

Ernehale Lodge Care Home Limited

# Ernehale Lodge Care Home

## Inspection report

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Date of inspection visit:  
17 September 2018  
19 September 2018  
25 September 2018

Date of publication:  
09 January 2019

## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

The inspection took place on 17, 19 and 25 September 2018, and the first day was unannounced. Ernehale Lodge Care Home 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. Nursing care is provided at this service.

Accommodation for up to 30 people was provided over two floors. The service has 20 bedrooms, ten of which are intended for shared use. There were 26 people using the service at the time of our inspection. Ernehale Lodge Care Home is designed to meet the needs of older people living with or without dementia.

The last inspection was on 5 and 6 June 2017, when we rated the service as Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Caring, Responsive and Well-Led to a rating of at least Good. On this inspection, we found these improvements had not consistently been made.

People were not protected from risks associated with their health needs. Risks associated with the service environment had not always been assessed and mitigated. There was no comprehensive system to enable the registered manager or provider to review accidents and incidents. People's medicines were not always managed safely. People were not kept safe from the risks associated with infection. The provider had not carried out thorough recruitment checks to ensure staff were suitable to provide personal and nursing care. Staff did not have training the provider identified as necessary to do personal and nursing care effectively.

People were not consistently supported to have enough to eat and drink to maintain a balanced diet. People were not always supported to have their daily personal hygiene needs met. People sharing bedrooms did not have their privacy and dignity needs considered. People did not always have their privacy and dignity considered when receiving care. Written information about people's care was not stored securely.

People and relatives were not consistently supported to participate in making decisions about planning or reviewing of their or their family member's care. Information in people's care plans was not consistently kept up to date. This meant there was a risk staff did not have the information they needed to provide personal or nursing care people were assessed as needing.

There was limited evidence the provider undertook any surveys with people or staff at the service to identify what was working well and what improvements they would like to see. There was a risk that the views or people, relatives and staff were not used to drive improvements in the service.

The service was not well-led. During this inspection we identified shortfalls across all of the key questions we ask about services. Systems in place to identify whether people were receiving the care they were assessed as needing had not identified the issues we found on this inspection. Feedback had not been acted on to

improve the quality of care for people living at the service. The provider had not taken steps to demonstrate the quality of the care people received was reviewed as part of an effective governance process.

People and relatives said they felt safe living at the service. People were kept safe from the risk of abuse. The systems in place to identify and deal with concerns worked to safeguard people from abuse. People and relatives had mixed views about staffing levels. The provider reviewed people's care needs and adjusted staffing levels to ensure people received the care they required. People were supported to access their GP and other external healthcare when they needed. Feedback from external healthcare professionals was positive regarding staff seeking medical advice in a timely way. People and relatives knew how to raise concerns or make a complaint. They felt they would be listened to, and changes made as a result.

The provider was planning work to improve the building, and had taken steps to ensure the environment was suitable for people's needs. People spoke positively about the activity opportunities available, and had support to maintain interests and hobbies.

People's consent to care was sought for daily personal care activities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was working in accordance with the Mental Capacity Act 2005 (MCA), and people had their rights respected in this regard. People's right to private and family lives were respected. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

The service had a registered manager at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures 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.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

## 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.

People were not protected from risks associated with their health needs. People's medicines were not consistently managed safely. People were not kept safe from the risks associated with infection.

**Inadequate** ●

### Is the service effective?

The service was not effective.

Staff did not have training the provider identified as necessary to do personal and nursing care effectively. People were not supported to have enough to eat and drink to maintain a balanced diet. People were not consistently supported to have their daily personal hygiene needs met.

**Inadequate** ●

### Is the service caring?

The service was not consistently caring.

People sharing bedrooms did not have their privacy and dignity needs considered. Written information about people's care was not stored securely. People and relatives were not consistently supported to participate in making decisions about planning or reviewing of their or their family member's care. People and relatives spoke positively about the caring approach from staff.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

Information about people's views, wishes and lifestyle choices was not consistently available to staff. There was limited evidence the provider undertook any surveys with people or staff at the service to identify what was working well and what improvements they would like to see. People and relatives knew how to raise concerns or make a complaint.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

**Inadequate** ●

Action from the previous inspection's findings had not been taken to improve the quality of the service. The provider could not assure themselves all staff had training, skills and support needed to provide personal and nursing care to people safely and effectively. Systems in place to identify whether people were receiving the care they were assessed as needing did not identify issues so action could be taken. The provider had not taken steps to demonstrate the quality of the care people received was reviewed as part of an effective governance process.

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# Ernehale Lodge Care Home

## 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.

The inspection took place on 17, 19 and 25 September 2018, and the first day was unannounced. The inspection visit was carried out by one inspector and an Expert 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 second and third day of our inspection was carried out by one inspector.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about specific events which the service is required to send us by law. We sought the views of Healthwatch Nottinghamshire, who are an independent organisation that represents people using health and social care services. We also sought the views of commissioners from the local authority and clinical commissioning group. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services.

During the inspection visit we spoke with ten people who used the service, and three relatives. We spoke with two nurses and four care staff. We also spoke with one member of kitchen staff, the activity coordinator, the registered manager, and the director of Ernehale Lodge Care Home Limited. We sought the views of six external health and social care staff. We looked at a range of records related to how the service was managed. These included four people's care records and we looked at how medicines were managed. We also looked at eight staff recruitment and training files, and the provider's quality auditing system.

We asked the provider to send us a Provider Information Return (PIR), and they did. This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

# Is the service safe?

## Our findings

At our last inspection in June 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We looked at what action the provider had taken to improve, and found evidence of a continued breach of Regulation 12.

People were not consistently protected from risks associated with their health needs. People had risks associated with their health needs assessed, but risk assessments and care plans did not contain up to date information. This meant staff did not have consistently accurate information about risks and how to mitigate them. For example, one person, needed assistance and monitoring to support their continence. Their risk assessment relating to this had not been reviewed or updated since 21 June 2016. The same person's physical healthcare plan recorded their diagnoses, but did not explain symptoms or how to support their conditions. Whilst staff had general knowledge about common issues associated with one condition, they did not have information about the person's symptoms. There was a risk the person's experience of their diagnosis would not be understood and risks would not be managed.

People who were at risk of weight loss were not supported to manage this safely. One person's records showed they had lost 6.6kg between May and June 2018. Staff could not say whether medical advice was sought, and there was no other evidence in records this had happened. Staff confirmed the person was on a fortified diet (where extra nutrients are added to food), but this was not reflected in their risk assessment or care plan. The provider's guidance for people losing more than 1kg in a month was for nursing staff to be notified, but there was no evidence this had happened. The registered manager confirmed this, and said they expected a nurse to review people's care and seek medical advice. The registered manager did not know whether the person had been seen by their GP or a dietician for their weight loss, and did not know why the person was losing weight. We also saw there were gaps in recording people's weights, and associated risk assessments and care plans were not updated to reflect their current condition. This put people at risk of not receiving the right care to maintain healthy weight.

People who were at risk of skin breakdown did not always have the right support to maintain healthy skin. One person had a pressure mattress. Their care plan said this should be on setting level 1 to 2. We checked their mattress setting with the registered manager, and saw it was set at level 4. The person's daily repositioning chart said the setting should be level 3. Other records showed the person had lost weight between January and June 2018. We spoke with staff and the registered manager, and there was no evidence the person's weight information was used to determine a safe pressure mattress setting. This meant they were at risk of skin breakdown from inappropriate equipment use.

Risks associated with the service environment had not always been assessed and mitigated. Staff told us they reported any issues where maintenance was needed. The registered manager said they did a building environment check every six months. This included inspecting each bedroom and all communal areas for hazards. We looked at records for this from 3 March and 14 June 2018. There was no information on what was being checked, so there was no guidance for what risks staff should be looking for. Some of the monthly maintenance checks had not been carried out. Records showed checks on legionella, emergency lights, fire



safety systems, window restrictors and alert mat checks were not done at all in February 2018, and partially done in March 2018. The registered manager confirmed the member of staff responsible for checks had left and was not replaced until July 2018. They confirmed no alternative arrangements were made to ensure safety checks were carried out in February and March 2018. The provider could not assure themselves risks associated with the environment were identified so they could take action.

People's medicines were not consistently managed safely. Medicines were not consistently stored at the recommended temperatures, which is 25 degrees Centigrade or below. The high storage temperature can impact on the effectiveness of medicine. On 7, 8, and 9 July 2018 the temperature was over 25 degrees Centigrade. The temperature was not recorded on 8, 9 and 14 September 2018. Staff told us that they used a fan to reduce temperatures, however there was no recording of the impact this had on temperature. There was no evidence staff had sought advice from a pharmacist on whether medicines were still safe to use. People felt staff supported them or their family members to take their medicine appropriately. Staff told us and evidence showed medicines were documented, administered and disposed of in accordance with current guidance and legislation.

People were not kept safe from the risks associated with infection. We saw a number of areas of the building where cleaning had not been done thoroughly. For example, a crash mat in one bedroom was stained. In the same bedroom, there was also a commode with a stained lid, and the top of the wardrobe had a layer of dust. Pull cords did not always have plastic covers, and this meant they could not be effectively cleaned. A hoist had a worn surface, which was touched by people and staff during use. This meant the surface could not be cleaned effectively, and put people at risk of cross-infection. We saw staff did not consistently follow the provider's policy for infection prevention and control. For example, we saw staff with painted or false fingernails, and staff wearing rings with stones. The registered manager confirmed staff should adhere to the policy, and agreed the staff we saw should not be carrying out personal care with painted/false nails or rings with stones. There was no evidence that regular or spot checks were done to ensure staff were complying with the policy. People told us they thought the service was kept clean. One person said, "My room and clothes are kept clean – no complaints." However, evidence on this inspection demonstrated people were placed at risk of infections.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not carried out thorough recruitment checks to ensure staff were suitable to provide personal and nursing care. Staff told us the provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. However, evidence we saw demonstrated these checks were not consistently thorough. The registered manager said the provider had removed staff files from the service for the purpose of creating digital records, so they were not available for us to look at. We saw on the registered manager's computer that the digitisation process was partially completed. There was no evidence of Disclosure and Barring (DBS) checks for three staff members. One staff member's application form had gaps in employment, and the registered manager confirmed there was no other evidence to demonstrate this had been explored or followed up to gain an explanation. We looked at the records for three staff to check if their Nursing and Midwifery Council (NMC) nursing registration was valid. Registered nurses are required to register annually and also revalidate their skills with the NMC every three years. All three records we viewed had expired, meaning the provider had not checked to see if staff registrations were still valid. This meant we could not be assured that the nurses had the skills to complete their jobs effectively. The registered manager confirmed they would take action to address this immediately.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives had mixed views about staffing levels. One person said, "Definitely not [enough staff], especially if some don't turn up." Another person said, "They could do with a few more staff. They [staff] manage to get things done, but they could do with help." Every person we spoke with felt staff would respond to them quickly if they needed assistance. Two health professionals said the use of agency staff had sometimes resulted in minor issues. They said this was because agency staff were not as familiar with people's care needs. We asked staff for their views on staffing levels. One staff member said, "We're getting there. We are sometimes short on shifts." They said senior staff or the registered manager would contact staff to request support for a shift, and said if no-one was available, the service would use agency staff. The registered manager confirmed agency staff were occasionally used if required to ensure each shift had enough staff, and evidence from rotas confirmed this. The provider reviewed people's care needs and adjusted staffing levels to ensure there were enough staff available to meet people's needs.

There was no comprehensive system to enable the registered manager or provider to review accidents and incidents. Staff told us, and we saw records where individual incidents were documented; these showed any action taken to reduce immediate risks and ensure people were safe. The registered manager confirmed they reviewed people's accident, incident and falls records every month. However, they acknowledged there was no analysis done overall to enable them to identify themes or trends in poor or unsafe care provision. This meant there were opportunities missed to learn from incidents and improve the safety of care.

People and relatives said they felt safe living at the service. One person said, "There are bed rails and padding to keep me safe (in bed). I am hoisted by two staff and they always explain what they are doing."

Staff said they understood how to keep people safe from the risk of abuse and had received training in this. Staff explained their responsibility to report concerns, and knew who they should tell within the service. They also understood how to share concerns with appropriate external agencies, and told us the provider had a whistleblowing policy.

## Is the service effective?

### Our findings

At our last inspection in June 2017 we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We looked at what action the provider had taken to improve, and found improvements had been made. The provider was now working in accordance with the Mental Capacity Act 2005 (MCA), and people had their rights respected in this regard. The 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's consent to care was sought for most daily personal care activities. People and their relatives confirmed staff gained permission before offering care. Staff understood the principles of the MCA, including how to support people to make their own decisions.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The provider had assessed people as being at risk of being deprived of their liberty and had made applications for a number of people.

Staff did not have training the provider identified as necessary to do personal and nursing care effectively. For example, eight nursing and care staff had not done training in pressure care. Ten staff, including one staff member working in the kitchen, had not done food hygiene training. Six nursing and care staff had not undertaken dementia awareness or nutrition training. These were training courses the provider deemed mandatory for all staff. Although staff told us they received training, we saw evidence where this was not demonstrated in care practices. For example, in ensuring infection prevention and control measures were followed.

There was no evidence that care staff were receiving regular supervision or checks on their care delivery. The clinical lead nurse provided professional supervision to nursing staff. However, the clinical lead did not have access to their own clinical supervision to reflect on their own competency and develop their skills. The registered manager did not have supervision in relation to their performance. The provider had not ensured staff involved in delivering and managing care had the necessary skills to carry out their roles effectively. This meant people were supported by staff who did not always have appropriate supervision or checks on their skills.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not consistently supported to have enough to eat and drink to maintain a balanced diet. Although staff were keeping a record of what people had daily, there was no evidence action was taken if

people were not eating and drinking as much as they should. Evidence relating to three people's fluid intake indicated they were not having enough to drink on a daily basis. For example, one person's record stated they should have 1245ml of fluids daily to be healthy. On 12 September 2018, they had 200ml and no food recorded. On 15 September 2018, they had 60ml of fluids and a small portion of cereal. The recording records were not totalled up or signed off, demonstrating they were not being checked by staff. Staff said they thought people would have had more to eat and drink, and said it was possible the records were not accurate. The registered manager said they did not know whether people had had sufficient food and drink daily. There was no evidence from staff or the registered manager of any checks or action taken when the person was not having sufficient amount of fluids. There was also no evidence from staff or the registered manager whether any action had been taken to seek medical advice for people who were at risk of not having enough food and fluids.

People were not consistently supported to have their daily personal hygiene needs met. For example, one person, who was reliant on staff for personal care, confirmed they preferred showers. In August 2018, they were supported to have a strip wash on four occasions, and a shower on one occasion. There was no other evidence they had been offered support on a daily basis to maintain their personal hygiene. There was no evidence from staff or records on what action staff should take if they were unable to support the person with personal hygiene. The registered manager did not know whether people were being supported with bathing, showering or washing more frequently.

Staff told us and records stated that people should be supported by staff to check their nails and condition of their hands every week. Records showed hand care was not consistently done weekly. For one person, they received hand and nail care on 6 April 2018. Subsequent records stated they refused hand care until 18 July 2018. There was no evidence staff had taken any action to ensure the person's hand care needs were met during this period. We spoke with the person on 17 September 2018, and noted that their fingernails were not clean. The registered manager said they did not know whether people had received hand care, or whether staff had not recorded it. People were not always supported to have their personal care needs met.

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

People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. For example, people's needs in relation to any disability were identified, and staff were familiar with the information in people's care plans.

People spoke positively about the food at the service. One person said, "Most of the time the food is ok. You get a choice and plenty to eat." Another person said, "They come and ask you what you like. I get tea whenever I want it." People were offered a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met. People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets, for example, fortified diets or appropriately textured food and thickened drinks.

Staff told us and evidence showed they kept daily records of key events relating to people's care. Visiting health professionals spoke positively about working with staff, describing them as very helpful and knowledgeable. Staff shared information with colleagues throughout the day and at shift handover. This meant that staff knew what action was needed to ensure people received care they needed each day.

People told us they were supported to access their GP and other external healthcare when they needed. Staff we spoke with were familiar with people's health needs, as identified in their care records. Feedback from external healthcare professionals was positive regarding staff seeking medical advice in a timely way.

People were encouraged to make choices about decorating their personal space. People's bedrooms were personalised where they or their relatives wished to do this. People had access to a garden patio area which was designed to give easy access to people using walking aids or wheelchairs. However, we noted people using mobility aids would need assistance to navigate out of the building to the patio. External health professionals commented that they felt aspects of the building needed refurbishment. The provider was planning work to improve the building, and they gave us information about this during the inspection. The provider had taken steps to ensure the environment was suitable for people's needs.

## Is the service caring?

### Our findings

At our last inspection in June 2017 we found a breach of Regulation 10 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We looked at what action the provider had taken to improve, and found evidence of a continued breach of Regulations 10 and 17.

People sharing bedrooms did not have their privacy and dignity needs considered. Ten bedrooms at Ernehale Lodge Care Home were designed and occupied by two people sharing. For people, privacy for personal care, including commode use and continence support, was provided by a curtain. Staff said they thought people and their relatives were consulted when deciding about sharing bedrooms. There was no evidence that discussions took place with people or relatives to inform them of the potential impact on their privacy and dignity. For example, one person's care records contained no information about the decision to share a bedroom, and no assessment of the potential or actual impact of sharing with another person. Staff said this person required full support with continence care, and confirmed this could be done in their bedroom. There was no information in their care records to ensure staff took steps to maintain dignity and privacy during personal care in shared bedrooms.

We witnessed one person being provided with nursing care in the lounge. Staff did not offer to support the person to a private area for this. This procedure was visible to other people and visitors, and did not promote the person's dignity or right to privacy. We spoke with staff and the registered manager, who confirmed a privacy screen was available. However, the screen was not used, and the person's dignity was not maintained during the procedure.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Written information about people's care was not stored securely. Records relating to people's daily care were stored in a trolley in the dining room. This was not locked and was accessible to people and visitors. On 17 September the daily handover sheet was left on top of medicines trolley in the dining room for people and visitors to read. The nurses' office, on the left hand side of the foyer, was not consistently kept locked when not in use. This office contained people's care records and other paperwork containing confidential personal information. In the staff meeting minutes dated 31 October 2017 and 16 January 2018, staff were reminded about their responsibilities relating to confidentiality. However, on our inspection visit, confidential service user records were left unsecured. The provider had not ensured confidential personal information was stored securely.

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

Staff understood when it was appropriate to share information about people's care. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care discreetly or in private.

Despite the above evidence, people and relatives spoke positively about staff who were friendly and caring. One person said, "They [staff] are pleasant, friendly, helpful and always smiling." Another person said, "Staff always knock on my door and respect my privacy." Other people commented that staff supported them with good humour. One person said, "They [staff] are kind and friendly. If you want to joke, they will joke with you."

People and relatives had mixed views about being involved in reviews of their personal or nursing care. One person said, "I'm aware of my care plan. I have a delegated carer, and they will chat with me about what I need." A relative said, "They [family member] has a care plan. It was a two-way process." However, two people did not know about their care plans, and did not recall being involved in discussion about their care. Staff said reviews of people's care plans were not always done with people, and records confirmed this. People were not given information about their care plans or reviews of care in ways that were meaningful to them; for example, in easy read or pictorial formats. Staff were familiar with people's verbal communication styles, and encouraged people to express their views about their daily lives. However, the provider had not ensured people who required additional support with communication had their needs met. People and relatives were not consistently supported to participate in making decisions about planning or reviewing of their or their family member's care. There was also a risk that key information on people's views were not included in their care planning.

People had access to an advocate if they wanted this. There was information about local advocacy services displayed in the service. Advocates are trained to support people to express their views and participate in decisions about their care. The registered manager said no-one was using an advocate when we inspected, but they would support people to access advocacy services when needed.

People told us their relatives and friends could visit whenever they wanted. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. Staff confirmed this, and we saw a number of visitors arrive at different times throughout the inspection visit. This showed people's right to private and family lives were respected.

## Is the service responsive?

### Our findings

Information in people's care plans was not consistently kept up to date. This meant there was a risk staff did not have the information they needed to provide personal or nursing care people were assessed as needing. For example, one person had a pressure ulcer, which was managed by nursing staff with input from a tissue viability nurse. The person's skin and wound care plan was dated 24 July 2017. There was updated advice from the tissue viability nurse documented in a review dated 26 August 2018, but the care plan had not been updated to reflect the person's current needs. This meant there was a risk the advice given by professionals was not acted on. This put the person at risk of not receiving the right care and treatment.

The provider had not taken steps to meet the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

People told us they went to regular meetings to discuss the care and support they received. One person said, "There are meetings. I have been to three or four, and they are held every four weeks or so." However, there was no evidence that information from the meetings was documented so the provider could see what was discussed, or use the information to plan service development. The provider undertook a survey of relatives' views in May 2018. This did not identify how many relatives responded, and there was no information about any actions arising from the survey. There was no other evidence the provider undertook any surveys with people or staff at the service to identify what was working well and what improvements they would like to see. There was a risk that the views of people, relatives and staff were not used to drive improvements in the service.

People were asked about their views and wishes in relation to care and about their life experiences. This information was recorded in a "This is Me" document and was available for staff to read and update when needed. One person told us it was important for them to take part in domestic activities when they felt able, and this was reflected in their records. We saw staff supporting the person to set dining tables for lunch. This was a sociable activity, with conversation and laughter between the person and staff member.

People spoke positively about the activity opportunities available. One person said, "I join in all the activities. I've also made good friends here I can talk with." People spoke with us about the group and individual activities they enjoyed at the service, and also spoke about being able to go out. The provider employed staff to coordinate and facilitate activities, and staff we spoke with had good knowledge about people's interests and hobbies. Staff took a flexible approach to group and individual activities, based on how people felt each day. People had support to maintain interests and hobbies.

People's preferences for the gender of staff supporting them for personal care was understood and respected. One person said, "I prefer a female carer, and I get this." We saw people's preferences were recorded in their care records, and staff ensured people received personal care as they wished.

People and relatives knew how to raise concerns or make a complaint. They said they would be listened to,



and changes made as a result. Information on how to make a complaint was available in the home. However, this information related to the service's previous provider, and was out of date. There was a risk people and relatives would direct complaints to the wrong service provider. We spoke with the registered manager about this, and they removed out of date complaint posters during the inspection. We reviewed complaints received, and found there were systems in place to investigate and respond in a timely manner.

No-one at Ernehale Lodge Care Home was receiving care at the end of their lives at the time of our inspection. However, we looked at how end of life care was planned. People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

## Is the service well-led?

### Our findings

At our last inspection in June 2017 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We looked at what action the provider had taken to improve, and found evidence of a continued breach of Regulation 17.

The service was not well led. During this inspection we identified shortfalls across all of the key questions we ask about services. This included failures in safe care practices, poor infection prevention and control measures, gaps in staff training, and concerns about people's privacy and dignity.

At the last inspection in June 2017, breaches were identified for Regulations 10, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities). The provider submitted an action plan detailing how improvements would be made to meet the regulations. On this inspection, evidence showed the necessary actions had not been taken to improve the service. For example, the provider said they would take action to ensure people's mattress settings were correct. Checks in relation to people's skin integrity did not identify that pressure mattress settings were incorrect. This put people at risk of further skin breakdown. The provider said food and fluid charts must be completed and checked daily so any issues could be acted upon. Evidence on this inspection found this was still not being done.

Systems in place to identify whether people were receiving the care they were assessed as needing had not identified the issues we found on this inspection. Checks did not identify when people were at risk of dehydration. Consequently, no action was taken to ensure people either had sufficient to drink, or received medical advice when they were not having enough fluids. People at risk of weight loss did not have this monitored adequately. As a result, they did not receive the support they needed to maintain a healthy weight or access specialist advice when needed. Checks to ensure people's care plans were up to date and reflected their current needs did not identify where action needed to be taken. There was a risk that staff did not have up to date information about people's needs to provide the right care and support.

People's views about their care were not consistently heard and acted on. The provider's checks and audits did not identify that people were not consistently involved in planning and reviewing their care. For people who found verbal communication difficult, there was no evidence the provider had considered other ways of promoting effective communication. People's autonomy and independence was therefore at risk in respect of making decisions about their own care.

Feedback had not been acted on to improve the quality of care for people living at Ernehale Lodge Care Home. For example, infection prevention and control audits were carried out by the Clinical Commissioning Group (CCG) in March 2017, December 2017, and 27 September 2018. These identified ongoing concerns about the cleanliness of the service. The provider had failed to ensure action was taken to provide a clean environment where people were free from the risk of infection.

On 31 July 2018 Nottinghamshire County Council completed a Dementia Quality Mark audit. The local authority's quality mark is based on best practice in dementia care and looks at 25 areas of care. This

identified the provider had not met 19 of the 25 areas relating to the planning and delivery of dementia care at Ernehale Lodge Care Home. For example, the audit stated, "We looked at the care plan reviews and found there was no evaluation of the review outcome. We also found care plans were not always updated to reflect the current needs of residents." On this inspection visit, we found no action had been taken to ensure the reviews of people's care plans were evaluated or updated to reflect their current needs. The provider had not ensured that feedback from inspections and audits were used to drive changes in the quality of the service.

There was no evidence of the registered manager and provider communicating or meeting to discuss and review the governance of the service. The registered manager said they communicated when needed. They also said there were quarterly meetings with the provider to discuss the management of the service, but that these were not recorded. The registered manager confirmed the provider left the day to day running of the service to them. The provider had not taken steps to demonstrate the quality of the care service users received was reviewed as part of an effective governance process.

Much of the documentation relating to the management and governance of the service was on the former provider's paperwork. Documents referenced the previous provider's contact details and service-specific policies and procedures. For example, the complaints poster displayed in the foyer and conservatory directed people and visitors to the former provider. This had been identified in the inspection in June 2017, but the provider had not taken action to rectify this. Information in the staff handbook referred to the previous provider's employment obligations and expectations on staff. The registered manager confirmed the service was in the process of updating all their policies and procedures to reflect the change of provider, which took place in April 2017. There was a risk people, relatives and staff did not have up to date information about the provider or their expectations for service delivery.

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

The provider was not displaying their ratings from the previous inspection as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke with the registered manager about this, and they took action to rectify this.

The service had a registered manager at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission 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.

The provider had notified CQC of significant events as they are legally required to do. A notification is information about important events which the provider is required to send us, such as serious injuries and allegations of abuse.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People sharing bedrooms did not have their privacy and dignity needs considered. People's privacy and dignity was not maintained during nursing procedures.

### The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not consistently protected from risks associated with their health needs. Risks associated with the service environment had not always been assessed and mitigated. People's medicines were not consistently managed safely. People were not kept safe from the risks associated with infection. People were not consistently supported to have enough to eat and drink. People were not consistently supported to have their daily personal hygiene needs met.

### The enforcement action we took:

We imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to identify whether people were receiving the care they were assessed as needing had not identified the issues we found on this inspection. The provider had not taken steps to demonstrate the quality of the care people received was reviewed as part of an effective governance process. People's confidential personal information was not stored securely.

Feedback had not been acted on to improve the quality of care for people.

**The enforcement action we took:**

We imposed conditions on the provider's registration.

**Regulated activity**

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

**Regulation**

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not carried out thorough recruitment checks to ensure staff were suitable to provide personal and nursing care. Staff did not have training the provider identified as necessary to do personal and nursing care effectively.

**The enforcement action we took:**

We imposed conditions on the provider's registration.