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Epsom Lodge

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?	**Inadequate**

Summary of findings

Overall summary

Epsom Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Epsom Lodge is registered to provide accommodation and personal care for up to 13 people. There were seven people living at the service at the time of our inspection.

This inspection took place on 17 October 2018 and was unannounced.

There was no registered manager in post on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We were supported by the two Providers during our inspection.

At our previous 5 inspections in April and September 2016, March and October 2017 and March 2018 we have identified breaches of regulations of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following enforcement action, our inspection on 15 March 2018 found that improvements had been made regarding some aspects of how the service was managed. However, four breaches of regulations were identified in relation to the training and supervision of staff, responding to complaints, safe recruitment processes and the overall governance of the service. At this inspection we found that although improvements had been made in a number of areas additional concerns were identified. This demonstrated a continued lack of management oversight and failure to sustain improvements within the service.

The provider was not meeting the conditions of their registration as there was no registered manager in post. Additional conditions regarding providing regular action plans to CQC had not been fully complied with. The provider had failed to display the ratings of their previous inspection on their website and within the service. Audits were not robustly completed to ensure that any areas which required improvement were identified and action taken. Systems implemented by the consultant employed by the provider and past managers had not been sustained.

Risks to people's safety were assessed although for some people we found that guidance to mitigate these risks were not always followed. Personal emergency evacuation plans were not in place for everyone living at Epsom Lodge. In other areas we found that risk management plans were followed in order to keep people safe. Safe medicines practices were not followed in some areas and staff competency to administer medicines had not been assessed. Infection control processes did not always identify where improvements were required although staff were aware of the correct equipment to use. The premises were not always safely maintained as there was no periodic electrical installation certificate available and the annual gas safety check was out of date at the time of our inspection. A contingency plan was in place although this was not accessible to staff during our inspection.

The provider was unable to provide evidence that full assessments of people's needs were completed prior to them receiving care. Care records were completed in detail for the majority of people living at the service although some people who had moved into Epsom Lodge required additional information. People's needs were not always met in line with their care plans, particularly with regards to their personal care needs. Plans to meet people's end of life care wishes had not been completed as recommended following our last inspection.

People told us that they enjoyed the food provided and we saw people were offered drinks throughout the day. However, people were not always offered a choice of meal options. The principles of the Mental Capacity Act 2005 were followed although additional action was required for one person. We have made recommendations regarding both of these elements of people's care.

There were sufficient staff deployed to keep people safe and people did not have to wait for care. Recruitment processes had improved and staff working at Epsom Lodge had completed safe recruitment checks. Staff told us they felt supported by the provider. Feedback was sought from people and their relatives. Additional training had been provided to staff and supervision was being offered in line with the providers policy. Staff had completed safeguarding training and demonstrated understanding of their responsibilities to keep people safe from potential abuse. When accidents and incidents occurred these were recorded and action taken to minimise the risk of them happening again.

People were cared for by kind staff who spent time with them. Staff knew people well and understood what was important to them. There was a range of activities for people to be involved in if they wished. Regular church services were held which people told us was important to them. Staff encouraged people to maintain their independence and their privacy was respected. Visitors were made to feel welcome and there were no restrictions on visiting times. Systems were in place to review and respond to complaints.

The overall rating for this service is 'Requires improvement'. However, we will continue to keep the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections.

The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Medicines processes were not always safely followed and staff competency in administering medicines had not been assessed.

Risks to people's safety were not consistently managed well.

Infection control processes were not robust in all areas.

Sufficient checks on the premises had not been completed to ensure people lived in a safe environment.

Staff were aware of their responsibilities in protecting people from the risk of abuse

There were sufficient staff deployed and recruitment checks were completed to ensure staff employed were suitable to work at the service.

Is the service effective?

Requires Improvement

The service was not always effective.

There was no evidence available to show that people's needs had been assessed prior to them moving into the service.

The principles of the Mental Capacity Act were followed although additional checks were required. We have made a recommendation regarding this.

People's nutritional needs were met although people were not always provided with a choice at mealtimes. We have made a recommendation regarding this.

People had access to healthcare professionals.

Staff received training and supervision to support them in their role.

Is the service caring?

Requires Improvement

The service was not always caring.

Whilst individual staff treated people with kindness people did not always receive person centred care.

People were supported by staff who knew them well.

People's privacy was respected and religious needs were met.

People were encouraged to maintain their independence.

Visitors were made to feel welcome.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive the care they required in line with their needs. In other areas, we found that people's care was planned and provided in accordance with their needs.

People's end of life care wishes were not recorded.

A range of activities were available to people.

The provider had a complaints policy in place and relatives told us they felt concerns would be responded to.

Is the service well-led?

Inadequate

The service was not well-led.

There was a continued lack of management oversight of the service.

Improvements previously found had not always been sustained.

The provider was failing to meet the condition of their registration.

People and their relatives had the opportunity to give their opinions of the service provided.

Staff felt supported in their roles.

The CQC had been informed of significant events which had occurred at the service.

Epsom Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 17 October 2018 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed the care people received and spoke with the registered providers, two staff members, three people and one relative. Following the inspection, we spoke with a second staff member and one relative. We also received email correspondence from the consultant employed by the provider.

We reviewed a range of documents about people's care and how the home was managed. We looked at four care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person told us, "It's all nice and secure." One relative told us, "They seem to have sorted things out more now so I think so." Another relative said, "Oh yes, definitely safe."

At our inspection in October 2017 we found that care and treatment was not being provided in a safe way, medicines were not being managed safely, accidents and incidents were not always recorded and analysed and people were put at risk because appropriate infection control was not being followed by staff. At our last inspection in March 2018 we found that improvement had been made in these areas. However, additional concerns relating to safe recruitment of staff were identified. At this inspection we found that the improvements previously made had not been sustained and that people were not receiving consistently safe care. Improvements had been made to the way in which staff had been recruited.

Medicines were not always managed safely. Each person had a medicines administration record in place (MAR) which recorded all prescribed medicines. The majority of MAR charts were completed electronically by the pharmacist. However, where entries had been hand written by staff there were no staff signatures to confirm these had been checked to ensure they were correct. We observed the provider administering medicines in the morning. A staff member approached them with an empty medicines pot and informed them that they had administered a person medicines. The provider then signed the persons MAR chart. The staff member who had administered the medicines was not listed as having been trained to do so. Best practice states that one staff member should be responsible for the dispensing, administration and signing for medicines rather than two staff members being involved in the process.

The majority of signatures on MAR charts were from one of the providers. Rotas showed that they were scheduled to work in excess of 100 hours per week, with two 24-hour shifts at weekends on a regular basis. We asked the provider if they thought it was safe practice to administer medicines when working these hours. They told us, "I don't trust anyone else to do it." Staff competency to administer medicines had not been assessed. There was a list in the medicines file of staff who had been trained to administer medicines. However, there was no evidence available to show that competency assessments had been completed and the provider was unable to tell us how this was completed.

Medication stocks were not always appropriately recorded. We counted one person's medicines and found there were two additional tablets present to those recorded. The provider told us this was because an additional two tablets had been delivered and not recorded. Another person's MAR had not recorded the number of tablets they had brought with them on admission so we were unable to check if the correct amounts were present. This meant that although there were no gaps in the recording of administered medicines, the provider could not assure themselves that people had received their medicines correctly. Temperature records of the fridge used to store medicines showed that this had been above the recommended temperature for 23 consecutive days during July and August. The provider told us they had been unaware of this. This meant that no checks had been made to ensure that medicines were still safe for use.

Systems to manage other aspects of medicines administration were in place and followed. MAR charts contained a recent photograph of the person, any known allergies and GP contact details. Where people required RRN medicines (as and when required) guidance was available for staff to follow. All prescribed medicines were in stock at the time of our inspection and creams and liquids were dated when opened to ensure they were used within the required time limits. Unused medicines were recorded and returned to the prescribing pharmacy.

Personal emergency evacuation plans (PEEPS) were not completed for everyone living at the service. PEEPS for people who had most recently moved into the service were not contained within their personal files or within the emergency procedures file in the entrance to the service. This meant that should people require support to evacuate the property, guidance regarding the support they required would not be available to either staff or emergency services. We asked the provider if we could see the contingency plan for the service. They told us this was normally found in the emergency file and they were not aware that it had been removed. This meant that staff did not have access to the plan which they should follow in the event of an emergency occurring. Once alerted to this concern the provider printed a copy of the plan for staff to access.

Risks to people's safety were not always robustly managed. Risk assessments had been completed which gave guidance to staff on the steps to take to minimise these. However, we found these were not always consistently followed. One person's risk assessment gave detailed guidance on how to support them with their food. We observed the persons care and found that this guidance wasn't followed which put them at risk of choking. The provider informed us they would ensure staff were reminded of the correct procedures immediately. Another person's records highlighted they were at risk of dizziness and falls when standing. There was no risk assessment in place regarding this. Although people used the lift to move between the different floors of the service, there was no risk assessment in place for the open stairway. This was of particular importance due to a number of people living with dementia.

Infection control procedures were not always robust. There was no evidence that water outlets such as basins in unused rooms, were being flushed on a regular basis to reduce the risk of legionella developing from stagnant water. There was a build-up of lime scale and dirt around the wet room floor in the downstairs bathroom and the stair carpet was dirty. Infection control audits had been completed although had not identified these concerns. In one unused room we found the mattress was stained and the toilet seat and surround was chipped meaning germs could be harboured. The provider told us they had identified this although this was not recorded on the infection control audit. We found the remaining areas of the service were clean and staff were aware of the need to use colour coded equipment for cleaning and to wear personal protective equipment such as gloves when supporting people with their personal care.

The failure to ensure safe medicines management processes, to ensure that risks to people were appropriately managed, that safe infection control measures were followed and that emergency procedures were in place was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The accommodation was not suitably maintained in order to ensure people's safety. We asked to see the mandatory electrical installation safety certificate which should be completed every five years. The provider told us they did not have a certificate and the checks had not been completed within the last five years. The provider told us they were aware this was required but was unable to give a reason as to why this had not been done. The gas safety certificate for the property had expired the previous month. The provider said he thought it had been due the following month although no date for completion had been booked in anticipation of this.

The failure to ensure that equipment was serviced at the required intervals was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In some areas we found that risks were managed well. Care records contained risk assessments and management plans which covered areas including mobility, health, moving and handling, nutrition and hydration and skin integrity. Where risks were identified measures were implemented to reduce the level of risk. One person's care records showed that they were at risk of not drinking sufficient amounts. The risk assessment in place highlighted that close monitoring was required and we found that staff completed this each day. A detailed risk management plan was in place for one person who was at high risk of their skin breaking down. Records showed the measures recommended were followed and the person's skin remained healthy. Records of accidents and incidents were maintained and reviewed to ensure no further action was required to ensure people's safety in the future. For example, one person had experienced a fall during the night. They had been provided with equipment which meant they did not have to mobilise as far should they get up during the night to minimise the risk of them falling. Records showed few accidents and incidents had occurred due to the reduced number of people living at the service.

Staff were aware of their responsibilities in protecting people from the risk of potential abuse. Staff we spoke to were able to describe the different types of abuse, were aware of signs which may give cause for concern and reporting procedures. One staff member told us, "I'd tell (providers' names) if I was concerned about anything. If they were involved in it I'd speak to CQC or (Local Authority Safeguarding Team)." All staff had completed safeguarding training and safeguarding information was displayed in the office for staff to refer to. Where the local authority had requested the service to provide information in relating to safeguarding concerns this had been completed with the support of the consultant supporting the provider.

There were sufficient staff available to support people's needs. There was a consistent staff presence in the communal area of the service to support people when required. Staff were attentive to people's needs and spent time speaking with people. Staff regularly checked on people who spent time in their rooms and we did not see anyone have to wait for care. People and relatives told us they felt there were enough staff. One relative told us, "There was always staff around for Mum." Another relative said, "I don't have any worries about the staff." Rotas showed that one of the providers worked long hours at the service. They told us that this was their preference and that they would look to assess the risks of working in a different way.

Safe recruitment procedures were in place to ensure staff employed were suitable to work at the service. Disclosure and Barring Service (DBS) checks for staff were completed before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained an application form, proof of identity, references from previous employers and evidence of a face to face interview.

Requires Improvement

Is the service effective?

Our findings

The provider was unable to provide evidence that people's needs were fully assessed prior to them moving into the service to ensure they could be met. We asked to see assessment documentation for people who had recently moved into Epsom Lodge. The provider was unable to find this during the inspection stating they were unsure where previous managers had stored some of the required information. We asked the provider to forward this following the inspection. Whilst some documentation was sent relating to risk management and life history, no full assessment was provided. This meant there was a risk that people may move to Epsom Lodge without the provider being assured that they were able to meet their needs.

The failure to ensure that assessment records were fully competed prior to them moving into the service was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in October 2017 we identified that staff did not always have the skills and knowledge to provide effective care. At our inspection in March 2018 we found that on the whole this had been addressed although there were areas that required improvement, particularly around staff supervision and consistent training systems. At this inspection we found this area of practice had continued to improve. Staff were now receiving regular training and supervision was being completed more regularly.

Staff received appropriate training to support them in their roles. The provider had worked with a training company who were monitoring the training staff completed. Evidence was available to show that staff had completed training in areas including safeguarding, Mental Capacity Act, Fire procedures, communication and equality and diversity. Staff told us they enjoyed the training and had found it useful to refresh their knowledge. Areas where staff still required training had been booked within the weeks following our inspection. One staff member told us, "The induction was good. There's still training I haven't done, but I'm doing them in the next couple of weeks". Another staff member told us, "They've put in a lot of training and it's helped get us all up to date."

Staff received supervision in line with the providers policy. The provider had a supervision matrix displayed in the office which stated staff had all received supervision within the last three months in accordance with the policy for the service. Staff confirmed they had supervision regularly and were able to discuss their performance. One staff member told us, "My last supervision was in August. I get feedback from (providers' names) day to day." Spot checks of staff performance were also completed periodically to monitor staff practice. However, records showed that these had been completed by the previous manager and no spot checks had been completed since they had left the service.

The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected as the principles of the MCA were followed although additional action was required in relation to one person. Capacity assessments had been completed where appropriate in areas including people consenting to receiving care, medicines management and having a soft diet. Best interest decisions had been recorded which showed that risks and benefits had been assessed along with consideration being given to any less restrictive options. Where people lacked capacity DoLS applications had been made to the relevant authority which gave a detailed description of the any restrictions in place. However, we found that one person's records stated they lacked capacity to make decisions regarding all aspects of their care. Whilst best interest decisions had been completed there was no evidence that a DoLS application had been submitted with regards to the person requiring 24-hour care and supervision.

We recommend that DoLS applications are submitted where required.

People's nutritional and hydration needs were met although choices were not always offered. People told us they enjoyed the food although they did not always have a choice of what to eat. One person told us, "The food is good. I am occasionally asked which option I'd like for lunch but it's usually just put on the table." We observed that the lunchtime meal was explained to people although only one option was available. Staff told us that due to the size of the service they knew people's likes and dislikes and different things would be prepared if requested. One staff member told us, "Because it's small it's easy to get to know them and what they like. We can ask (provider) to cook things how they like them." At our last inspection in March 2018 the provider advised us that they were looking to introduce pictorial menus for people so they had a visual choice of what was on offer. At this inspection we found this had not yet been implemented.

We recommend that people are offered a choice of food at each mealtime.

There was a relaxed atmosphere during lunch. The table was laid with condiments and people were asked if they would like gravy. Where people required support to cut up their food or occasional prompting this was provided by staff. People were asked if they were enjoying their meal and if there was anything else they would like. Meals of a modified consistency such as pureed were nicely presented. People's weight was regularly monitored and records showed there had been no significant variances in recent months. People were offered a choice of drinks regularly through the day and a record of people's fluid intake maintained where required.

People lived in a comfortable and homely environment. There was access to a large garden area and people were able to access all areas of the service by the use of a lift. There were games, books and magazines readily available to people should they wish to browse through them. However, we found that the environment in relation to people living with dementia continued to require improvement. At our last inspection in March 2018 the providers' consultant told us, "I have discussed signage for orientation and other reasonable adjustments in line with current best practice, and these are improvements that will be made in the near future." During this inspection we found few changes had been made. Some people had signs on their bedroom doors which contained a photograph and information about them although this wasn't consistent throughout the service. We asked the provider what steps they had taken to act upon the advice given by the consultant. They told us that they had reviewed the signs available and were planning to place an order in the near future.

People had access to healthcare professionals when required. One person told us, "I asked to see the GP and this was organised for same day." Records confirmed that a variety of health professionals were involved in people's care including GP, district nurse, chiropodist, opticians, occupational therapist and the

speech and language therapy team. With the exception of how one person was positioned when eating, we observed that recommendations or guidance provided by healthcare professionals this was followed. For example, where it was recommended people were supported with soft or pureed diets we saw this was followed.

Requires Improvement

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person told us, "They're all very nice and try their best for everyone." One relative told us, "Generally they're fine. The look after her and you can see they care about her."

We observed examples of individual staff members treating people with kindness. However, as detailed within other areas of the report, we found that people's care was not always person centred and their personal care was not always provided in accordance with their needs. Until these issues are fully addressed we will be unable to apply a 'Good' rating to the domain of Caring.

People were supported by staff who knew them well. One person told us, "It's very friendly. It's small and personal. The staff are friendly. There's no one you dread coming on duty." Staff knelt or sat next to people when speaking with them and used appropriate and reassuring touch. We observed staff putting their hand on someone's back when speaking with them and gently rubbing a person's arm when reassuring them they would bring them a drink. Staff we spoke with were able to describe people's personalities and tell us about the things they enjoyed. We observed one person was starting to become anxious and was raising their voice. Staff offered reassurance and explained to the person what was happening. They then spent time looking through magazines for pictures of flowers which they knew interested the person. They asked the person what the different types of flowers were which gave them the chance to share their knowledge with the staff member.

People's privacy was respected by staff. Staff were observed to knock on people's doors before entering and calling out to announce their arrival. Personal care was carried out with doors closed and people told us staff were respectful when supporting them. One person told us, "They are very discreet. It's a strange experience when you're not used to it but that's nothing to do with them. They're very kind." Staff told us they were aware of the importance of respecting people's privacy. One staff member said, "None of the staff would leave people feeling uncomfortable or exposed. You think about yourself and how you'd want to be treated." A second staff member said, "Doors are always closed when attending to resident or if they want a private chat." Some people chose to spend time in their rooms relaxing during the day. Staff respected this whilst ensuring they periodically checked people didn't need anything. People's religious needs were supported. A minister regularly visited Epsom Lodge and people told us they liked this. One person told us, "Yes we do have the church here. I think that's very good. It's an important thing."

People were supported to maintain their independence. One staff member told us, "We try to get them to do things for themselves and keep active for as long as they possibly can." Another staff member told us, "If they can wash or shave themselves we encourage them. They may be able to put their shirt on but not do up the buttons but it's still important for them." We observed people walking around without restriction and staff encouraged people to do so. One person regularly walked to the garden or to spend time in their room. People were encouraged to eat independently with staff giving gentle prompts where required. Care plans highlighted areas where people were able to do things for themselves and where only minimal support was required.

Relatives told us they were made to feel welcome when visiting their loved ones. One relative told us, "They always made us feel very welcome and had a chat with us." Another relative said, "The staff are good. They always make us a drink and come and talk to us. We go whenever we want to." The provider confirmed there were no restrictions on the times people were able to receive their visitors. They told us, "They can come as often as they like and stay for as long as they like."

Requires Improvement

Is the service responsive?

Our findings

People's care needs were not always met, particularly in relation to their personal care. One person's records showed that they required prompting to brush their teeth. Records relating to the day of our inspection stated that the person had received support to brush their teeth. However, the person had four toothbrushes in their room which had not been used for some time. All were hard and congealed with a red substance. In addition, the person toothbrush pot contained black mildew. We spoke to the provider about this who told us that if they were to remove the persons toothbrushes or pot to clean or replace them this would cause them distress. Consideration had not been given to how the person could be supported in this area of their care on an on-going basis.

We spoke with another person whose care plan highlighted that due to a specific condition they needed to wear glasses. Their care plan stated, 'Staff must make sure they (glasses) are always clean and in good repair.' In addition, the persons personal care records indicated they had received support to clean their teeth on a daily basis. We found that on the day of our inspection the persons glasses and teeth were extremely dirty.

We found that one person's care records contained little information regarding the care they required. There was a lack of detailed information regarding the support the person required with their personal care, specific health conditions and night time care. Whilst the person was able to inform staff of their needs, there was no guidance for staff should there be an occasion where they were unable to do this.

At our last inspection we made a recommendation that people were supported with planning for their end of life care. At this inspection we found that no improvements had been made in this area. Care plans did not reflect people's choices and preferences regarding the care they wanted when approaching the end of their life. We spoke to the provider about this. They told us this wasn't an area they had been able to address to date although stated they had received positive feedback regarding the care provided by staff. We spoke with one relative whose loved one had recently passed away. They told us that staff had shown kindness in their approach to the family member.

The failure to ensure that people's care needs were met and that care plans reflected people's end of life care wishes was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In other areas of people's care, we found that staff responded to their needs. Staff were able to describe people's interests and share information about their life history. Detailed information regarding people's past occupations, interests, significant events and family history were completed in detail for staff to refer to. Care plans were written in detail and reviewed regularly to ensure that information was up to date. Reviews included a description of any significant events which had occurred and any changes to people's care. Staff told us that they attended handover meetings when starting their shifts which meant they had up to date information regarding people's care needs.

At our last inspection in March 2018 we found that complaints had not always been recorded, responded to or addressed in a timely way. At this inspection we found that improvements had been made in this area. There was a complaints policy in place and this was available in a pictorial format. The complaints log showed that the historical complaints identified during our last inspection had been addressed and responded to. Relatives told us they felt confident that if they raised any concerns these would be responded to. One relative told us, "I wouldn't hold back but I think they'd be alright with me saying anything and sort it out."

People were supported to engage in activities and to occupy their time. People told us they were happy with the activities provided. One person told us, "It's fine for me. I have my paper and I can do as I please." Another person said, "Oh yes, I enjoy the activities. I like the exercises and we do different things on different days." During the inspection we observed staff play games, look through books and ask quiz questions both in small groups and with individuals. People appeared to enjoy the company of staff and engaged in the activities. An external activities co-ordinator visited the service two days each week and supported people with exercises, music and motion and quizzes. Staff spent time with people who were in their own rooms. We observed people had newspapers of their choice and people were asked what their preferences were regarding the television.

Inadequate

Is the service well-led?

Our findings

We received mixed responses when asking people, relatives and staff if they thought the service was managed well. Comments included, "They've (providers) always been okay with me. They seem nice people.", "They (providers) put in a lot of effort. They're always there.", "They (providers) certainly work hard. I'm not sure if the paperwork is all done but I know they've done a lot." And, "I think the staff would benefit from direction. It's always been a leadership issue. (Providers) don't want to let go but they don't do it themselves."

At our previous 5 inspections in April and September 2016, March and October 2017 and March 2018 we have identified a breach of regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the governance of the service. Despite the enforcement action previously taken, the provider has failed to show sustained improvements throughout the service and has failed to meet the conditions of their registration.

Following previous enforcement action additional conditions had been placed on the providers registration. The conditions required the provider to submit a report on a bi-monthly basis, detailing the outcomes of quality assurance audits covering each of the key questions (Safe, Effective, Caring, Responsive and Well-Led) and identifying actions resulting from this. In addition, the provider was required to submit details of how breaches of regulations identified at the inspection in March 2018, were being remedied. The provider had failed to submit information to the CQC in line with these conditions. The last action plan submitted by the provider was in July 2018. We spoke to the provider regarding these concerns. They told us that due to the amount of work created by requests for information from the local authority they had not been able to submit their action plans. This meant the provider was failing to comply with these additional conditions to their registration.

Improvements noted during our last inspection of the service in March 2018 had not been consistently maintained and there was a continued lack of management oversight of the service. Whilst improvements had been made in some areas, there had been a failure to sustain improvements previously made at the service. Quality audits were not consistently completed which led to areas requiring improvement not being identified and addressed. For example, a number of concerns were identified during the inspection regarding how medicines were managed. Medicines audits recently completed by the provider concentrated on a limited number of people's records and therefore did not check the processes in place. The concerns regarding the lack of staff competency assessments, fridge temperatures and double signatures to acknowledge correct transcribing of medicines had not been identified. Following the inspection, the consultant employed by the provider forwarded audits which had been completed over six months prior to this inspection. Whilst these contained a more robust analysis of the systems in place they had not been repeated at regular intervals. In addition, additional concerns including property maintenance, infection control and the provision of personal care had not been identified through quality assurance processes.

There was a lack of management oversight of the service. The provider had employed the services of a

consultant to support them in managing improvements in the service. They told us they were able to contact the consultant at any time and they visited the service for a couple of days each month. Whilst this had led to positive changes within the service we found the templates for improvements implemented by the consultant had not been consistently maintained by the provider. For example, systems implemented to manage risk to people's well-being, to assess needs and to plan people's care effectively had not been fully implemented when new people were admitted to the service. With the exception of working with the consultant employed to support the service, no additional external support networks were accessed by the provider. The provider told us they did not attend any of the registered manager forums held in the area to support services in following best practice initiatives.

The provider demonstrated a lack of understanding regarding their responsibilities to ensure that regulations were being met. At the start of our inspection we asked the provider if they believed they were now compliant with regulations. They told us, "I don't know, I'm not an inspector. You're here to tell me that."

There was no registered manager in post. This is a condition of the providers registration Records show that the last registered manager employed at Epsom Lodge left this role in July 2016. The provider told us that they frequently reviewed CV's and offered interviews but had been unsuccessful in appointing since the last manager had left the service three months prior to this inspection. The provider told us in the PRI submitted in September 2018 that a total of five managers had been recruited to the service in the last year but had left for a variety of reasons. We asked the provider if they had looked at why managers were leaving the service and what thought had been given to the way in which new managers were recruited, inducted and supported in their role. The provider told us this was not something they had analysed. They told us, "That's a very good question. I hadn't thought about it like that."

The failure to ensure robust management oversight of the service and to meet conditions of registration with the Care Quality Commission is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People have a right to know the current rating of a service to enable them to understand whether a service is being provided in accordance with the Health and Social Care Act. Registered providers are required to display the CQC rating clearly both on the landing page of their website and within the service. Prior to our inspection we checked the providers website and found that the rating was not displayed. Although there was a link to the CQC website under the tab, 'Useful Links' this was not a direct link to the Epsom Lodge report. We spoke to the provider about this. They told us, "Is the website up and running then? I didn't realise that.' We asked the provider why the rating was not clearly displayed in the service. They told us they had realised they were displaying the incorrect rating so had taken this down but forgotten to replace it. Following the inspection, the provider informed us that their website had now been taken down and that the ratings were displayed in the service. However, it is the providers responsibility to ensure they are compliant with all regulations at all times.

The failure to display ratings in line with guidance is a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had the opportunity to contribute to the running of the service and felt there was a positive culture of team work. One staff member told us, "They're (providers) are really good is anything's wrong and they're good with the residents. It's a nice staff team and the residents are happy. If they're happy then I'm happy. It's a nice experience working at Epsom Lodge." Another staff member told us, "They are quite understanding and they'll listen." During the inspection we requested to see minutes from relatives and

resident's meetings. The provider told us that no recent meetings had been held at the service. However, following the meeting they forwarded minutes of meetings which had been held in October, prior to our inspection. Minutes reflected that both people and their families were happy with the care they received at Epsom Lodge. At our inspection in March 2018 the provider informed us that surveys had been sent to people and relatives requesting their feedback on the service provided and that these were being collated. Following the inspection, we were sent a copy of one relatives response which reflected a positive response regarding the service provided.

The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.