The Laleham Ltd

The Laleham

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Laleham is a residential care home which provides support for up to 60 people. People using the service are older people, some people were living with dementia and other health care needs. Bedrooms are set over three floors; each floor can be accessed by a passenger lift. There are communal rooms on each floor as well as a main communal lounge and dining room on the ground floor. There were 42 people using the service at the time of this inspection.

People's experience of using this service and what we found
Risks were not always well managed. Where people had fallen, their risk assessments had not always been updated with measures taken to reduce the risk of injury. The GP had provided the home with anticipatory care plans for people. These detailed additional safeguards that could be taken in the event of falls, records of decisions about actions taken to fulfil the suggested safeguards were not always completed.

Oversight of accidents and incidents did not ensure lessons were always learned, or methods always explored or developed to reduce the risk of future occurrences. Reviews of accidents and incidents were incomplete and did not always link back to risk assessments to inform future care planning.

When people experienced anxiety or distress, they could behave in a way that was upsetting to other people and potentially injurious. Care plans and strategies to support people at these times were not well developed.

Medicines were not always managed safely, when tablets were boxed, people had not always received their medicines as prescribed. Protocols around the administration of some medicines were unclear. Medical oxygen cylinders were not stored safely or in line with published guidance.

People were not protected by robust recruitment procedures. We looked at four recruitment files and found important information missing.

A recent fire audit identified there were insufficient fire marshals in the event of a fire. This had been brought to the attention of the provider at the time, however, no action was taken to address this.

Although the registered manager and service provider carried out regular audits, governance and oversight of the service was not wholly effective. It had failed to identify the concerns found at this inspection. Some of the concerns identified during this inspection were pointed out to the provider following the last inspection. The owners of the service (provider) had remained the same although its legal entity had changed.

The premises looked clean and tidy, however, we had some concerns about the controls in place to minimise the risks posed by COVID-19. Many floor coverings and furniture had been renewed, there was an ongoing maintenance plan to ensure the upkeep and decoration of the home.

People and relatives had been asked to complete feedback forms about the quality of the care provided. Analyses of the feedback had not yet taken place.

The service was compliant with the Mental Capacity Act 2005. Although, where staff could have discussed matters with people to inform care planning, this had not always happened. People's needs were assessed before being offered placements at the service.

Equipment had been maintained as needed. The provider was in the process of acting upon a recommendation to renew the fire alarm system.

There were enough staff to meet people's care needs, the provider used a dependency-based assessment tool to determine staff numbers required. Staff had received training about people's specific needs. Other risks, such as measures needed to monitor and manage people's skin care and their nutrition, were well established and managed.

People were offered a variety of meal choices and alternatives were prepared if people did not like what was offered. We received varied feedback about the quality of the food. The registered manager told us people were given the opportunity to suggest favourite meals and provide feedback about the food to the provider.

Staff were responsive to people's health needs. People had been supported to access healthcare resources such as dieticians, SALT, psychiatrists, mental health teams, consultants and specialist nurses.

Staff spoke with people with kindness and respect, people were asked for permission before being supported with any care needs.

People were offered different activities. Throughout the inspection, people took part in various activities such as quizzes and singing. Staff made sure people who preferred to stay in their bedrooms had one to one time to avoid isolation.

There was a complaints procedure, available in large print. Complaints had been addressed in line with the provider's policy.

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 the service under the previous provider was Requires Improvement, published on [5 July 2019].

Why we inspected
The inspection was prompted in part due to concerns and based on the previous rating. We received concerns about diabetes management and the support people received to avoid breakdown of their skin and formation of pressure areas.

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

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective Caring, responsive and Well Led sections of this full report.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management and mitigation of risk, medicines, staffing, person centred care and the governance of the service.

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.

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?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

The Laleham

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 one inspector on the first day and two inspectors on the second day of the inspection.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 sought and received some feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with seven members of staff including four care staff, the registered and deputy manager as well as the provider. We spoke with nine people living at the service. We reviewed a range of records. This included eight people's care records and a range of medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. 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.

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

- Systems were not always effectively established, managed or focussed upon learning from adverse events and risk. The registered manager reviewed each accident and incident report. The purpose of this was to analyse the cause and review care plans and risk assessments, with a view to putting measures in place to reduce risk of harm and reoccurrence. However, accident and incident reports were incomplete. No information had been recorded about changes needed to people's care plans or risk assessments to help keep them safe.
- In April 2020, one person slipped from their bed to the floor, between the wall and the side of the bed. In January 2021 the same happened again. Their risk management plan had not been updated. It was reviewed in January and February 2021 and marked 'no change needed.' Discussion with the registered manager failed to establish why either incident had not prompted a review of the care plan.
- Where people experienced behaviours, which could be challenging or upsetting to others, there was little information about how staff should support them. Discussion with staff found inconsistency about how a person should be supported with their behaviour, there was no care plan setting out a clear strategy for staff or how to consistently support the person.
- At our previous inspection concerns about oxygen storage had been pointed out to the provider. At this inspection there were four freestanding oxygen cylinders in a storeroom. The room was secured by a bolt but could be accessed by anyone able to reach the bolt. Published guidance explains oxygen cylinders should be secured to a wall with a chain or placed in a secure holder in an upright position. The cylinders were not secured to the wall or stored safely following published guidance.

The provider had failed to do all that was reasonably practicable to assess and mitigate risks. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were effective systems in place to monitor and manage risks relating to skin integrity, diabetes, nutrition and hydration. Checks ensured systems and equipment in place to monitor and manage these risks were effective,

Using medicines safely

- Medicines were not safety managed. Some medicine was stored in original boxes, other medicine was blister packed. We checked a sample of medicines. One person should have had three tablets of their medicine remaining; however, five tablets were left when counted. The senior staff and registered manager

said they did not know when this error had occurred. There was no system in place to count boxed medicine to ensure they had the right number of tablets remaining. The person had not received their medicine as prescribed, putting their health at risk.
● Two people were prescribed a medicine which had strict protocols around administering and, if administered incorrectly, it could be ineffective. Requirements around taking the medicine included administration at a specific time before other medicines and food, also the person should be sitting upright. Medicine administration records (MAR) showed this medicine had been given with the other prescribed medicine at 8am. We raised this as a concern with senior staff, who told us staff did administer this medicine separately, but recordings of this were unclear. This had been pointed out to the provider at the last inspection, there continued to be a risk the person had not received their medicine as prescribed.
● Guidance was in place for people who had as and when needed medicine (PRN) such as pain relief. However, when people were administered PRN medicines, the reasons why, at what time and the quantities given were not always recorded. This presented a risk people may be given more medicine without the required space between times.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other medicines were safely received, stored and administered. Bottles of liquid medicine were dated on opening and temperature checks were made of areas when medicines were stored to ensure they remained effective.

Staffing and recruitment
● People were not protected by robust recruitment procedures. Of four recruitment files reviewed, three staff had declared health information which could potentially impact on their capability to do their job. The information was not used or reviewed with staff. The registered manager knew a risk assessment should have been put in place for each staff member in response to their health disclosures, but this had not been done, potentially putting staff and people at risk.
● One staff reference was not from their most recent employer and this had not been identified or followed up. The provider could not assure themselves under what circumstances the staff member had left their previous employment in the care sector. Similar concerns had been pointed out to the provider at the last inspection.

The lack of effective and safe recruitment processes was a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Other checks had been made to ensure staff were suitable for their roles. For example, checks on employment gaps and identification. Disclosure and Barring Service (DBS) checks were made before staff began work at the service. DBS checks identified if prospective staff had a criminal record or were barred from working with adults.

● On 10 March 2021 the provider commissioned a survey of The Laleham's fire detection and alarm system. The report showed there were insufficient fire wardens for the size and type of premises. We asked the provider and registered manager what action they had taken to ensure enough fire wardens were now on duty. The provider and registered manager acknowledged no action had been taken. The registered manager was aware three-monthly fire drills had not been carried out since September 2020. Additionally, there were no senior staff allocated during the night, so it was not clear who would take charge in the event of a fire or emergency. No action had been taken to address these concerns.

The provider had failed to ensure there were sufficient numbers of suitably qualified staff. This was a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were enough staff to meet people's care needs. The provider used a dependency tool to review staffing levels against people's needs. Discussion with people found they were satisfied with staffing levels. One person told us, "I have used the call bell and haven't been let down yet, they usually come quite quickly". Staff felt there were enough staff on duty, although some commented they were very busy at times but found this "manageable". Our observation found call bells were responded to in a reasonable time and staff were visibly present supporting people around the home.

Preventing and controlling infection

● We were not assured by the providers management of infection control, this potentially put people at risk of harm. Hygiene practices were not robust. Domestic staff were employed to keep the service clean up until 5pm. Additional cleaning of high-risk areas and touch points outside of these times, had not been considered or included on cleaning schedules.

● The registered manager told us care staff cleaned when domestic staff were not on duty. A cleaning schedule had not been implemented for care staff to follow. Care staff had little time to complete cleaning due to their other duties and supporting people. The risk of poor infection control was increased due to the size of the service and number of people who used it. The provider told us they would change the hours of domestic staff to ensure they were available throughout the whole day.

● Although staff were given sufficient personal protective equipment (PPE) to perform their duties, bins to discard used PPE were not provided at appropriate points around the service. For example, when staff left the building there was nowhere to dispose of their used PPE. PPE stations were not clearly signed for staff who may be unfamiliar with the layout of the service.

● There was no contingency in place for emergencies such as infection outbreaks or other incidents which could impact the continued operation of the service such as numerous staff having to isolate at once.

The provider had failed to ensure care and treatment was provided in a safe way for service users; by adequately assessing the risk of, and preventing, detecting and controlling the spread of infections. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were assured that the provider was minimising the risk to visitors catching and spreading infections. The provider checked the temperature of any visitor to the home as well as requiring them to take a lateral flow test. Arrangements had been made for relatives and friends to see and speak to people without entering the home. These arrangements operated on an appointment system and had been communicated to people and their visitors. Additionally, staff required any visitors to use the hand sanitiser and face masks provided.

Systems and processes to safeguard people from the risk of abuse

● Although staff were knowledgeable about safeguarding adults and were able to tell us how to identify and respond to allegations of abuse, staff did not recognise their failure to correctly administer medicines, follow up after incidents and accidents and mitigate risk represented neglect, a form of abuse. We have identified this as an area requiring improvement.

● There was information on display throughout the home to inform staff and people how to raise concerns and escalate them if they did not feel they had been taken seriously.

● Records showed that staff recorded and reported allegations of abuse to the appropriate safeguarding authorities. Safeguarding records were completed and showed that staff cooperated with investigations. Outcomes were fully documented and shared with staff.

● People told us they felt safe at The Laleham. One person said, "The staff are great". Our observation found staff approached people warmly and people welcomed their attention and interacted with them readily.

Requires Improvement

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question has been rated as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Although people's needs had been assessed, some people's assessments were not complete and lacked personalised guidance. For example, where people's mobility had declined or they had become at increased risk of falls, this was not always recorded or reviewed.
- In some cases, opportunities had been missed to discuss care planning with people. For example, staff told us a person living with epilepsy was able to explain how and when their seizures may occur. This was not reflected in their care plan or how they preferred to be supported following a seizure. Another person had capacity to make decisions about their care, staff had not explored the possibility with them of using bedrails. This may have helped to prevent a repeated fall from their bed.
- The GP had completed anticipatory care plans for most people, setting out future interventions in the event of changed needs. However, particularly in respect of falls, the registered manager had not had due regard to the plans. Suggested interventions had not always been followed up or put into place when needed; records relating to these decisions were incomplete.

The provider had failed to ensure care and treatment of service users was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's assessments were completed using recognised assessment tools such as the Waterlow score relating to skin integrity and a MUST score relating to the risks of dehydration and malnutrition. These assessments were used as the basis for people's care plans and risk assessments. Regular reviews had ensured suitable measures were in place when these needs changed, such as pressure relieving mattresses and cushions to reduce the risk of skin breakdown.
- Assessments included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities. Staff gave examples where cultural and vegetarian diets were accommodated.

Staff support: induction, training, skills and experience

- The registered manager had an organised approach to staff training. They were aware of what training staff had completed and when their next update was due. Staff had received training relevant to people's needs.
- Before the COVID-19 pandemic the registered manager had arranged a number of face to face training

sessions for staff, including diabetes. Face to face training had to be put on hold over the last year due to government restrictions, so staff had been continuing with e-learning training. The registered manager told us they planned to engage with external trainers again as soon as it is safe to do so including additional NVQ/diploma training.

● Staff were supported through one to one supervision and observational checks of their practice. Staff told us this had improved with regular meetings planned and prioritised to take place. Staff said they felt supported by the registered manager, their competency and skills were checked regularly, for example medicines and moving and handling.

● New staff completed an induction which included shadowing experienced staff, reading care files, getting to know people and understanding the providers policies and procedures.

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

● Feedback about the quality of meals was mixed. Some people said the food was good, but other people told us, "The meals can be bland" another person said, "They are not what I would call a proper meal; things like fish fingers and pasta bakes". Notes from residents' meetings showed meals were discussed and people were asked for their feedback. Discussion with the registered manager confirmed the menu was shortly due to be changed and they gave their assurance they would raise meals as an agenda item at the next residents' meeting.

● Where Speech and Language Therapy teams (SaLT) had made recommendations about modified meals and drinks, their instructions were acted upon and people received food and fluids of the correct consistency. There were enough staff to support people who needed assistance to eat and drink or who presented a risk of choking. People had been referred to dieticians where needed and fortified meals and drinks were provided. Where people were at risk of malnutrition or dehydration, staff recorded what people ate and drank.

● We observed the lunch time service, staff offered people choices and asked which drinks they would like. One person didn't want what they had chosen and were offered something different. People had drinks in their rooms and a range of hot drinks were offered throughout the day.

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

● People had been supported to access healthcare resources such as dieticians, SaLT, psychiatrists, mental health teams, consultants and specialist nurses. The GP was in regular contact with the home and continued to undertake visits on an individual basis, if needed.

● The head of care and staff explained how they worked closely with healthcare professionals to ensure people's health needs were met. During the pandemic, much of this was carried out by telephone and virtual meetings.

● Referrals had been made to dieticians and SaLT when people's needs had changed. We observed that advice and guidance given by the dieticians and SALT was followed. Records showed staff acted quickly when people were ill, or they experienced weight loss.

● When people's needs changed, this was discussed at staff handover and written in the communication book.

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's capacity had been assessed, reviewed and updated where necessary. Best interest decision making was recorded to evidence how people were supported to make decisions and who was involved.
● The registered manager had made appropriate DoLS applications and kept them under review.
● Staff knew people well and understood any different ways of communicating. Staff could determine and responded appropriately to people's day to day choices and decisions.
● Family members were involved in helping to make decisions in people's best interests. The registered manager was aware of relatives who held Lasting Power of Attorney (LPA) for people and had copies of them. An LPA is an ongoing legal arrangement that allows an appointed person to make decisions on another person's behalf.
● Staff supporting people were able to demonstrate they understood the MCA and people's rights to make choice when we spoke with them. Staff gave examples of people's right to make their own choices and decisions. We heard people declining and accepting offers of food, drink, personal care, and people chose whether to participate in activities; staff responded appropriately.

Adapting service, design, decoration to meet people's needs
● People were able to move freely around the home. Communal areas were large and spacious. Many floor coverings and furniture had been renewed. The home was comfortable and ongoing maintenance and decoration was planned and completed. Some lower areas of doors and door frames were chipped; the provider had arranged for protective strips to be fitted to these areas and repainted.
● The provider had built a partitioned visitor pod in a room accessed from the garden. This enabled people to receive visitors safely during the pandemic. A microphone and speaker system within the pod assisted communication through the Perspex partition. A garden was accessible for people to use, with access points from more than one part of the service.
● The service was an older large property with a complex layout. It was formerly five terrace houses, now converted into a single property. There were signs around the service to help people, particularly those living with dementia, to find their way to communal areas such as bathrooms, lounges and the dining area. Each corridor on each floor were numbered and colour coordinated to help people orientate themselves within the building.
● All toilet door frames were painted the same colour, which was different to the bedroom door frames. This along with pictorial and written toilet signs helped remind people where the toilets were.

Requires Improvement

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. 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.

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

- People were not always involved in making decisions about their care. One person told us before moving to the home they had always looked after and administered their own medicines. While they were happy that staff now stored and administered their medicine, they no longer felt informed about how they were and would not know if staff gave them an incorrect dose of medicine. They explained the dose of some medicine depended on blood analysis, they previously referred to their blood analysis book, but this was now kept by staff.
- Other people were assessed as able to make decisions about their care planning and provide staff with additional detail but had not been given the opportunity to do so. For example, where one person was able to consent to the use of bed rails, this had not been discussed with them. Another person could have provided staff with important information about how they preferred to be supported with their epilepsy. Again, they had not been given the opportunity to do so.
- We discussed this with the registered manager and head of care, both agreed more effort could have been made to involve people in making decisions about their care. We received an undertaking care planning for people would be reviewed on this basis. We will look at the impact of any changes at our next inspection.

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

- People thought staff were caring and respectful. One person told us, "The staff are caring and supportive. They are gentle when they support me, never rough".
- Staff were patient and treated people as individuals. Staff and people knew each other well, they called each other by their names. People described staff as helpful, lovely, friendly and jolly.
- We spoke with staff and the registered manager about equality and the different needs of the people they supported. Staff were well versed and gave examples of diversity and how they supported this. For example, in relation to sexuality, religion and food choices.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and respect. Care plans included clear direction for staff, so they understood what was important to people. Staff spoke with fondness about the people they supported and clearly knew them well.
- We saw people had a comfortable relationship with staff. People appeared relaxed and happy, smiling and communicating with staff.
- People were supported and encouraged by staff to increase and maintain their independence. Care plans

recorded information guiding staff to support people to do as much as they could for themselves. For example, when eating and drinking or when getting dressed and undressed. The areas where support was needed was clear and comprehensive.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- Each person had their own individual care plan. The head of care had been updating the plans to be more person centred and detailed. This included transferring care plans from paper to a computer-based plan. The updates which had been made were written in a personalised way, However, some information was missing or inaccurate.
- For example, there were no behaviour guidelines to help staff support people in a consistent way when their behaviour may challenge others. Information to inform staff of potential triggers for some people's behaviour, when it was most likely to occur and how to support them was missing. Such guidance would allow staff to take a proactive approach to provide individual and consistent support.
- Care plans had been reviewed monthly. However, when updates were needed, for example following and accident or incident, changes had not always been made. In some instances, some care plans were annotated no change required despite the person having experienced falls.
- When people were initially assessed, their communication needs were recorded. There was some large print and pictorial information available to people, however, this could be expanded to include surveys and information about the service.
- We discussed these issues with the provider and registered manager and received undertakings improvement would be made. These are identified as areas requiring improvement, we will assess the impact of any changes at our next inspection.
- Referrals were made to health care professionals, such as the mental health team and dietician when needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people in different ways depending on what the person required. One person used a written and pictorial book to point to, this helped them to make their wishes clear. Staff understood this and spoke clearly when addressing the person.
- Some people were living with hearing loss or sight impairment. Staff made sure glasses and hearing aids were used properly to support better communication.
- The complaints procedure was displayed in a large print version to support people who may have visual

impairments.

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

● Two staff provided a wide range of activities for people and evaluated their engagement. During our inspection people participated in quizzes and singing sessions in the lounge. People told us they were looking forward to walks along the seafront when restrictions were lifted.

● The service had operated reduced activities during the pandemic as outside entertainers could not come to the home. Care staff told us they tried to engage people in activities as much as possible. Where people preferred to stay in their rooms, activity staff ensured they spent one to one time with them.

Improving care quality in response to complaints or concerns

● There was a complaints procedure displayed in the service that described how people could make a complaint or raise a concern.

● The registered manager logged, responded to complaints and provided outcomes of their investigations to the relevant individuals. If individuals or people were not satisfied with the outcome of their complaint, they were sign posted to other bodies such as the local government ombudsman.

End of life care and support

● No people were receiving end of life care. However, the service was able to provide end of life care which enabled people to remain there if their needs increased without having to move to a new service.

● Care plans had clear instructions which included visiting, cultural and religious needs. These plans had been made in partnership with people's relatives or representatives.

● Staff worked with district nurses, hospice nurses and GPs to provide end of life care when required. Medicines were available to staff to keep people as comfortable as possible.

Requires Improvement

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and registered manager did not demonstrate a good understanding of risk or manage risk adequately. Some people sustained injury and distress from subsequent falls because preventative actions had not been considered or implemented. Records were incomplete and particularly did not reflect decisions around risk management. For example, reviews of incidents and accidents did not always link to care planning or trigger reviews of risk; where this had occurred, actions to mitigate risk were not always recorded.
- Audits were mostly ineffective. They did not identify gaps in care planning or risk assessments for specific health care needs or behaviour. Where people could have contributed to their care plans, this did not happen as a matter of course. Ineffective auditing processes did not bring about learning and improvement of care. Medicines were not safely managed; audits had not identified the concerns pointed out at this inspection or addressed similar concerns pointed out at the last inspection.
- Audits completed by the provider were ineffective. They were process driven and served only as a validation that the registered manager's audits had taken place. They did not review or critique the quality of the registered manager's checks or serve as an instrument to drive improvement.
- The provider had not acted to rectify shortfalls identified at previous inspections to keep people safe such as the storage of oxygen cylinders. Concerning information detailed in a fire safety report, dated 10 March 2021, informed the provider there were insufficient fire wardens for the size and type of premises. No action had been taken to address this safety concern, additionally, fire safety drills were overdue.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People, visitors, relatives and staff had been asked to complete feedback forms about the quality of the care provided. The provider had not yet analysed or acted on any of this feedback collected in November and December 2020.

The provider had failed to establish effectively operated systems or processes to assess, monitor and improve the quality and safety of the services provided; or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 of The Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● 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 or dietician.
● The registered manager worked in partnership with local health teams during the COVID-19 pandemic to ensure people were receiving appropriate care and support. Senior care staff and the manager liaised regularly with health professionals, including GPs, district nurses and Speech and Language Therapy teams.
● People told us they were able to ask to speak to a doctor at any time if they were feeling unwell.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We saw minutes of meetings of residents and staff. The meetings were well attended and the notes comprehensive. However, we were not provided with any evidence to show the provider had reviewed peoples' concerns or suggestions; or had used comments to drive improvement. For example, in relation to food choices. We fed this back to the registered manager.
● Staff were invited to meetings regularly and these were documented. Staff told us that they were confident in raising any issues with senior care staff or managers.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about an incident, providing support, truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
● Records confirmed staff had informed them of accidents or incidents involving their family members.

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 had failed to ensure care and treatment of service users was appropriate, met their needs and reflected their preferences. Reg 9 (1)(a)(b)(c)

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 do all that was reasonably practicable to mitigate risks. The provider had failed to ensure the proper and safe management of medicines. The provider had failed to ensure care and treatment was provided in a safe way for service users; by adequately assessing the risk of, and preventing, detecting and controlling the spread of, infections. Reg 12 (1)(2) (a)(g)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish effectively operated systems or processes to assess, monitor and improve the quality and safety of the services provided; or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and maintain

	securely an accurate, complete and contemporaneous record in respect of each service user. Reg 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure recruitment procedures were established and operated effectively. Reg 19 (1)(2)(3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed. Reg 18 (1)