skills or maintain their skills for as long as possible, where this was appropriate. Staff focused on people's strengths and promoted what they could do. People's communication needs were not always met, easy read signage providing information and reminders was not always available.

The service provided people with care and support in a clean and well-equipped environment. The service was undergoing a programme of redecoration and repair. However, some safety aspects had not been identified and mitigated prior to the inspection. The risk to people from access to hot water and hot pipes and risks arising from people's diagnosed health needs had not been addressed.

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

The service had systems and processes in place to safely administer and record medicines use. Medicines were administered in line with the prescription.

Right Care

People's care was not always person centred and did not always meet their assessed needs, they had not had baths or showers as often as they would like. However, people told us they were treated with dignity and respect and their privacy was respected.

Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe. However, staff had not always had the necessary training to meet people's assessed needs. Training to work with people with learning disabilities had been provided to 8 out of 13 staff.

Right Culture

The provider's quality monitoring processes had not always identified concerns and improvements in the service. People, their relatives and staff had been encouraged and supported to provide feedback about the service. People and their relatives felt listened to.

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 provider registered with CQC under a new legal entity, 7 October 2021. The service continued to run with the same nominated individual and directors, management team and staff team under the new legal entity. The last rating for the service under the previous legal entity was requires improvement, published on 7 August 2021.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This is the first inspection under the provider's new legal entity.

You can read the report from our last comprehensive inspection under the providers previous legal entity, by selecting the 'all reports' link for Aquarius Care Home on our website at www.cqc.org.uk and choosing 'old profile'.

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

Enforcement and Recommendations

We have identified breaches in relation to risk management, mental capacity assessments, training, person-centred care, accessible communication and good governance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aquarius Care Home

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 carried out by 2 inspectors.

Service and service type

Aquarius Care Home 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. Aquarius Care Home is a care home with nursing care; however, the service was not providing nursing care, this was being provided by community nurses. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gained feedback from the local authorities and other professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection.

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 8 people who used the service, 2 relatives and a person's friend. We observed staff interactions with people and their care and support in communal areas. We spoke with 8 members of staff including the registered manager, deputy manager, head of care senior care workers, care workers, housekeeping and catering staff.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 3 files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

At our last inspection under the registration of the provider's previous legal entity, this key question was rated requires improvement.

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

- At the last inspection, risks relating to the building had not always been identified and mitigated. At this inspection, this was the same. Building risks relating to risk of burns from access to hot water pipes, gas boiler, hot water tank and risks of hot water in the bathroom had not been adequately risk assessed and risks had not been mitigated. Records showed extremely high-water temperatures in the bathroom had been reported throughout November 2022. No action had been taken to address this and no warning signs were in place. This had placed people at risk of harm. We raised this with the registered manager, and this was resolved on the day of the inspection with plumbers fitting a lock to the door of boiler room and fitting a thermostatic mix valve to the bath.
- At the last inspection, risk assessments were not detailed enough to describe to staff how to reduce risks and keep people safe. At this inspection, we found the same. There were no risk assessments in place relating to people living with epilepsy. This meant staff did not have important information about how to support people safely during bath time and other risks associated with epilepsy such as SUDEP. SUDEP is Sudden unexpected death in epilepsy. This put people living with epilepsy at risk of harm.
- Risk assessments were in place to manage risks to people's skin integrity and safety whilst they were in their beds. However, records showed that risk assessments were not always being followed. For example, bed rail checks and air flow mattress checks had not consistently been completed and recorded. This meant the provider could not be assured that people's equipment and pressure area care was safe in order to meet people's assessed needs.

The failure to provide safe care and treatment by reducing risks to people's health and safety is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Risks associated with people taking blood thinners had been appropriately identified and staff had clear guidance on how to provide safe care if people were to fall or cut themselves.
- Systems were in place to monitor accidents, incidents near misses and to learn lessons. Actions had been taken following accidents and incidents. However, one person's records for 30 November and 1 December 2022 showed they had sustained injuries and bruising. These had not been reported to the registered manager and no action had been taken to investigate this.
- Staff told us if there had been accidents or incidents involving people, they were informed about these in

handover meetings at the start of their shift.

- Two staff told us that if there had been a change in a person's health or an accident or incident that had been from two days before this information could sometimes be missed. One staff member said, "We do get info in handovers, we start at 07:30 and have a handover with the night staff, the managers start at 08:00, if you haven't been around for a few days you do not always know from handovers a change that has occurred if the change happened 2 days before. The managers tell us about these changes when they come in. This means things can get missed."

Staffing and recruitment

- The provider had carried out thorough recruitment checks. They continued to ensure staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed there were suitable numbers of staff to provide the care and support people were assessed as needing at the time of the inspection. The level of staff dependency was assessed by the management team. These assessments were then used to inform the staffing rota. Staff told us, there were enough staff on duty to meet people's needs.
- We observed that call bells were answered quickly. People gave us mixed views about whether their needs were met in a timely manner. People told us, "When I press the bell they mostly come quickly, day and night" and "They don't come quickly, it depends on the time. If it's teatime and they are doing teas its difficult, I have to be patient. They do come and say they are a bit busy and ask me to wait."

Using medicines safely

- At the last inspection, medicines were not always managed safely. Areas for improvement in relation to pain patch stock records and pain patch application were identified. At this inspection, we found medicines had been managed safely and stored securely.
- Regular temperature checks were made on storage to ensure medicines maintained their effectiveness. There was clear guidance for staff to follow if people were prescribed 'as and when' (PRN) medicines.
- All medicines were recorded electronically. Staff told us the system was easy to use and they had very few medicine errors.
- The registered manager and other senior staff completed regular audits on medicines to identify any errors.
- Staff were trained to administer medicines and we observed good practice when staff were completing the medicines round. During the inspection we identified that one person may require a lower dose of Paracetamol due to their weight. Staff arranged for the GP to review the person in order to check that the dose of medicine prescribed was safe for the person.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe because staff knew them well and understood how to protect them from abuse. People told us, "I have a call bell in place"; "I do feel safe here. I am secure in here" and "They make sure I walk with my frame to make sure I am safe."
- Staff we spoke with were confident they would be able to identify abuse. Staff told us they felt comfortable to report concerns to the provider and the management team. They felt that concerns were taken seriously, and appropriate action was taken. Staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had been reported to the local authority.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager had complied with the government guidelines relating to visitors to the service throughout the recent pandemic. A relative told us, "There are no restrictions on visiting, did visit in conservatory and in garden."

Is the service effective?

Our findings

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

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

At our last inspection of this domain under the registration of the provider's previous legal entity, this key question was rated good.

Staff support: induction, training, skills and experience

- The provider's training records showed that not all staff had received training to meet people's assessed needs. One staff member had not completed any training since they started work except being enrolled to do their care certificate induction. Another staff member had only completed one course and their care certificate induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The Care Certificate induction at Aquarius Care Home covered 20 standards.
- The provider's training records showed that essential training had not been completed by all staff. Epilepsy and continence training had been completed by 7 out of 13 staff, skin care training had been completed by 5 staff and safeguarding people from abuse training had been completed by 11 out of 13 staff. Some staff had not completed any training in infection control, hand hygiene, health and safety and fire. This meant the provider could not be assured that staff had all the information they needed to provide safe care.
- Some staff we spoke with told us "I have not had epilepsy training. I have done some online training. I don't feel confident in what to do if people have seizures, which has happened twice" and "I have not had epilepsy training. If someone had a seizure I would press the emergency buzzer and make sure they are safe."

The failure to ensure staff had the appropriate training to ensure people's needs were met is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a programme of training which included working with people with learning disabilities. At the time of the inspection 8 out of 13 had completed the training. Updated training and refresher courses helped staff continuously apply best practice.
- The registered manager had put a programme in place to ensure staff received supervision meetings to support them. At the time of the inspection 2 staff had received their supervision. One staff member said, "Supervisions are every 4 months, I have not long had one. [Registered manager] is a great asset, she knows what she is doing and is approachable." Another staff member told us, "We do training online and have people to come in and teach us how to use the hoist. Before we start, we have an induction."

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.

- We found the service was not working within the principles of the MCA. Where people lacked capacity to make specific decisions a mental capacity assessment had not taken place. DoLS applications had been made without carrying out any MCA assessment. It was not clear when a person lacked capacity, and when a best interest's decision had been made and who had been involved in the decision-making process. The registered manager told us, "These [capacity assessments] are missing, and it is something we are aware of and working on. We have some in place for some." This is an area for improvement.
- The provider and management team had a good oversight of DoLS to monitor when DoLS were due to expire, when DoLS applications were required and what conditions were in place for people that had conditions on their DoLS.

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

- Prior to people moving into the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities. People were reassessed as their needs changed to ensure the care they received met their needs.
- The provider used nationally recognised assessment tools to identify and review people's needs such as Malnutrition Universal Screening Tools (MUST) and pressure sore risk assessment screening tools (Waterlow) to calculate people's pressure risk.
- Oral Health Care for Adults in Care Homes best practice had been implemented. People's oral health care needs were routinely assessed. Care plans provided information in relation to people's needs in this area. Most staff had completed training in supporting people with their oral care.

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

- People told us they liked the food at the service. People told us, "Food is very nice, too nice; I have put on weight, I like small dinners"; "I do get a choice of 2 things for meals, I had fish at lunchtime today" and "Food is excellent here, it is Cordon Bleu."
- Meals and drinks were prepared to meet people's preferences and dietary needs. These included fortified meals and vegan diets.
- People had their meals in the dining room and in their bedrooms. We observed mealtimes to be relaxed and people were offered choices of meals and offered more if they wanted it.
- There was a system in place to check that people had drunk enough to keep themselves healthy and

hydrated. Records relating to food and fluid intake were clear and consistent.

- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

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

- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets.
- The provider had invested in a redecoration programme throughout the service. Communal areas and some bedrooms had been decorated. New curtains had been purchased for each person's room. People told us they had not been involved in choosing the colour of their bedrooms or their curtains. The registered manager told us that people had been involved in these decisions.
- People's rooms had been furnished with items to suit their individual needs, people had pictures, photographs and trinkets as well as personal items to ensure their rooms were personalised to their own tastes.
- People had access to a paved, well maintained courtyard which was secure and could be accessed at any time.

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

- People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants, mental health specialists and specialist nurses. Some of these had taken place by telephone due to the pandemic.
- The GP carried out a weekly visit to the service. Records showed that staff took timely action when people were ill. District nurses visited the service to manage people's nursing needs.
- People were supported to see an optician and chiropodist regularly.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records. Referrals had been made to speech and language therapists when required.
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection of this domain under the registration of the provider's previous legal entity, this key question was rated good.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were not always knowledgeable about people, their support needs, individual preferences and personal histories. Staff were not able to effectively communicate with a person living at the service and were not always able to understand their support needs. This meant they could not always discuss things with them that they were interested in and ensure that there were good and meaningful interactions.
- People told us they were happy and liked living at the service. People and relatives told us staff were kind and caring. Comments included, "I am very happy here, I am well looked after"; "They are good to me and they are friendly. We have a laugh and a chat, I am not sat here being miserable" and "I'm happy enough, they treat me well, they are good people."
- Staff supported people in a friendly, upbeat manner and in a way which met each person's needs. People felt comfortable with staff. For example, people sought staff out and chose to spend time with them. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication, expressions and gestures.

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

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support. However, people's views and choices around personal care were not always upheld and people did not always have baths or showers when they wanted. People told us, "They don't help with a bath or shower, it is my choice that I don't. I prefer a strip wash"; "They offer me to have showers and I sometimes have one I couldn't care these days if I shower or not, I am happy to stay dirty" and "I am not shaving at the moment as I'm growing a beard, having a bath whenever I want one, I just ask."
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.
- Staff supported people to maintain links with those that are important to them. People told us about friends and relatives visiting them and support to maintain contact with important people to them.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in their own bedroom. We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when

people's doors were open. One person told us, "Staff mainly knock before coming in. Carers are in a hurry so don't always stop to check if I am happy for them to come in."

- Staff discreetly asked people if they were in pain and wanted pain relief during medicines administration rounds. Staff discreetly checked with people to see if they wanted assistance to go to the toilet.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress. One person told us, "Staff always shut the door and make sure the curtains are drawn when I have a strip wash."
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. A staff member told us, "I do try and encourage independence, I get them to wash the parts of themselves they can reach and clean their own teeth and dentures."
- People's personal records were stored securely in the office. People's personal records were also stored on computers and applications on smart phones, these were protected by passwords. Information held at the office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep people's confidential information secure. Applications on mobile phones were password protected, so that only staff who had been authorised to access the information could do so.

Is the service responsive?

Our findings

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

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

At our last inspection of this domain under the registration of the provider's previous legal entity, this key question was rated requires improvement.

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.

- The accessible information standards were not followed. Details in relation to people's communication were not always detailed such as how to support people when making choices. Where people found verbal communication difficult, there was a lack of information for staff in relation to people's body language and other indications about how the person may be feeling.
- Staff told us they felt they were not fully able to meet one person's needs as they were unable to speak the person's language. One staff member said, "I can't understand her language. I offer her options and show her things to try and understand. She communicates in her own language." Another staff told us, "It is hard to communicate, I can ask her what she wants and can use basic signs for bed, drink, toilet, she can say water and toilet. We have not got translation words [to help us to communicate]."
- There was no evidence of any accessible information for people (other than activities information and directional signs). There was no visual or easy read menu or complaints information on display. Staff told us the easy read menu and complaints information had been removed when the service had been redecorated. Staff told us people were informed of their meal choices each day by the cook. However, we heard several people asking a staff member during the lunch medicines round what the food choices were as they had not been told that morning. There was no complaints policy in a different language to help the person who did not speak English as a first language understand how to complain.

The failure to ensure people received personalised care in line with their needs and preferences was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the service guide and information about how to make complaints could be made available in a spoken/recorded format so people can listen to the information.

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

preferences

- Most people had care plans in place, which reflected their current needs and interests. Those care plans that were in place were clear and detailed, so staff knew exactly how to provide personalised care and support. However, some newer people living at the service did not have completed care plans in place (this included 1 person who had been at the service 8 days) this care plan was being worked on. Another person had been living at the service for 28 days. Their care plan was only partially complete. This meant care staff did not have all the information they needed to provide person centred care. People were unable to tell us how this had impacted on them.
- Care plans for the person with a learning disability did not follow good practice guidance. There was no goal planning and actions to enable the person to achieve goals, gain skills and greater independence.
- Some people told us their personal care needs were not always met as they would like. We checked personal care records and it was not always clear what personal care had been provided. For example, one person told us they had only had "One bath since being here, there is an issue with hot water. I would love to bath more often; it would be good to soak my feet." Another person said, "I would like a shower once a week. I last had one months ago I have to make do with a hand wash." We reported this to the management team who made changes to the care plans to make sure people's preferences were documented and clear and tasks were added to the electronic system to prompt staff to offer people the choice.

The failure to ensure people received personalised care in line with their needs and preferences was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care plans that were in place were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- People and their relatives (if this was appropriate) were involved in care planning and review of care plans. A relative said, "They talked with us about her care needs."

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

- The service did not have an activities coordinator. Staff provided activities to keep people engaged. People told us, "I do plenty, I read, have activities Tuesday and Friday"; "I do crosswords, if activities happen I get involved"; "Sometimes I get involved with activities, a lady and gentleman come and sing, I watch the TV"; "I join activities when I want, like to do armchair exercises and like the singing. I'm going to join the singing today" and "I have been out and about. There's opportunity to join activities, it's up to you if you want to go or not."
- Activities schedules were on display in two places in the service. People's daily records showed what activities they had been involved in, such as music, singing, exercises and word searches. Some people chose to stay in their rooms and watch television and films, do art, read books or the newspaper.
- Staff explained that external entertainers took place twice a week. During the inspection, a singer visited the service to entertain people. Staff told us they felt people would benefit from more activities. Staff said, "There is a lot that comes into the home activity wise like music, singing, exercises. When these people are not in there isn't much for people to do. We could do more as staff to help, we do ball games, singing and we do have bingo" and "We could do more ourselves, there is no planned things on each day. They do like colouring and art as well as cake making." This is an area for improvement.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or the registered manager if they were unhappy about their care. Comments included, "We are more than happy with service. If we had a problem we would talk with care staff and [registered manager]; "I have not made any complaints, I have not got any" and "I would complain to the manageress, she is ok."
- Records showed complaints received had been responded to and resolved satisfactorily.
- The complaints policy was not on display. The provider told us that this had been taken down when the service had been decorated and not been put back when the work had been completed, they assured us that the complaints policy would be put back on display.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Some people had consented to DNACPR (do not attempt cardiopulmonary resuscitation) with their GP or consultants.

Is the service well-led?

Our findings

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

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

At our last inspection of this domain under the registration of the provider's previous legal entity, this key question was rated requires improvement.

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

- At the last inspection, some audits hadn't been robust enough to pick up areas which were identified during the inspection. This was an area for improvement. At this inspection, audits and checks were taking place. However, audits and checks had not identified health and safety concerns in the service relating to scalding hot water in the bathroom and lack of lock and signage on the boiler room. Audits had also not identified concerns around mental capacity assessments, training and accessible information.
- During the period where the previous registered manager had left and the new registered manager had started, the provider had not carried out adequate monitoring and checks of the service. Audits had not taken place.
- The provider and registered manager were unaware of Right Support, Right Care, Right Culture and were not able to demonstrate through practice and through records to form part of the ethos of the service. Right Support, Right Care, Right Culture is guidance related to providing care and support to people with a learning disability.
- Records were not always complete or accurate. Records relating to people's bathing and showering were not accurate. One person told us they had not had a bath for many months, and we checked their personal care records. Their records showed that they had been showered twice in August 2022. A staff member explained that the 2 showers recorded in August must be an error as the person would not be able to physically access the shower.

Registered persons have failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager's audits of the service included observations of practice, observations of people's mealtime experiences as well as infection control audits.
- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a

rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The last inspection rating was prominently displayed in the corridor, as well as being displayed on their website.

- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

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

- At the last inspection, the provider had not sent out surveys to people or relatives to gain feedback about the service since December 2019. This was an area for improvement. At this inspection, people and relatives had been given opportunities to provide feedback about the service. Surveys had been completed in 2022, We reviewed completed surveys which contained mainly positive feedback from relatives. Several relatives had raised they were not entirely happy about restrictions to visiting people in their own bedrooms. This issue had been resolved by the time we inspected.
- Compliments had been received. Comments included, 'Thank you all so much for all the care and attention that you gave to my lovely sister [name]'; 'Thank you so much for always going above and beyond for mum' and 'Thank you for all your help and love you gave to [name] my lovely husband while he was with you for the last six months of his life.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff meetings took place during the day which meant that it was not always convenient for staff that worked night shifts to attend if they were due to work at night or if they had worked a night shift. Staff told us they had access to meeting records if they were not able to attend. Staff said they felt supported by the management team. The registered manager was approachable, and they felt listened to.

Working in partnership with others

- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- The registered manager had signed up to well known, reputable websites to find advice and guidance such as Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.

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

- People knew the registered manager. We observed people and relatives interacting with the registered manager, they knew each other well. One relative said, "They have an open-door policy all very approachable. I feel very assured."
- Staff told us the registered manager encouraged a culture of openness and transparency. Staff felt well supported by the management team. One staff member said, "I can go to [deputy manager, head of care] and [registered manager] at any time. [Directors] do come to the service. I feel well supported."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. They apologised to people, and those important to them, when things went wrong. No duty of candour incidents had taken place.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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 has failed to ensure people received personalised care in line with their needs and preferences was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has failed to provide safe care and treatment by reducing risks to people's health and safety is a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

The provider has failed to ensure staff had the appropriate training to ensure people's needs were met is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.