

DK Care Limited

Camber Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Camber Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Camber Lodge provides accommodation for up to eight people, living with a learning disability, in one adapted building. At the time of the inspection there were seven people living at the home.

We had previously inspected Camber Lodge in October 2016 where we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people were not always managed safely, there were not enough staff working at night and the registered manager had not submitted appropriate notifications. We also found that people's care plans lacked guidance and detail, and shortfalls had not been identified and addressed through the quality assurance system. We inspected the service again in October 2017 to check that improvements had been made. We found the provider had met the regulation in relation to staffing at night and submitting notifications. However, we made a recommendation because Deprivation of Liberty Safeguards (DoLS) notifications had not been submitted. The provider had met the regulation in relation to risks to people however, further improvements were needed to ensure risks to people's health were fully addressed. We found there was still a breach relating to people's records, as these were not consistent and did not contain all the information staff needed. This had not been identified through the quality assurance system. We also identified improvements were needed in relation to the staff culture at the home. The provider sent us an action plan to tell us how they would address these issues.

We had received concerns about the service therefore we brought this unannounced comprehensive inspection forward to look at the concerns and all aspects of the service. We wanted to check that the provider had made improvements, and to see if the service now met legal requirements. We found there had been a number of changes at the home and saw some improvements had been made, however Regulation 17 had not been met and we found further breaches of regulations. This is the third time the service has been rated as requires improvement.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service. 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.

At this inspection we found that some DoLS had expired and applications for their review and renewal had

not been submitted. Where DoLS authorisations were in place, we had not been notified of this. We found there had been improvements to people's records and the quality assurance system. However, further time was needed to allow these improvements to continue and be fully embedded into every day practice.

Improvements had been made to the culture of the service. Staff told us they felt supported by the registered manager. The registered manager had good oversight of the improvements needed to further develop the service. Although there was no formal action plan for improvements they shared with us improvements they knew they had to make and ensure all regulations were met.

People received care that was safe. Staff had a good understanding of the risks associated with the people they looked after. Risk assessments were in place and provided the guidance staff needed. Staff understood how to safeguard people from the risk of abuse and discrimination. They knew what actions to take if they believed people were at risk. There were systems in place to make sure medicines were ordered, stored, given and disposed of safely. Only staff who had been assessed as competent were able to give medicines. There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home.

People were given choices, involved in decisions and asked their consent before staff provided support. There was a training programme and this helped ensure staff had the knowledge and skills to support people effectively. There was a system in place to ensure staff received regular supervision. People were supported to eat and drink a choice of food that met their individual needs and preferences. They were supported to have access to healthcare services when they needed them.

Staff treated people with kindness and compassion. They knew people well and understood their needs. Staff also recognised that some people needed additional support to be involved in their care and to make decisions. Therefore, they received the support and assistance of an advocate.

People received support that met their individual needs and choices. Staff knew people well and supported them appropriately. People engaged in a range of activities they enjoyed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had a good understanding of the risks associated with the people they looked after. There were risk assessments that provided the guidance staff needed.

Staff understood how to safeguard people from the risk of abuse and discrimination.

Systems were in place to ensure medicines were ordered, stored, given and disposed of safely.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Deprivation of Liberty Safeguard applications had not always been submitted. However, people were given choices and asked their consent before staff provided support.

There was a training programme for staff and they received regular supervision.

People were supported to eat and drink a choice of food that met their individual needs and preferences.

People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with kindness, understanding and patience. They communicated well with people.

People were supported to make their own decisions and choices throughout the day.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People received support that was person-centred and met their individual needs and choices. Staff knew people well and understood their wishes.

People took part in a range of activities.

There was a complaints policy and people spoke with the registered manager or staff with any concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service had not notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Improvements were needed to ensure the quality assurance system identified and addressed all shortfalls.

The registered manager was well thought of and supportive to people and staff.

Camber Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 September 2018 and the first day of the inspection was unannounced. This meant staff did not know we were coming. The inspection was carried out by one inspector.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) because the inspection was brought forward due to issues raised through our call centre. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included two staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at four people's care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we met with all the people who lived at the home, and those who could share their views did. Some people were unable to speak with us verbally. Therefore, we used other methods to help us understand their experiences. We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We watched how people were being supported by staff in communal areas.

We spoke with six staff members and the registered manager. This included all the staff that were working during the inspection and those that attended for a training session. We also spoke with one visiting healthcare professional. Following the inspection, we contacted two health and social care professionals who visit the service to ask for their feedback.

Is the service safe?

Our findings

At our inspection in October 2017 we made a recommendation that guidance was obtained from a suitably qualified professional to ensure all aspects of diabetes care reflected current best practice. At this inspection we found improvements had been made and diabetes was well managed. There was written guidance about normal blood sugar levels, how often these should be monitored and what actions should be taken if they were outside of normal limits. There were risk assessments in relation to prevention of sharps injuries from needles, and safe practice was observed. Staff had a good understanding of how to support the person living with diabetes and this included the administration of insulin. Other health related risks were also well managed. Some people were living with epilepsy and were prone to seizures. There was guidance which included information about potential triggers and how the person may present. Staff understood what steps to take to keep people safe during and after a seizure. Records were maintained to help identify any individual patterns to people's seizures.

One person told us they felt safe living at Camber Lodge and with staff who supported them. Throughout the inspection people approached staff if they had any concerns and were comfortable in their presence. Staff were attentive to people's needs and were aware when people may become unsafe. They acted promptly and appropriately to maintain people's safety, for example ensuring people were wearing the correct footwear and supporting them when moving around the home.

Other risks were managed safely. This included risks related to challenging behaviour, choking, nutrition, and mobility. Staff understood the importance of supporting people to take risks to retain their independence and individuality. Risk assessments identified the risks and provided guidance for staff about how to minimise the risks. They also identified the potential triggers for behaviours that may challenge and included guidance for staff to minimise these behaviours. In addition to the risk assessments, there was a risk management plan which included details of all the risks and what actions to take. This was less detailed than the risk assessments but provided staff with at a glance guidance.

Accidents and incidents had been recorded and included details of actions that had been taken. There was further information which showed the incident had been followed up by the registered manager and any other actions taken which included reporting to other organisations if needed. Individual analysis helped to identify if there were any themes or trends. Staff were aware of the importance of recording any incidents or accidents that occurred.

People were protected against the risk of abuse and harm. Staff knew what steps to take if they believed someone was at risk of harm or discrimination. They received safeguarding training, and understood their own responsibilities in reporting concerns. They could tell us what actions they would take if they believed someone was at risk and how they would report their concerns to the most senior person on duty, or if appropriate, to external organisations. One staff member told us if concerns were not addressed they "Had courage to go further." Another staff member told us, "People rely on us, we are the people's voice." Safeguarding concerns were raised when needed and the provider and registered manager worked with relevant organisations to ensure appropriate outcomes were achieved. Information about safeguarding

concerns and outcomes were shared with staff. Staff told us how procedures had changed in relation to medicines procedures following a recent safeguarding investigation. This demonstrated lessons were learnt and changes were made to prevent a similar incident reoccurring.

Before the inspection, concerns had been raised about there not being enough staff to meet people's needs. This was because a number of staff had left the service and there was a high use of agency staff. At the inspection we found there were enough staff, with appropriate knowledge and skills, working each shift. There were three staff working during the day and two staff at night, one of who was a 'sleep-in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift. They may be called on at any time during the night depending on people's needs.

The registered manager told us several staff had left the service and recruitment was ongoing to replace them. There had been a reliance on agency staff to support regular staff but this had now decreased. As far as possible, regular agency staff, who had got to know people, worked at the home. During the inspection we observed a member of agency staff supporting people. It was clear they had a good understanding of people's needs and could communicate with them effectively. The registered manager told us because of the lack of regular staff, they and the deputy manager had worked a lot of the shifts to support people. This helped ensure people received support from staff who knew them well.

People were protected, as far as possible, by a safe recruitment practice. Staff files included the appropriate information to ensure all staff were suitable to work in the care environment. This included disclosure and barring checks (DBS) and references. There was ongoing recruitment and staff did not start work until appropriate checks had been completed.

People received their medicines safely. There were systems to ensure medicines were ordered, stored, administered and disposed of safely. Medicine administration records (MAR's) were completed and showed people had received their medicines as prescribed. There was guidance for staff about how each person liked to take their medicines. Some people had been prescribed 'as required' (PRN) medicine. People only took this when they needed it, for example if they were in pain.

All staff received medicine training but only those who had been assessed as competent were able to give medicines. Competency assessments had been completed by a healthcare professional before staff were able to give insulin injections. Staff had a good understanding of people and the medicines they had been prescribed.

Camber Lodge was clean and tidy. Staff were responsible for the day to day cleaning of the home. Some people also took part in the day to day cleaning. We saw one person hoovering the floor after the lunchtime meal. People were supported to keep their own bedrooms tidy, with staff prompting and encouraging them where appropriate. There was an infection control policy and protective personal equipment (PPE) such as aprons and gloves were available and used when needed. The laundry had appropriate systems and equipment to clean soiled linen and clothing and hand-washing facilities were available throughout the home.

There was ongoing maintenance and servicing contracts were in place. Where work was needed this was completed. The registered manager was aware of areas where improvements were needed and explained that re-decoration at the home was ongoing. There were plans to re-carpet the stairs and redecorate the dining room. Environmental and equipment risks were identified and managed appropriately. This included legionella and fire safety checks. Where work was required, the provider and registered manager told us this was being addressed. People had Personal emergency evacuation plans (PEEPs) and this included

information about people's individual needs in the event of an emergency evacuation. Regular fire checks were completed and this included fire drills for staff and people.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff could tell us about people's mental capacity. Mental capacity assessments were in place and these reflected each care plan. However, they had not been fully completed therefore did not demonstrate whether people had capacity to make particular decisions. There was no information to show how decisions made were in people's best interests. For example, one person was eating a healthy diet to help them lose some weight. There was no information or evidence of discussion to show how this decision had been made in the person's best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Before the inspection the registered manager had identified that three DoLS authorisations had expired. These applications restricted people's liberty because they were under constant supervision. By the time we inspected applications for renewals had still not been submitted. This meant that the provider and registered manager were not following the principles of the MCA.

The issues above are a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff told us how they supported people to make decisions in their best interests. Throughout the inspection people were offered choices and these choices were respected.

People's needs were assessed. Care and support was delivered in line with current legislation and evidence-based guidance. Staff received advice and guidance from appropriate visiting health and social care professionals. This helped ensure care and support was up to date and appropriate.

There was a training programme that helped to ensure staff were able to support people effectively. When staff started work at the home they completed an induction. This included an introduction to the home and the general day to day running of the service. They also read the company policies and were introduced to people. Staff then shadowed other more experienced staff until they were competent and confident to work unsupervised. The registered manager told us that due to the current lack of regular staff, they, or the deputy manager were responsible for all inductions. Agency staff also received an induction and were supported by the registered or deputy manager until they had the knowledge and skills to support people effectively. The registered manager told us some agency staff were not always suitable to work at the home. For example, if they did not have previous knowledge of working with people who had a learning disability. In these instances, they would not be used again.

There was a training program which included, moving and handling, equality and diversity and safeguarding. It also included training that was specific to people living at the home, for example mental health awareness and dementia. Training was classroom based at the home by a visiting trainer. Staff told us training was beneficial. They could discuss learning as a group and this helped improve their knowledge and confidence. One staff member told us training included the information relevant to the subject and this was then discussed and made relevant to people living at Camber Lodge.

Competency checks had been completed following some training. This was to assess that staff had the appropriate knowledge and skills. These included medicines, diabetes understanding including administration of insulin and the management of gastrostomy (PEG) tubes. A gastrostomy tube is passed into a person's stomach by a medical procedure. It is most commonly used to provide a means of feeding or receiving medicines when oral intake is not possible or limited. Following safeguarding concerns, competency checks had been completed on staff understanding of safeguarding. This had been in the form of a questionnaire and discussed at supervision. Staff were supported and encouraged to continue their learning and development through further training. This included the opportunity to complete a Diploma in Health and Social Care at various levels.

Staff received regular supervision from a member of the management team. If concerns about staff performance had been identified then this would be increased to provide support and guidance to staff. Supervision helped identify any areas where further support or development was required. Staff told us they felt supported and could discuss any concerns with the registered manager.

People were supported to eat and drink a wide variety of food that met their individual needs and preferences. There was a weekly menu planner which had been chosen by people. Each weekend, staff discussed the next weeks meals with people and developed a menu around people's choices. Staff encouraged people, as far as possible, to make healthy choices in relation to their meal choices. For example, the registered manager told us on one occasion, people had chosen chips for each evening meal. This was discussed and changes were made to the menu. If people did not like what was on offer they were able to choose alternatives. Although people could eat their meals at times of their choice, most people ate all their meals together.

One person required a pureed diet and thickened fluids and this was provided appropriately. Staff demonstrated a good understanding of the diet that was required and how to support the person safely. We saw staff ensured the person could enjoy snacks with other people. People were weighed regularly and this helped identify if they were losing weight or at risk of malnutrition. Where people were losing weight, referrals were made to the GP for assessment. The registered manager had also identified some people may need assessment of their eating and drinking. For example, on occasions, one person tended to store food in their mouth. Therefore, staff were present when this person was eating and a referral had been made to the GP for assessment by the speech and language team (SaLT). Where dietary advice and guidance had been received, this had been followed appropriately.

People were supported to maintain and improve their physical and mental health. They were able to see their GP whenever they wished and staff supported them to attend their healthcare appointments. From discussions with staff and through records, we saw that people were supported by a range of healthcare professionals. This included the diabetic clinic, SaLT, chiropractors and dentists. Staff were aware of people's health needs and how small changes in health could affect them. The registered manager told us about one person's reduced immunity and how their health could rapidly deteriorate. Therefore, prompt medical attention was essential. Feedback from visiting healthcare professionals was positive. They told us they were contacted promptly and advice given was followed.

Each person had a hospital passport and people took them with them if they needed to go into hospital. Hospital passports are communication booklets which provide important information about the person and provide hospital staff with a straightforward guidance about supporting the person. These had been produced in an easy-read format. An easy-read format makes the written word easy to understand because it uses simple, jargon free language, shorter sentences and supporting images.

People's needs were met through the design and adaptation of the home. There was a stair lift to the first floor, currently this was used by one person who could do so independently. There was a walking aid for the person on each floor which helped them maintain their independence. There was a lounge and dining room and people could move freely around the home and outside space as they wished.

Is the service caring?

Our findings

One person told us that staff were kind and caring. Throughout the inspection we saw that people were relaxed and comfortable in the presence of staff. There was a warm, relaxed and homely atmosphere at the home. Staff and people engaged in friendly conversation and interactions throughout the day. When staff entered the room, people were pleased to see them. Staff greeted people warmly and with smiles and genuine affection. Staff knew people well, they had a good understanding of each person's physical, emotional and health needs, their likes and choices and what was important to them. They recognised people's different personalities, personal histories and the choices they made. Throughout the inspection we observed staff offering people choices and supporting them to make decisions. Decisions people made were respected. People were able to get up and go to bed when they liked. They were able to choose what they wanted to do during the day and were supported and encouraged to maintain and improve their independence.

People's privacy was respected. If they wished to spend time on their own they were supported to do this. People's dignity was maintained, staff knocked at bedroom doors before entering and ensured doors and curtains were closed when supporting people with personal care. People were dressed in clothes that were of their own choice and reflected their individual personalities. Staff supported people to maintain their own personal hygiene and complimented them on their appearances. People had chosen how they would like their bedrooms to be decorated. Their bedrooms were personalised with people's own possessions such as personal photographs, mementos, books and DVD's. Staff were alert to situations where people's dignity may not be maintained and ensured this was addressed promptly. For example, if people did not close the door whilst using the toilet.

People were supported by staff to keep maintain and improve their independence. They helped people keep their bedrooms clean and tidy in a manner and style that was acceptable to each person. They encouraged people to put their clothes away, for example their coats after they had been out. With staff support one person's mobility had improved and they were now able to walk around the home independently.

Staff had a good understanding of equality and diversity. They were aware of the need to treat people equally irrespective of age, disability, sex or race. This was demonstrated throughout the inspection. Some people needed additional support to be involved in their care and to make decisions. Two people received the support and the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. The registered manager identified that more people may benefit from this support and was in the process of sourcing these.

People were supported to maintain relationships with those who were important to them. There were systems in place to ensure people could maintain contact. This included visits to family homes, visitors to the home and telephone contacts. People had developed their own friendships within the home. Staff supported people to maintain these friendships, for example, by arranging activities and trips out that

people enjoyed together.

Information about people was treated confidentially. The registered manager and staff were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. Care plans were stored securely in locked cupboards.

Is the service responsive?

Our findings

People received care and support that was responsive to their individual needs because staff knew and understood them well. Before moving into the home, the registered manager completed an assessment to ensure the person's needs and choices could be met at the home. There was a period of transition where the person was able to visit the home and spend time with others who lived there. This helped to ensure the person would be happy living at the home and get on well with others who lived there. Care plans and risk assessments were then written and developed to reflect these assessed needs.

Care plans were person-centred and included information about people's personal hygiene needs, mobility, communication, eating and drinking and health needs. Care plans were regularly reviewed and updated to reflect people's changing needs. When there had been changes to people's risk assessments and care plans the registered manager informed staff. They were then asked to read and sign the document to demonstrate they had understood the changes to people's support.

Staff knew people really well and they understood their needs. They could tell us about the support people needed, their interests and choices. They responded appropriately to people's needs. Staff told us about one person who became disorientated when leaving their bedroom. This had led to them inadvertently enter other people's bedrooms, which caused distress for other people. Therefore, an alarm had been put on the person's bedroom door. When the person left their bedroom, staff would hear the alarm and go to the person. This meant they were available immediately if the person appeared lost and helped to prevent anyone living at the home becoming distressed. People were supported to maintain their continence. For some people this meant staff being alert to changes in people's behaviour and discretely asking them if they would like to use the toilet.

Throughout the day people were supported to do what they liked. We saw people knitting, doing jigsaw puzzles, watching television, listening to the radio and reading books. Some people were supported by staff, to go out to a local coffee shop for a drink and a cake. People were contented and staff were aware of what people liked to do. Two people told us they were looking forward to having a holiday and the registered manager was in the process of arranging these. Records showed that people had been regularly supported to have trips out and this included shopping and meals out. A visiting healthcare professional told us about one person who had been unwell. Staff had supported this person's recovery by helping them to increase their activity levels and this included going out.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff had a clear knowledge of how to communicate with people and this included the use of Makaton. Not everybody was able to express their needs verbally and staff were able to communicate in a way that met people's needs. This included the use of Makaton or an adapted form of Makaton to suit the individual. Makaton is a language programme which uses signs and symbols to help people to communicate. Staff were alert to other different ways people expressed themselves. We observed staff listening and then saying

to each other, "That's ok, that's (name) happy shout." On other occasions if they determined the person may not be happy they would attend promptly.

There was a complaint's policy, this was displayed around the home and had been produced in an 'easy-read' format to help promote people's understanding. Records showed complaints raised were responded to and addressed appropriately. Staff spoke with people throughout the day to identify if they had any concerns or worries. If they did they were addressed immediately. People told us if they had any concerns they would speak to staff.

At the time of the inspection no-one was receiving support for end of life care. The registered manager told us that as far as possible, people would be supported to remain at the home until the end of their lives. Staff were aware of the health needs of people and how the health needs of one person may increase quite quickly. There was a health care plan for this person which identified ways in which their condition may change and what staff should do. There were regular discussions with the person's GP and anticipatory or 'just in case' medicines which had been prescribed and were stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. This means appropriate medicines are available, for the person, should they require them at the end of their life. The registered manager told us they were planning to develop care passports for each person. These would include information about the persons end of life wishes and would be in an easy read format to make it accessible to people.

Is the service well-led?

Our findings

At our inspection in October 2016 we found we had not received any notifications of authorisation to deprive an individual of their liberty (DoLS). We discussed this with the (then) registered manager who told us they would address this immediately. We also recommended that the provider familiarised themselves with their responsibilities in relation to notifications. At this inspection we found notifications in relation to DoLS had still not been submitted. The provider is required, by law, to tell us about DoLS authorisations. This is so that CQC can monitor the use of the MCA in all registered health and care services and make sure services comply with the requirements of the HSCA Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Mental Capacity Act (2005), the Deprivation of Liberty Safeguards and their associated Codes of Practice

The failure to submit these notifications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At our inspection in October 2016 we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the provider needed to make improvements to their quality assurance systems and to ensure people's records were accurate and complete. At this inspection we found some improvements had been made but further work was needed to ensure on-going improvement and changes already made are fully embedded into every day practice.

At this inspection we found improvements had been made to people's records. Care plans included detailed information about each person and their support and health needs and provided guidance for staff. However, we found improvements were needed to ensure PRN medicines protocols contained all the information staff may need, for example some people who were less able to communicate verbally had been prescribed pain relieving medicines. The PRN protocols did not demonstrate how the person would express that they were in pain. Some people had air relieving pressure mattresses. These were set according to the person's weight. Information about the settings had not been included in the care plans. The registered manager told us they, or the deputy manager ensured these settings were correct therefore this did not impact on people. Although staff knew people well the lack of guidance could leave people at risk of receiving inappropriate or inconsistent support.

We found some improvements had been made to the quality assurance system. However, more were needed to ensure all areas were identified. The provider had not identified that CQC had not been informed about DoLS authorisations. Whilst accidents and incidents were recorded and analysed on an individual basis there was no formal analysis to identify if there were any themes or trends across the whole service. This is a further breach of Regulation 17 and the third time the key question 'well-led' has been rated as requires improvement.

Through our observations we identified that people knew the registered manager and they were able to approach her whenever they wished. People were genuinely pleased to see her and liked to spend time with her. One person told us, "I really like (name)."

The registered manager had good oversight and understanding of what was needed to improve the service. Although there was no formal action plan for improvements they shared with us improvements they knew they had to make. This included changes to the medicine system, for example introducing topical cream charts and identifying if there were alternative formats for one person who liked to take their medicines with a small snack. They had also identified improvements were needed to people's social activities. The registered manager told us people needed to be offered more options each day and explore different opportunities for social engagement. Although they were aware of what people enjoyed there were no specific individual social activity plans in place. The registered manager planned to introduce care plans and other information around the home in easy-read formats. This would include communication passports. These are a tool which describe the unique ways in which a person communicates. It is used to assist any staff member or professional to communicate effectively with them. There were a range of policies and the registered manager told us these were in the process of being updated as they did not include all the relevant information. For example, the medicine policy did not include any information about covert or PRN medicines.

The registered manager told us that since they had started work at the home a number of staff had left. There was on-going recruitment, and agency staff worked when required. However, to maintain continuity for people the registered manager and deputy manager worked to provide support and care to people most days. This meant that management work had not always been completed. The registered manager told us this was not an ideal situation but some aspects had been beneficial. It had allowed them time to get to know each person and staff member. It had also demonstrated to staff they were willing to work. The registered manager also used this time to complete inductions with new staff. This helped ensure staff had a consistent induction and the registered manager was aware of where staff needed more support.

At the previous inspection we identified concerns amongst the staff team, where some did not feel supported by the registered manager. Since that inspection there was a new registered manager in post and there had been significant changes within the staff team. Before the inspection concerns had been raised with CQC about the culture at the service. The registered manager acknowledged there had been difficulties when they started work at Camber Lodge, but improvements had been made since then. All staff spoke highly of the registered manager and of the changes that had taken place at the home. One staff member said, "It's really changed, it's a better place. It's based on professionalism not on friendships." Another staff member told us, "It's a much happier place, we can speak out, it's the little things that have changed, the registered manager says it as it is, she's very approachable." The registered manager told us they had an open-door policy where staff could speak to them at any time. They were aware that improvements needed to continue and be sustained as new staff came to work at the home.

Feedback was sought from people and used to improve and develop the service. Feedback was obtained through meetings and day to day discussions with people and their relatives. A recent survey had been completed by people but this had not yet been analysed by the area manager. There were regular resident's meetings and people had monthly meetings with their key worker where they were asked for feedback.

Staff views were also sourced through day to day discussions and regular meetings. Staff meetings were used to inform staff of changes at the home. The meetings were also an opportunity to share information about incidents, safeguarding's or complaints. This ensured all staff were aware of the outcomes and what steps had been taken to prevent a recurrence.

The registered manager told us they felt supported in their role. They said the provider was approachable and supported them to address any concerns. The registered manager engaged with local stakeholders and health and social care professionals to ensure they were up to date with changes in legislation and best

practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications had not been submitted to CQC in relation to Deprivation of Liberty Safeguard authorisations. 18(1)(4A)(4B).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Applications to deprive people of their liberty had not been submitted to the appropriate authority.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider has failed to have effective systems and processes in place to assess and monitor the quality of the services provided and ensure records were accurate and complete.