

Ladymead Care Home Limited

# Ladymead Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ladymead Care Home is a care home registered to provide nursing and residential care for up to 27 people over 65. People living at the service had varying health conditions, including dementia, diabetes, Parkinson's disease, heart failure and other age-related frailties. There were 17 people living at the service at the time of our inspection.

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

Quality assurance systems remained ineffective in monitoring the quality and safety of medicine administration. The provider's auditing of medicines were not robust enough to identify or act upon low stocks of medicines. Staff did not consistently record medicine administration in line with legislation. This increased the risk of people not receiving their medicines as prescribed.

People were supported by some staff who did not always show them respect so not everyone had a positive experience. We observed some staff using language about people that was disrespectful and inappropriate. We received mixed feedback regarding staff, comments included, "The nurses don't take a blind bit of notice. I don't want to talk to a carer about my problem, I want to talk to the nurse about it." And, "The carers and staff are brilliant."

People were supported by staff who were busy and not always able to spend time with them. There were not always enough staff to meet people's social needs in the morning and at lunch time. Staff were observed to be busy answering call bells and assisting people whilst other people had little or no interaction from staff. People were engaged in the afternoon whilst staff had time to spend hosting quizzes and completing jigsaw puzzles with them.

People were protected from risk of abuse; staff received training and knew how to recognise and respond to safeguarding concerns. Relatives told us they would feel comfortable to speak with the manager if they had concerns of safety. One relative told us, "My relative wouldn't be backward in coming forward if they had problems, they said they feel safe, I know they are safe."

People's support and associated health risks were assessed. Improvements had been made to care planning which considered people's health needs. People were involved in developing their care plans, and where appropriate, relatives were invited to contribute.

People, their relatives and staff commented positively on the changes since the appointment of the newly recruited manager. One relative told us, "With [manager] I have spoken with them several times, met them personally a few times and spoken on the phone. Suggestion wise, there has been a lack of an activity co-ordinator for a while, [manager] told us there is someone coming this month." A staff member told us, "There has been so many managers, but this lot are really trying to get everything good."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to healthcare services and staff supported them to attend appointments. Professional guidance had been recorded in people's care documentation and staff were further informed of changes at staff handover.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 18 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At the last inspection we found breaches of regulations 11 and 18, these were not checked at this inspection, so the provider remains in breach of these regulations. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 10, 12 and 13 but remained in breach of regulation 17 Good governance.

This service has been in Special Measures since 18 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We carried out an unannounced comprehensive inspection of this service on 22 and 23 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focussed inspection to check whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ladymead Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection. We have made a recommendation about staff deployment.

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

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ladymead Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector and an assistant inspector.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure management would be at the service to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the operations manager, manager, deputy manager, registered nurses, care workers and the chef.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with a relative of a person who used the service and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question as inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's processes did not ensure the right level of scrutiny and oversight to ensure people were protected from unlawful restrictions. This was a continued breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At the last inspection systems and processes were not in place to protect people from unlawful restrictions to their liberty. At this inspection, improvement had been made and people were protected from the risk of abuse. The service had reviewed their quality assurance processes to make sure restrictions were assessed and appropriate for people in the least restrictive way. Staff received refresher training in deprivation of liberty safeguards (DoLS) to make sure people were not being unlawfully deprived of their liberty.
- Processes were in place to assess people's mental capacity to make decisions about their care. Where appropriate, referrals had been made to the DoLS team for people. This meant, people who lacked mental capacity were deprived of their liberty lawfully and within their best interests to keep them safe.
- Staff received training and were aware of their safeguarding responsibilities. Staff were able to describe what actions they would take if they had concerns of people being at risk of abuse. One staff member told us, "I would tell the manager if I saw something. I know about the whistle blower policy. If I was worried about the managers, then I would tell social services and you guys (CQC)."
- Records showed there had been no safeguarding concerns since the last inspection. The manager demonstrated their understanding of investigating and reporting safeguarding issues to external bodies where appropriate.
- The manager told us how safeguarding concerns would be collated so trends or patterns could be identified. Should trends be found, further training for staff or a review of the person's situation would be carried out to minimise the chance of reoccurrence.
- The service's safeguarding policy was up to date and reflected the local authority's guidance.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, risks to people were not identified and managed. Where care plans identified a known risk, such as choking, from the use of bedrails or with smoking cigarettes, records were not always sufficient to ensure safe care. At this inspection, improvements had been made and risks were being managed safely.
- Risks from equipment, such as bedrails had been assessed for individual's safe use. Consideration to risks such as entrapment and restricting movement had been discussed with people and assessed appropriately. Staff carried out monthly checks on bedrails to support the safety of people.
- Where people experienced swallowing difficulties, their risk of choking had been assessed in line with speech and language therapist (SaLT) advice. SaLT guidance had been transferred to people's care plans providing consistent advice to staff. People had risk assessments in place which explored ways of mitigating the risk of choking, such as, posture or staff assistance when eating. Staff were knowledgeable of which people received modified diets and at what assessed International Dysphagia Diet Standardisation Initiative (IDDSI) level. The staff handover sheet had been updated to highlight people who were at risk of choking. One relative told us, "My relative has thickened drinks. The manager spoke to me in detail about it. The manager told me it was for my relative's care plan."
- Care plans and risk assessments for people living with diabetes had been reviewed. Guidance provided information for staff on how to recognise signs of when people's blood sugars were unstable. Information was available for staff on what actions to take and when to call for emergency professional advice. We saw, all staff had completed diabetes awareness training.
- At the previous inspection staff had failed to correctly calculate people's body mass indexes (BMI). This had impacted in accurately assessing people for malnutrition. People had been re-assessed using the correct measurements. Where people were identified as losing weight, care plans guided staff in how to promote weight gain. One person had successfully gained weight.
- Risk of damage to people's skin integrity was assessed and managed effectively. Staff used the Waterlow assessment tool to help identify where people are at risk of pressure damage to their skin. Measures were in place to minimise the risk of pressure damage, such as the use of air flow mattresses. Information was contained in the care records to guide staff on the correct airflow settings, the electronic care planning systems alerted staff to check the settings on a daily basis.
- At the last inspection, risk assessments to enable people to smoke safely had not been completed. At this inspection, improvements had been made; people who wished to smoke cigarettes had risk assessment in place to consider their safety. For example, people who were prescribed flammable, paraffin based emollient creams, had safety measures in place, such as staff supervision whilst smoking.
- At the last inspection, risk assessments of the environment did not always identify potential hazards. At this inspection, improvements had been made. People had up to date personal emergency evacuation plans (PEEPs) in place. PEEPs are used to help the emergency services and staff identify risks and people who would require assistance to evacuate in emergency situations. There was medicinal oxygen in use on the premises, at the last inspection, this was not highlighted on the fire risk assessment. The provider had ensured this has been assessed by an appropriate professional. We found it was stored and secured appropriately which reduced risk to people, staff and the emergency services.

### Preventing and controlling infection

At the last inspection we found the service had failed to ensure appropriate infection control measures in response to the COVID-19 pandemic. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection the service had not robustly considered the risks posed by COVID-19 towards people using the service. Concerns identified at the last inspection were in respect of visiting professional's and agency worker's vaccination status. Further concerns were identified regarding the provider's failure to check lateral flow device (LFD) test results for visitors, visiting professionals and agency workers. At this inspection we found improvements had been made.
- We were assured that the provider was preventing visitors from catching and spreading infections. Staff were checking visitor's LFD test results before entering the premises. There was a system for staff to check the vaccination status of visiting professionals and contractors. All visitors were requested to wear appropriate personal protective equipment (PPE) prior to entering the premises.
- We were assured that the provider was meeting shielding and social distancing rules. Where required, people were supported to isolate in their bedrooms, for example, prior to a planned hospital admission.
- We were assured that the provider was admitting people safely to the service. Guidance was followed in respect of newly admitted people to the service, including a testing regime and appropriate isolation periods.
- We were assured that the provider was using PPE effectively and safely. Staff were wearing PPE in line with government guidance, the service had available stocks of PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Audits were carried out by management to ensure the cleanliness of the service.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was facilitated in line with government guidance, we observed family members were welcomed to visit their loved ones in their bedrooms, the conservatory was also available for people to visit in.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

#### Using medicines safely

At the last inspection there was a continued failure to ensure the proper and safe management of medicines. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the previous four inspections the provider had been asked to make improvements to ensure medicines were managed safely. At this inspection improvements had been made.
- Improvements had been made to ensure people who required medicines which needed to be administered at specific times were not delayed. Time-critical scheduled medicines are those where early or delayed administration may cause harm. We observed people receiving their medicines at the prescribed time. One person told us, "There is one I take at exactly the right time, I think they are very careful with that."

- Where people were prescribed 'when required' (PRN) medicines, we saw improvements had been made to their PRN protocols (documents to support medicine use). The protocols contained information to guide staff to why a person needed PRN medicines and what the desired outcome should be. Measures were in place to review protocols in the event of continued use.
- Blood glucose monitoring machines were in place for people living with diabetes. At the last inspection they had not been calibrated to ensure that they were giving an accurate reading. Improvements had been made and the machines were being calibrated in line with the manufacturer's instruction.
- Records confirmed registered nurses underwent medicines competency checks. Care staff used body maps and guidance to help to know where to apply topical creams to people where needed.
- Staff had access to the latest internal and external policies and procedures around the safe and effective use of medicines.

### Staffing and recruitment

- There were not always enough staff deployed in the morning to meet people's everyday care needs. One person told us, "I only wait for a short while, if they are tending to someone else but it's not too long, I don't mind." Another person told us, "There is not enough staff. I have to wait sometimes to go to the toilet. Usually, two people are taking another one [person] to the toilet. If two people need the toilet, that's four staff off the floor."
- We received mixed feedback from staff about staffing levels, the main concern was the need for additional permanent staff who knew people's routines and preferences. One staff member commented, "I think the staff ratio during the day is fine, but we do need more permanent staff." Another told us, "We get on well with agency, and use the same ones."
- The manager told us staffing levels were based on their observations. Our observations confirmed staff were busy in the morning and during lunch time. We saw care staff serving meals and attending call bells leaving little time to interact with people and to check they were happy with their meals.
- Where people required two staff to safely assist them, we saw this happened. Where people had requests such as to go outside for a cigarette, we saw this was done in a timely manner.
- The manager had taken steps to recruit new staff and ensure continuity with agency staff.
- Staff were recruited safely. Staff recruitment files included completed application forms, employment histories and qualifications. Checks on people's suitability to work in a care setting were carried out such as checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider uses a reputable source to ascertain dependency levels for the deployment of staff.

### Learning lessons when things go wrong

- The service had processes in place to learn lessons when things went wrong. A log was held to analyse accidents and incidents to identify trends or patterns. For example, a person sustained two similar minor injuries in a short period of time. Staff checked the person over and suspected a chest infection, the GP was contacted and prescribed antibiotics. The environment and equipment for the person was checked for defects. The person's care records were reviewed to reflect additional support required during their infection.
- The service had learned from lessons since our last inspection. There was a strong emphasis on auditing care records and risk management plans which we observed had driven improvements, although these were yet to be fully embedded. Further improvements were required in completion and quality assurance of medicine records; this has been further explained in the well-led section of the report.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had failed to ensure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At our last inspection we found people were not always treated with dignity. At this inspection some improvements had been made; however, further work was required to ensure staff respected people and treated them with dignity.
- People gave mixed views on the demeanour of staff. Comments included, "They do everything they can, I think they are very tired. Sometimes they might be a bit snappy." And, "I am difficult, they tell me I'm making a lot of noise. They tell me I'm being a nuisance. I'm not aware of it, I think I'm being quiet. If I wasn't happy, I would tell the carer probably. But I can't say much as I'm a problem. Some staff are very helpful, some are not." And "They are sensible staff, kind and caring. They do what they can, if they can't, they tell you."
- We observed one person was offered refreshments, they were not given a choice of snacks. When the staff member served the person, they failed to place the refreshments within easy reach. The inspection team pointed this out to the staff member who moved the items within the person's reach. When asking people if they have choices offered, one person said, "I can't have a choice, I look and see how busy they are and who can help me."
- We raised these concerns with the manager. The manager told us of plans to improve dignity throughout the service. We saw a dignity audit had been implemented which identified the need for a dignity champion for the service. A care staff member had been appointed for this role and was due to complete further training in the subject to cascade their knowledge rest of the staff team.
- We did receive positive feedback from relatives about the care staff. One relative told us, "I hear them while I'm here, the way they talk to people is brilliant." And, "I haven't come across one bad person (staff)."
- Staff told us they liked working with the people living at the service. Comments included, "I would put my mum and dad here." And, "I've had several jobs, but this is the best. There is not a day where I dread it. My main goal is when I leave through the door, knowing I've done the best that I can and that they (people) are safe and happy."
- Permanent staff knew people's preferences and promoted independence where possible. One staff

member gave examples of how they promoted independence and told us, "I explain it's better for them to try and if I see they're struggling then I'll offer to help them."

- The service had implemented signage for people's bedroom doors. This included people's names and photographs, so they could recognise their bedrooms independently. The signs could be turned around to create a 'do not disturb' sign for people when they were receiving support or if they wished to have some rest. We saw these signs were being used during the inspection.
- We observed some positive interactions between staff and people. Where people were being assisted to move and position with equipment, we heard staff check with people were comfortable and they were ready to be assisted with the hoist.

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

- Where possible, people were supported to express their views and make decisions about their care. One relative told us, "When it comes to my relative's care, they express their own views, but I can also contribute." People were involved in their care planning. The manager told us, "With care plans you can't do it without them, how can you update a care plan about the person without talking to them?"
- The manager told us they toured the building at least daily and spoke with people. They told us, "An example of feedback, was the home is a bit tired, I have arranged for redecoration." We observed some refurbishment of the dining room, entrance and two bedrooms had taken place since the last inspection. An audit highlighted the lack of 'resident's forums.' We saw a forum had been planned for shortly after the inspection, this was so people were able to voice their opinions and make suggestions in a group setting.
- We observed people being given choices at lunch time, when being offered choices, a staff member remembered a person was vegetarian and offered that option. Where another person did not like the menu, they were offered alternatives which they were happy with.
- Staff recorded discussions with people to include positive risk taking and ways people wished to be supported. For example, a person who was supported to smoke cigarettes declined the use of a smoking blanket when it was offered to them. The person agreed to other safety methods such as to have a fire blanket in the smoking shelter. The decision was made with the person's involvement and consent.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, the provider's quality assurance system needed to be further developed to identify areas for improvement and fully embed these into practice. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and there was a continued breach of regulation 17.

- At the last two inspections, the provider's systems and processes for quality monitoring had failed to identify significant concerns. This was in relation to keeping people safe, medicines, person centred care, provider oversight, management, staffing and the culture of the service. A warning notice had been served, requesting compliance of regulations by 1 February 2022.
- At this inspection we reviewed the report of actions the provider sent us against the warning notice and found improvements had been made. Further work was needed to embed quality assurance systems and improvements were needed to robustly oversee medicines.
- The monitoring and ordering process for medicines was not robust. People did not receive some medicines due to stock levels not being checked and so not ordered in an appropriate time frame. External consultants and the manager conducted medicines audits; concerns identified at the inspection were not highlighted by the service's internal quality monitoring systems.
- For example, a person prescribed a medicine for constipation had not received their medicines as directed for 16 days, this had not been identified during three internal audits. The person was able to tell staff if they required their medicines, however, audits had failed to notice the omissions. Staff undertook counts of medicines to ensure they were consistent and enough medicine were in stock. We found the recorded number of medicines were inconsistent with the stock count, one person had zero stock of medicines for three days, however, staff were able to administer this particular medicine from the homely remedy stock. We could not be assured the provider was ensuring the individual medicine needs of people were being identified and supported.
- Quality assurance records for medicines highlighted documentation being incomplete, at our last inspection we found gaps in medication administration records (MAR) charts. At this inspection MAR charts continued to show gaps of medicine administration. The providers internal quality assurance processes identified this issue, however, there had been no evidence of actions taken by management to address this.



The inspection team brought this to the manager's attention who made an immediate decision for staff to undertake a stock count and a MAR chart check at every staff handover. Shortly following the inspection, the provider advised CQC of the introduction of electronic medication administration records (eMAR). This was to enable management to have real time oversight of recording omissions and stock counts.

- The service did not always promote an inclusive culture for people. People were not consistently given opportunities to express their views on the service in order to drive improvements. The provider told us there were plans to send formal engagement surveys to people and their relatives.
- Management oversight did not always promote a positive culture for people. For example, staff spoke about people in an undignified manner, this was not in front of people but about them. When discussing mealtime support with the inspection team, staff referred to people as 'the feeds.' When staff spoke about who required assistance with their continence needs, staff referred to this as 'toileting.' Daily care records written about people by staff was informative, but task focussed. People's support was documented but their experiences were not always captured.

Managers and staff were not always clear about their roles and understanding regulatory requirements and did not always promoted a positive culture. The provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. This was a continued breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had established clear roles and responsibilities for the newly recruited manager and deputy manager, and a consultant was engaged to provide advice to the service. The manager and deputy manager told us they were clear on the improvement plan which detailed delegation and timescales of improvements required.
- At the last inspection, auditing of care plans did not always identify specific medicine requirements or health conditions of people using the service. At this inspection improvements had been made. For example, one person experienced a health condition which resulted in extreme pain. The person's care plan documented details of how the person wished to be supported, the area and frequency of pain. The care plan guided staff on medicines required and when professional advice should be sought.
- Improvements had been made to documentation in respect of person-centred care. Where people could be resistant to accepting support, we saw methods which considered alternative approaches in accordance to their individual needs. For example, a person was relaxed by having a doll with them, this minimised their attempts to leave the service without staff support.
- At the last inspection, quality assurance processes had not identified that do not attempt cardiopulmonary resuscitations (DNACPRs) were not completed appropriately by professionals. At this inspection we found DNACPR forms had been reviewed and completed correctly. The auditing system had been reviewed to include checks on DNACPR forms.
- At the last inspection, quality assurance processes had failed to identify incomplete legal documents. For example, consent forms were inconsistently completed, some had been signed but others had not, there was no evidence of a person's lasting power of attorney (LPA) consenting on behalf of a person who lacked mental capacity. At this inspection we found consent forms had been discussed and completed with people or their LPA where appropriate.
- At the last inspection, the provider had not followed regulations in respect of recruitment. Works had been carried out to ensure staff were recruited in line with regulations. There was a system in place to ensure that all pre employment checks had been completed. This minimised the risk of the service employing staff who were unsuitable for their role.
- There was no registered manager in post at the time of the inspection. We saw evidence the manager had started the application process of registration with CQC. There had been a high turnover of managers for the

service. The manager told us, "I'm not just another manager who passes through." They told us of future plans for the service and said, "I can see we have the potential to be great, won't take huge amounts. I am proud of what we have managed to sort out as its only been eight weeks. The home feels calmer and feels less disjointed and regimented."

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

At the last inspection we found the provider had failed to notify CQC of relevant incidents that affect the health and safety and welfare of people using the service. This was a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 of Care Quality Commission (Registration) Regulations 2009.

- Services that provide health and social care to people are required to inform CQC of important events that happen in the service in line with regulatory requirements. The provider had systems in place to ensure CQC was notified of significant events in a timely way.
- The manager understood their responsibilities under the duty of candour. They described their responsibility to be transparent and honest with people and their relatives if something were to go wrong and provide an apology. We saw a documented example of where this had applied.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were engaged and involved by the service where possible. The manager told us people were involved in choosing colours for the redecoration of the dining room. People had requested a pathway leading from the garden to the car park for ease of access. We saw these works had been planned. People and their relatives had requested a new activity worker, we saw a new activity worker had been recruited and was due to commence employment at the end of the month.
- We reviewed records of team meetings where management had shared actions plans with staff. Staff had been informed of concerns highlighted at the last inspection and were aware of where improvements were needed. One staff member told us, "We're really trying."
- The service sought views from relatives, although formal surveys had not been distributed for two years. We received positive feedback from relatives. Comments included, "I would describe the management now as proactive. I certainly feel more involved than in the past. My relative has been here for years, so we have seen a lot of managers come through here. Some introduce themselves, some don't. I feel much more positive now." And, "You can see [manager] is pulling out the stops to get things done, you can see and feel that it has improved."
- Staff told us they felt supported and confident to approach management with feedback, they told us improvements had been made since the last inspection. Comments included, "I can see improvements with even the colleagues, everyone's hands on." And "[Manager] and [deputy manager] are good, I like them. I like their energy and basically anything they say is going to happen is going to happen. I genuinely feel like they are here for the place and not the money. They're approachable, even just to say hi. They're on the floor. I feel supported."
- Concerns highlighted at previous inspections had been addressed and learned from. The manager told us, "I've shared the action plan with staff, it's very visual, it's important to keep them informed about changes and challenges, we don't hide stuff. We have shared with them what is happening, I am getting there by getting people on board."



### Working in partnership with others

- The service worked in partnership with healthcare professionals including SaLT and GPs. Management sought professional involvement in response to changes in people's needs. For example, a person using the service required a specialist chair for safety and comfort. The person's relative told us the manager had taken steps to arrange an assessment for the chair. The person's relative told us, "Within three weeks of [person] being here, their outbursts have reduced. I know they are happier here."
- One person told us they enjoyed professionals visiting. They commented, "I saw a lovely chiropodist and they (feet) are much better. Sometimes I get my hair and nails done, it's wonderful."
- The manager attended bi-weekly meetings with the provider, consultant and registered managers of the provider's other services, these meetings were an opportunity to discuss challenges faced within the industry. The manager further attended bi-weekly meetings with provider's other registered managers to share ideas and best practice. The manager told us they felt supported by the provider and was able to access and purchase anything required for the service.