Torrington Homes Ltd

Acacia Lodge

Inspection report

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18 October 2021

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Acacia Lodge is a residential care home providing accommodation and personal care to 22 people, two of whom were in hospital at the time of the inspection. The service can support up to 32 people. The home also provides a respite service. The service supports a range of people, some of whom have dementia or mental health needs as well as physical health needs.

People's experience of using this service and what we found
People and their relatives told us that people were safe and staff were kind to them.

At the time of the inspection, the service was undergoing significant changes as the registered manager had left at the end of August 2021, and a new interim manager was in place. There was also a turnover of care staff.

We were concerned at the lack of consistent leadership of the service and the lack of effective scrutiny by the provider to ensure the quality of care was good. Whilst people were quite happy living at the service, we found significant concerns in relation to care planning, oversight of accidents and incidents, and safeguarding of people. We were also concerned that people were not always referred to health professionals appropriately.

Lack of consistent leadership meant that oversight of systems was not effective. For example, key audits had not always taken place, and documentation required to ensure the safe administration of medicines by staff was not in place. All systems to ensure safe evacuation of people in the event of a fire or other incident were not in place.

The management team were not always aware of their regulatory responsibilities associated with their role.

The home was mostly clean. Most staff wore PPE appropriately, but we have made a recommendation in relation to infection control.

Recruitment processes and procedures were safe. Essential checks on staff had taken place before they started working for the service.

The ordering and storing of medicines was safe.

The service had significant change of staff, and so whilst there were usually enough staff on the rota to provide care, staff were extremely busy as they lacked familiarity with some people. Agency staff were also used to supplement permanent staff.

Staff received the required training and support to carry out their role effectively through a mixture of online

and face to face training. New care staff told us that they felt that the management team was supportive.

Rating at last inspection
At the last inspection we rated this service Good. The report was published on 18 January 2021.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected
We carried out a comprehensive inspection of this service on 14 and 18 October 2021. The inspection was prompted in part due to concerns received about safeguarding incidents and staffing levels. A decision was made for us to inspect and examine those risks.

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 identified breaches in relation to safeguarding, safe care and treatment, meeting nutritional and hydration needs and governance of the service.

We have made recommendations in relation to infection control and end of life care.

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

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. 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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement

Acacia Lodge

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.

Inspection team
The inspection was carried over a period of a week, with visits to the service on two days, 14 and 18 October 2021. The team consisted of three inspectors, a specialist nurse advisor and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Experts by Experience visited the service on 14 October 2021 to speak with people living there. Phone calls took place to people's relatives to request feedback in the week following the inspection visits.

Service and service type
Acacia 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.

The service had a manager registered with the Care Quality Commission up until 31 August 2021. Following their departure from the service, an interim manager had started at the service until a permanent manager was employed.

Notice of inspection
The inspection was unannounced.

What we did
Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

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.

During our inspection we spoke with seven people who lived at the service. We also spoke with the interim manager, the director, the recruitment and training officer and the personal assistant to the director. We spoke with four care assistants, the person responsible for housekeeping and the chef.

We looked at 11 care records and three staff files. We looked at various documents relating to the management of the service which included medicine administration records, staff training, supervision records, infection control and quality assurance records.

After the inspection we spoke with five relatives to get feedback on the service.

We liaised with the local authority both prior to the inspection and after the inspection and continue to work in partnership with them to support the service. We were unable to get feedback from other health professionals.

Inadequate

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted in part due to information that we received about safeguarding and whistleblowing concerns at the service.
- We found that there were at least six incidents that should have been identified by the management of the service as safeguarding incidents and had not been notified to either CQC or the local authority in a timely way. Of these we found accident and incident forms that highlighted two incidences when one person with behaviours that challenge either hurt themselves or other people at the service. We were made aware of further evidence of a person who alerted their family to feeling threatened by this person, but this was not recorded.
- People told us, "I am safe here. No one can get in." and "Yes, I am safe. People here look after me well." However, one person who had been subject to an assault, told us they felt unsafe in one person's company.

These examples meant that people were not protected from safeguarding incidents by others and were exposed to harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training on safeguarding adults and were able to tell us the signs and types of abuse.
- We also saw that some actions had been taken by the service at the time of the incidences. For example, the mental health team were involved to support one person, and their one to one care was increased; the police were called appropriately, and we saw that the service was in contact with the commissioning authority when a person absconded. However, the service did not follow safeguarding procedures in line with best practice and notify the local safeguarding team and CQC who could have offered advice and support to safeguard all the people at the service.
- At the time of writing this report we have received retrospective notifications for two of the incidents and referred to above, and the interim manager told us they had implemented additional training in safeguarding for staff, and improved safeguarding processes at the service

Learning lessons when things go wrong;

- The service could not evidence they were learning from accidents and incidents.
- We found that there had been ten falls by people at the service from June 2021 to the 14 October 2021. Whilst ambulance staff had been called appropriately, the service could not show us that people's risk assessments and care plans had been reviewed following the falls. However, the provider has told us some risk assessments and care plans were reviewed.
- There was no analysis by the management team of when these falls had occurred or whether there was any pattern or trigger for the falls. This illustrated to us a lack of management oversight to learn from

incidents and accidents which could impact on people's health and well-being.
● We were also aware as a result of an ongoing safeguarding investigation that at least one additional fall had occurred for a person in respite and this had not been recorded in the incident and accident book.
●Following the inspection, the service have introduced a new system for recording accidents and incidents which will gather the actions taken in one place and which require management oversight. This will enable the service to understand if any trends or triggers exist.

Assessing risk, safety monitoring and management
● We had concerns regarding risk assessments as information was not stored and updated in an easily accessible way.
● At the last inspection we found the service was implementing a new electronic care recording system, and they were in the process of moving documents to the new system.
● At this inspection we found there was some information on the electronic system, but the majority of information was on paper files which had not been updated since 2020. On paper records we found risk assessments that covered a wide range of risks including smoking, moving and handling and personal care.
● There had been a consistent staff team up until August 2021. At the time of the inspection there were numerous new staff, both agency and permanently recruited, and it was unclear where to get the most up to date information from.
● Long standing staff knew people well and were aware of people's risks and how to keep them safe, but there were very few longstanding staff remaining at the service at the time of the inspection.
● We discussed this with the provider and the interim manager who acknowledged this was an issue and they agreed to set out a plan to update the electronic care records.
● However, we were concerned as a 'grab bag' which would be used by staff in the event of an evacuation did not contain a list of current residents, nor any information regarding the evacuation needs of any individuals. We could not see any record of fire drill in the last 12 months.
● The service fire risk assessment had last been updated in August 2020 and was due for review in September 2021.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our feedback the list of all the people who live at the service was updated and added to the grab bag. We have subsequently been shown updated PEEPs; more detailed guidance on evacuation procedures and the service have also held fire drills for both day and night staff.
● Fire systems and equipment were monitored and checked to ensure they were in good working order. We saw evidence that a full fire risk assessment was planned for 8 December 2021.
● Following the inspection the provider sent us an action plan with a timeframe to update the electronic care plans by the 16 December 2021 and complete all risk assessments by the end of February 2022.
●They have also introduced an interim system so staff can find information in one folder whilst the electronic system is being updated.

Staffing and recruitment
● Recruitment of staff was safe. Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable adults.
● However, we were concerned that due to the high turnover of staff, staff were unfamiliar with all the

people's needs and as a result were very busy. Regular agency staff were employed to cover gaps in the rota.
● A new chef had been recently recruited, but it was clear that additional support was needed in the kitchen. The provider told us they were planning to recruit additional support. The impact of this is further discussed in the Effective section of the report.
● One person required one to one support due to their behavioural needs. This was commissioned for 12 hours daily. At the time of the inspection, we were not confident that this support was deployed most effectively, as the behaviour triggers and solutions were not reviewed by the management team to provide detailed guidance to staff. This is further discussed in the Effective and Well-led sections of the report.
● Following the inspection we saw an activity planner was put in place for this person, and an updated document to chart behaviours, including triggers and solutions. The provider also included a section on the form to evidence management oversight.

Using medicines safely
● Whilst the service had suitable arrangements for ordering, receiving, storing and disposal of medicines, we found some issues with overall medicines management.
● Storage temperatures were monitored to make sure medicines would be safe and effective.
People received their medication when they should. Medication Administration Records (MARs) had photos of people, their allergies and how to support them with medicines.
● Protocols for 'when required', PRN medicines, were in place for most people. We discussed the need to move some medication from PRN to daily to accurately reflect the regularity of the giving of these medicines.
● Due to the large turnover of staff we were concerned there were an insufficient number of staff who had been competency checked to give medicines safely.
●We were shown evidence that a number of staff had received training in the giving of medicines, but only one member of staff had been competency checked and this was in 2020. ● The interim manager told us they were also suitably skilled and competent to give medicines, and would prioritise the competency checks following the second day of the inspection. In the interim, long standing staff were being asked to come in for additional shifts to give medicines.
● Following the inspection the provider confirmed staff giving medicines had been competency checked.
● These concerns are further discussed in the Well-led section of the report.
● Medicine audits were taking place at the service.

Preventing and controlling infection
● We found minor issues with infection control at the service, although the service had remained COVID-19 free.
● Whilst the service was clean and had specific staff who cleaned the service thoroughly for parts of the day. We were not confident that outside of their working hours, 'high touch' areas, that is, areas where people are repeatedly touching and using handles and rails, were cleaned more than once a day.
● The housekeeping staff kept a log of their cleaning, but there was limited records of cleaning in areas other than the kitchen. Following the inspection the service had improved the level of cleaning of high touch areas, and the documentation to evidence this.
● Most staff demonstrated good infection control practices, as staff were seen to wear Personal Protective Equipment (PPE) such as masks, gloves and aprons and the service was clean. Some relatives told us they saw staff wearing masks, whilst others said they did not always do so. On the days of the inspection we saw some staff, who were expected to wear a mask, not always doing so properly. We raised this with the interim manager at the time.
●Following the inspection we saw that the effective use of PPE had been raised with staff as an issue, and the management team were monitoring this at each shift.

● The service provided a laundry service for the staff uniforms in response to the infection control issues raised by the pandemic.
● On entry to the service our temperature was taken, but we were not asked any additional questions. Some relatives told us they were asked for a lateral flow test result, but not on every occasion.
● The service had an admissions policy but this did not reflect the actions the service took prior to admitting someone to the service as it did not sufficiently detail the testing regime the service told us was taking place.

● Following the inspection, the service sent us updated admissions policy and a form for visitors to complete on entry to the service which was in line with best practice in relation to COVID-19.

We recommend that the service implements a more rigorous approach to infection control processes, which includes recording cleaning of high touch surfaces, and ensuring good practice guidance for visitors is followed at all times.

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.

At the last inspection this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement.

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

- People told us, "The food is okay" and "Not sure about the menu and choice but the food is fine." Two people told us, "There is not always a lot of choice" and "You get what you get given."
- We had some concerns in relation to supporting people to eat and drink enough. We saw that lunch was quite chaotic and not well managed. For example, people were brought into the room and had to wait for over 40 minutes before their food was served. Although there was a choice of food, people were not always offered the options. The food offered did not reflect what was on the menu.
- We saw a folder in the kitchen that had details of people's preferences for food, but this was out of date as a number of people had left the service and new people's names and information had not been added.
- We noted that on both mornings of the inspection visits, people were not offered a drink between breakfast and lunch. There was juice available in the lounge, but not everyone was able to go and get a drink and staff did not offer them. At lunch, residents were offered a drink, but were generally not offered a second glass of juice. We did not see tea or coffee being offered to residents after lunch.
- Insufficient staff support in the kitchen meant the options for food after 3pm were limited to sandwiches or a baked potato.
- We also noted that whilst people were weighed monthly, there was no advice or action taken if weight was gained or lost. Also, there was no indication of the 'ideal' weight for a person. For example, we saw one person whose weight changed from 72.80 kilos to 67 kilos within one month. There was no commentary or information for staff to prompt them to alert a senior member of staff or make a referral to a health practitioner.
- We saw evidence that one person who was at risk of malnutrition had a food and fluid chart, but this was not being used effectively as there was no target for either food or fluid and no evidence of it being reviewed. They had however, been referred to the dietician earlier in 2021.
- We had concerns that the service was not meeting people's needs in terms of culturally appropriate food. Whilst we saw that the service had halal meat at the service, the information for staff was not always useful. For example, one person in respite had notes which stated, '[Person] requires a diet from Caribbean culture for religious beliefs. Ensure religious beliefs maintained.' But it was not clear what this person's dietary or religious beliefs were.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate food and hydration was offered to sustain life and good health, in a culturally appropriate way. This placed people at risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We discussed these issues with the provider and interim manager. In relation to the unstructured lunch they told us that staff had been unsettled by the number of people in the inspection team, and following the inspection were introducing a new system for mealtimes, and making it clear at handover who was to help and support in the dining room.
● They also told us that mid-morning drinks were usually offered to people, and were surprised this was not happening on the days of the inspections. The provider told us this was not usual and that the staff team were unsettled by the inspection team. They also told us they were planning to recruit additional support in the kitchen. We saw that there was an advert out for the post of kitchen assistant, but we were aware that the issues with recruiting to this position had been ongoing since the beginning of September 2021.
● Following the inspection, we saw new guidance and documentation was in place for staff in relation to weighing people. This set out actions to take including raising the issue with the manager and prompting referrals to other health professionals.
● The service has also implemented a new system for daily monitoring food and fluids for those at risk of dehydration or malnutrition.
●At the time of publishing this report, the service had provided evidence they had records showing people's food choices, including their cultural and religious requirements, and new menu plans which had pictures as well as written descriptions of meals. Menus also provided a wider range of options for food in the evening.

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

● The service assessed potential new referrals to ensure people's care needs could be met by the service. The service met with people and their family where possible, and together with reports from health professionals assessed their needs and recorded people's preferences and routines.
● They also risk assessed the person's health and well-being and the fire risk to the person, although we were not confident that PEEPs were updated regularly in line with best practice. Following the inspection we were shown updated PEEPSs for people.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:
● We had some concerns that people were not always being referred to external medical practitioners appropriately. The service had established relationships with the GP and district nurse service. However, we noted that following a fall, lack of a review of the incident and recording of actions meant we were not sure if people were referred to the 'Falls Clinic', or for equipment appropriately. Following the inspection the service updated the documentation and guidance for staff to follow, when an incident, accident or fall had taken place to ensure all actions were completed and evidenced.
● We also noted that whilst one person, with behaviours that challenge was referred back to the mental health services, there was some delay, and in this period other people at the service were assaulted.
● People told us they saw a GP if they were unwell, but did not recall having access to a dentist or optician. We were not clear how the management team oversaw these appointments. One relative told us, "Health issues, yes, they tell me what is going on." But another relative did remark, "She needs an eye test which hasn't been done."
● Following the inspection, a more effective system for capturing this information was set up by the service. They could also show that some people had accessed a range of secondary health professionals.
These issues are addressed further in the Well-led section of the report.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The service had a log of when people's DoLS were due for renewal. Whilst most DoLS had been applied for within appropriate timescales, we found one person's DoLS had run out in January 2021 and had only been applied for on 7 October 2021. This meant that the system was not working effectively.
● We were directed to electronic care records to view, but these did not have effective mental capacity assessments in place. We saw there were some mental capacity assessments on paper records, but these had not been updated since 2020.
● We did not find 'best interest' meeting minutes for key areas where people lacked capacity including for the giving of vaccines. The interim manager told us the GP had completed these, but they were unable to find them. We were subsequently shown signed agreement to have the vaccine by people with capacity.
● These issues of concern regarding the management of records of consent, are addressed in the Well-led section of the report.
● Following the inspection, the service showed us they were implementing a more effective system to prompt DoLS renewal applications. They had identified a staff need for training in relation to recording and evaluating mental capacity assessments, and were booking outstanding 'best interest' meetings.
● Staff understood the importance of consent and we saw staff ask permission before giving care.

Staff support: induction, training, skills and experience
● We asked people if staff had the skills to look after them. They told us, "Yes, they keep an eye on you." Several people told us that they thought that they were well looked after. Only one person said, "Probably not, but they do what they can."
● The staff team had undergone significant changes in recent months, with the registered manager and several senior staff leaving. This meant there were numerous new staff. They told us they felt supported in their role.
● However, a newly developing staff team placed additional strain on longer serving staff who were working additional shifts. Staff told us, "There is far too much pressure now" and "Morale is very low." Relatives were aware of the changes in staffing and management at the service. This is discussed further in the Well-led section of the report.
● Staff were provided with training to carry out their roles. New staff told us they had received an induction and records confirmed this.
● One new member of staff said, "All good here, people are friendly." We saw that new staff were completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
● Longer term staff had undertaken refresher training in key areas, including moving and handling and infection control. Following the issues identified with safeguarding in recent months, additional training was planned at the service so everyone understood the safeguarding process.
● Staff told us they received supervision but at the time of the inspection there was no evidence of overview of supervision for the provider to check it was taking place. At the time of writing this report, the service had

sent in a supervision matrix which indicated supervision had taken place.

● Individual training records had been kept in a folder but again, it was not possible to get an overview to see when refresher training was due. However, following the inspection, a training matrix was forwarded to CQC and the service said they would use this going forward.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw kind and caring interactions between staff and people on both days of the inspection. Comments from people at the service included, "I like it very much," "I like it here" and "They are very caring."
- One person told us, "Yes, they were kind enough to move me to a different room which I am happy with."
- Relatives of people who had known some staff for sometime, praised the staff stating, "Yes, they are kind and caring" and "Yes, they are helpful."
- Staff had developed strong and supportive relationships with people, and we saw new staff were getting to know people's likes and dislikes.
- Paper care records noted people's religious or cultural needs. There was less information on the computerised records. People's birthdays, and religious or cultural events were celebrated at the service.

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

- One person told us, "They do treat me with dignity" another three people confirmed this was the case. One person told us the place did feel like home, and another said, "I suppose so its where I live."
- Care records did not always indicate clearly what people could do for themselves, but staff encouraged people to be independent, and the interim manager told us they would focus on this going forward.
- There were some meetings for people who lived at the service to enable them to express their views about the care and support that they received.
- Staff were able to tell us how they supported people with dignity and respect and promoted independence.
- The service ensured people's care records were kept securely. Information was protected in line with General Data Protection Regulations.

Requires Improvement

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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; 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

- At the last inspection we found that paper care plans were in place, but the service had started transitioning to an electronic care system.
- At this inspection we found that the transition had not been successfully completed. So, whilst there were some care plans on the electronic system, there were gaps in care planning documents. Paper records were in place for people who had lived there for some time, and these provided personalised background information, and indicated likes and dislikes. But these had not been updated since 2020.
- There were numerous new staff so accessing information on people's needs was not straightforward as staff had to use both paper and electronic systems. Daily records were being uploaded to the electronic system, but we found some gaps in recording. Staff told us there were difficulties to record in a timely way due to the limited number of handsets available to staff.
- Following the first day of the inspection, the service ordered additional handsets. The interim manager and provider also told us they were going to focus getting the backlog of care planning documents onto the electronic system. This is further discussed in the Well-led section of the report.
- We asked relatives if they had been involved in reviews of care for their family members in the last 12 months. One relative told us, "We had previously but not sure that this has happened more recently."
- We were of the view that long term staff knew and understood people's needs and worked to provide a personalised service. Also, we saw newer members of staff interacting well with people. However, the records did not easily support staff to provide a personalised service.
- We asked people if there were activities at the service. People said, "Not much goes on", "Not sure" and "I don't get involved with those things." The service did run some activities at the service, including chair exercises, singing and ball games. We also saw the service had some plans going forward for activities. However, the challenges of a newly forming staff team had impacted on the activities. At times the activities co-ordinator was having to 'back fill' a care role, to provide 1:1 support to a person. Also, the lack of information on the electronic care plans meant it was not always easy to see what interests people had.
- Following the inspection, the service sent us information regarding additional training they were accessing for the activities co-ordinator, and the plans they had for a more dementia friendly sensory experience.
- The service also planned to involve family members in all future reviews.
- These issues are discussed further in the Well-led section of the report.

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.
● Paper records provided a more detailed account of how to communicate with people, but these were not always up to date.
● The service did not have visual aids for people with memory issues, for example, pictures of meals on offer.

Not all care plans had information on communication needs. However, we saw that staff interacted with people kindly.
● Following the inspection the interim manager told us they were reviewing how the menus were set out, and as part of the improvements planned for care planning, communication needs would be addressed more effectively.

Improving care quality in response to complaints or concerns
● The service had a log of complaints, but there was minimal information on this. We were aware that relatives of a person in respite had recently made a complaint that became a safeguarding incident. But this was not logged. We were also made aware that a family member had brought in clothes for their relative which had initially been mislaid. Although they were located following the inspection, this had not been logged as a complaint.
● Other family members gave a mixed view of how the service dealt with complaints. One relative said "Oh yes, if I wasn't happy I would tell them all off." Another said they thought an issue they raised had still not been fully resolved. Whilst another told us they were happy with how issues they raised were dealt with.
●We queried the complaints process with the interim manager who agreed to discuss this with staff and reiterate the importance of logging complaints and the resolution or actions taken. We subsequently saw evidence that the complaints process had been discussed with staff.

End of life care and support
● We were not shown an end of life care plan. The service said they did have some in place but did not send us any as evidence. The interim manager told us they would ensure they routinely had these discussions with people and their relatives at reviews going forward.

We recommend the service ensures robust end of life care planning is in place and staff are trained in this area of care.

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.

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to 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;

● At this inspection we had significant concerns regarding the management of the service. The registered manager had recently left the service and an interim manager was in place. However, we noted issues with regulatory requirements, for example, statutory notifications to CQC and the local authority safeguarding team were not always submitted following notifiable events at the service. These lapses had taken place prior to the previous manager leaving the service and had not been noticed by the provider.

● This meant that external organisations such as CQC and the local authority safeguarding team were not able to offer advice or guidance to the service and were not prompted to scrutinise the care given by the service, in a timely way.

●We saw further evidence of the provider's lack of understanding of regulatory requirements as mental capacity assessments were not up to date and best interests meetings were not documented for people who lacked capacity.

● At the last inspection we noted the service was moving from paper care records to a new electronic care system.

● At this inspection we found that this had not been implemented in an effective way as there were significant gaps in electronic risk assessments and care plans. We would expect the provider of the service to be informed of the progress, and, monitor the quality of the information, on the electronic system. This was not the case as the provider was not confident using the electronic system and had not delegated quality checks to a different member of the management team.

● At this inspection we found further examples of concern that impacted on the quality of the service; the lack of competency checks to ensure staff were safe to give medicines; the lack of an up to date list of residents in the emergency 'grab bag' and the lack of management oversight of accidents and incidents, and the insufficient logging of complaints, meant there was no evidence of continuous learning and improving care.

● At the time of writing this report we had received a quality assurance audit dated September 2021 which summarises a judgement on safeguarding, accident incidents, and care planning at the service. These are rated as 'moderate concern' for safeguarding and accidents and incidents, but there is no explanation as to how this has been evaluated. Also, mental capacity assessments and nutrition are deemed to be of minor concern but we found issues with all of these areas at the inspection. This indicated that the auditing process for quality was not effective.

● We were concerned that there was a lack of oversight of the care records and this had implications for the quality of care provided to people. Examples of this included the lack of action in relation to people losing or gaining weight; the effective use of charts to monitor food and fluids; ensuring there were systems to prompt

staff to refer people to other health professionals.
● Informal processes which may have worked to an extent with a consistent staff team, for example, staff knowing who's clothes were whose, without labelling, became problematic when a number of staff left the service in a short period of time. Following the inspection, the provider told us they have implemented a more effective system to ensure people's clothes are stored securely.
● We found there was no handover from the outgoing registered manager to the provider. The provider explained to us that due to extenuating personal circumstances they were not available at the time of the registered manager's departure. However, we found no evidence of the provider overseeing the work of the registered manager of the service in the preceding months. For example, there was a lack of scrutiny by the provider in relation to the increased safeguarding incidents from June 2021 onwards. There were no records made available to us of meetings between the outgoing registered manager and the provider to check on the quality of any aspects of care.
● Weekly audits of medicines had stopped in July 2021, but monthly medicines audits took place. The monthly provider checklist had not been updated since March 2021, and there were significant gaps in daily audits of hygiene. The system to check DoLS applications were made was not effective. These were examples of inconsistent and poor leadership at the service.
● Since 2016 there has been four registered managers at the service. The current interim manager had previously worked at the service prior to 2016 and had taken on the role temporarily, at the time of the inspection. This indicates a lack of consistency in the management of the service. The inspection ratings have fluctuated over the period, reflecting an inability to continuously learn and improve at the service.
● The provider, whilst being regularly present at the service, had not provided a consistency in the overall management of the service, by taking on quality auditing tasks and setting out their vision for the service. The lack of consistent management of the service on a day to day basis had contributed to the issues of concern identified at this inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective governance of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At the time of the inspection the service were addressing shortcomings in the way they managed safeguarding concerns, however, there was a lack of awareness of the range and severity of other concerns we have identified at this inspection.
● Following the inspection, the interim manager and other members of the management team set out an action plan to address the issues raised by the inspection.
● Subsequent information has been sent to CQC to show that the service are working to address the shortfalls identified at the inspection as new systems and guidance are in place in a number of key areas including falls management, safeguarding, and nutrition and hydration. A duty of candour letter has been developed for use by the service, and the service has also set out an action plan with timescales to make improvements.
● The service have provided additional training in the use of the electronic care system in November 2021, for both staff and the provider, and we saw evidence of a provider audit following the inspection.
●The active involvement of the local authority safeguarding team has also prompted improvements at the service. However, we remain concerned at the lack of consistent effective, leadership at the service, as there remain transitional management arrangements in place.

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

● We asked people if they knew who the manager of the service was. People told us, "No, not sure at all about that", "Don't know" and "I do not know the manager." Only one person told us, "The manager is very polite."
● Relatives were much more informed. They spoke well of the outgoing registered manager and were aware of the interim manager as they had phoned several of them to introduce themself, which they appreciated.
● People were generally happy living at the home as it was small and friendly, and many had lived there for some time. Staff engaged well with people. We asked people if they would recommend the home to other people. They told us, "Yes, why not" and "Yes."
● Relatives were also generally in support of the service with comments such as, "Nice atmosphere maybe some things could be done better, but I am not concerned about it" and "Quite like the care home. Feel there are some issues with management coming and going. But if consistent carers, then that's the most important thing."
● Relatives were kept informed via e mail and by newsletter of the activities of the service and changes for example, in visiting.
● Staff meetings were held with some regularity and the interim manager understood that longer term staff were under pressure with the changes in management and staff team, and told us they would work to support staff and improve morale.
● New staff told us they enjoyed working at the service and felt supported.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.
● At the time of the inspection, the service was in a period of great upheaval and it was difficult therefore to evidence that the service were offering a person-centred service that achieved good outcomes for people.
● Clearly the previous 18 months, COVID-19 had had a significant impact on the service. Changes in legislation requiring care staff to be vaccinated against COVID-19 was potentially impacting further on the service. The interim manager told us they had a plan in place to ensure the service remained safe.
● The interim manager and provider told us they were willing to work in partnership with the local authority teams and CQC to further improve the service. They had started to address a number of issues identified at this inspection by the time of writing this report.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that they had effectively assessed and mitigated the risks to people living at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that adequate systems were in place to ensure service users were safeguarded from abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had not ensured that the nutritional and hydration needs of service users were always met.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure that effective systems and processes were in place to assess, monitor, mitigate and improve the quality of the services.

The enforcement action we took:

Issue of Warning Notice