

Byron Lodge Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Byron Lodge Care Home Ltd is a residential care home providing accommodation for persons who require nursing or personal care to up to 28 people. The service provides support to older people, some of whom lived with dementia, and 16 people were cared for in bed. At the time of our inspection there were 25 people using the service, 1 of whom was in hospital on the first day of the inspection, and 2 people were in hospital on the second day of the inspection.

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

Risks to people's safety had not always been identified. Risk assessments did not have all the information staff needed to keep people safe. Medicines management was poor. The provider could not be assured that people had received their medicines as prescribed. Some areas of the service were not clean. We were not always assured that the provider was using personal protective equipment effectively and safely. Meals and drinks were not always prepared to meet people's preferences and dietary needs.

The service was not always well led. Records were not always robust and accurate. The provider had failed to identify issues relating to risk assessments, medicines management, infection control, mental capacity and person-centred planning. Their quality monitoring processes had not identified issues with records that we found on inspection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's care was not always planned in a way that centred on the individual and met the needs and wishes of people.

Most staff had received training relevant to their roles, however some staff required training in catheter care and fire drills to make sure they could meet people's needs effectively.

Despite the feedback above, people and relatives told us staff were kind, caring and friendly. Comments included, "Care is good and atmosphere is good and activities are happening"; "They're all so happy here. They're really lovely. They really look after you" and "I felt at home straight away. I chose to stay here after my assessment from the hospital."

Staff had been recruited safely to ensure they were suitable to work with people. People had regular staff who they knew well. Assessments of staffing levels were undertaken by the registered manager and regional manager. There were enough staff deployed to provide safe care. However, some people told us they sometimes had to wait for care.

Staff understood their responsibilities to protect people from abuse. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.

People were supported to access support from healthcare professionals. Most people told us they enjoyed their food. The provider had systems and processes in place to manage complaints.

Activities took place to stimulate people, this included some 1:1 activities for those cared for in bed. Activities did not meet everyone's needs, we received mixed feedback from people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. The directors for the provider had changed in December 2022, because the previous provider had sold their business.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led. As we found a breach of regulation in relation to mental capacity and DoLS and a breach in regulation in relation to planning people's care we extended the inspection to include all domains.

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.

Enforcement

We have identified breaches in relation to risk management, medicines management, infection control, managing nutrition and hydration, mental capacity and DoLS, care planning and effective quality assurance process at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 effective?

The service was not always effective.

Details are in our effective 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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Byron Lodge Care Home Ltd

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 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 carried out by 2 inspectors 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.

Service and service type

Byron Lodge Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Byron Lodge Care Home Ltd is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. A local authority commissioner told us they had carried out a quality assurance visit.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service about their experience of the care provided. We spoke with 2 people's relatives and 1 person's friend. We observed staff interactions with people and their care and support in communal areas. We spoke with 13 members of staff, including kitchen staff, care staff, activities staff, senior care staff, nurses, the deputy manager, the registered manager, the regional manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 9 people's care records and multiple medicines records. We looked at 3 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.



Is the service safe?

Our findings

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

At our inspection on 31 July 2019, we rated this key question requires improvement. At this inspection the rating has remained 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks effectively. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that there were still concerns about risk management and the provider was still in breach of regulation 12.

- Risk assessments did not always have information staff needed to keep people safe. This was a continued issue from the last inspection. Health and safety risks were not safely managed which placed people, staff and visitors at potential risk.
- Risks in relation to pressure area care not always being adequately monitored and mattresses were not always at the correct setting. For example, a person's mattress was unplugged and needed to be repaired, as it was too noisy. Staff had not taken action to get the mattress repaired. Another person's care plan identified they should be repositioned every 2 hours during the day. Records showed this was not taking place. Repositioning charts were not always clear that people had been repositioned as per guidance. This put them at risk of pressure damage.
- Moving and handling risk assessments were inconsistent and did not always specify which slings or loops to use when moving someone using a hoist and sling. This put the person at risk of harm. Risks in relation to epilepsy had not been identified, and risk assessments in relation to blood thinning medicines were not always in place.
- Personal emergency evacuation plans (PEEPs) were not in place in the service on day 1 of the inspection, the management team implemented a PEEPs summary for people on day 2. However, these lacked detail about how to evacuate people safely and had not included special risks relating to people such as flammable creams, emollients in place and oxygen. We directed the management team to the fire service for advice and support to review and address fire risks.

The provider had failed to manage risks to people's health, safety and welfare effectively. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely. Where people were prescribed patches to place on their skin, for example, to control symptoms of pain, they were not administered following prescriber's guidance.

Patches can cause irritation to the skin if they are placed in the same position after removal. There was a risk people, who may already have frail skin, could experience a reaction and discomfort. We found no evidence that people had been harmed.

- The provider had reviewed medicines policies and procedures and practice. Medicines auditing had taken place. However, audits had not identified that medicines were not always being administered according to prescriber's instructions.
- Documents to support staff in the use of when required (PRN) medicines were not always in place or detailed enough to support staff to assess when or how much medicine to give people. For example, PRN protocols for people prescribed laxative medicine for constipation did not detail when to give the person the medicine. The missing PRN protocols were put in place by nursing staff during the inspection.

The provider has failed to manage medicines safely. This placed people at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely in a locked medicines room. Medicines had been stored at the correct temperature to ensure they were safe to use. Medicines in stock tallied with records. Prescribed creams, lotions and eyedrops had been dated on opening.

Preventing and controlling infection

- People were always protected from the risk of infection as staff were not always following safe infection prevention and control practices. Not all areas of the service were clean. There were some dirty pieces of equipment around the service and some areas of the home had a strong odour. Records showed that areas of the home had not been deep cleaned in a long time.
- Staff were not following safe processes to minimise potential risks to people during infection outbreaks and systems in place did not allow for effective management of these. For example, a person was supposed to be barrier nursed due to an infection. On day 1 of the inspection their door was open and signage was not clear to those approaching the door that staff must wear PPE. We observed staff entering the person's room without PPE. Systems in place to alert staff of infection risks to this person had not been communicated appropriately in handover records.

The provider had failed to manage, assess and control the risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Lessons were learned from incidents. The management team analysed accidents and incident records to look for trends and identify if referrals were required, such as referrals to the falls clinic. A trend had been picked up in 2022 in relation to people developing skin tears. Action was taken and the issue had been resolved.
- The provider had a system in place to record accidents and incidents. Records showed that accidents and incidents had been regularly recorded up until November 2022. The management team told us there had been none since.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their PIN numbers to confirm their registration status.
- There were suitable numbers of staff to provide the care and support people were assessed as needing.

The management team told us that they carried out assessments of staffing levels and increased staffing levels when required to meet people's changing needs. The provider had increased the number of day staff and night staff when the new director took ownership of the company. A staff member said, "We are well staffed since the new owners took over."

- We observed call bells were mostly answered quickly. Call bells on the top floor took longer for staff to answer and we were not fully assured the call bells there were working correctly as one person reported they had pressed their bell and it had switched off without any staff responding. The nominated individual carried out monitoring of this and asked for the maintenance team to carry out additional checks. People told us they sometimes had to wait for their care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had safeguarding policies and procedures in place. Safeguarding concerns had been appropriately reported.

- Staff told us they felt comfortable to report concerns to the registered manager. They felt that concerns were taken seriously, and appropriate action would be taken. Staff had received safeguarding training and knew how to escalate concerns to outside organisations such as the local authority safeguarding team and CQC if necessary. A staff member said, "I would report abuse to [deputy manager] or [registered manager], I would write it down, it would definitely be dealt with, I will not tolerate abuse."

- People told us they felt safe. A person said, "I definitely feel safe, it's the way they look after me."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our inspection on 31 July 2019, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to maintain a balanced diet. Meals and drinks were not always prepared to meet people's preferences and dietary needs. Care plans were not always clear as to what modified diet people were prescribed and the care plans did not follow The International Dysphagia Diet Standardisation Initiative (IDDSI) framework. Kitchen staff were not fully aware of people's assessed needs in relation to type and texture of food.
- There was a system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were not always adequate. Staff had recorded in some people's care records that the person had 'puree' for their meal but did not list the foods that had been pureed.

The provider had failed to meet the nutrition and hydration needs of some people living at the service. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they liked the food at the service. A person told us, "The food here is very good. I like the spam fritters and we have a choice of sandwiches at tea-time." We observed mealtimes to be relaxed and people were offered choices of meals and offered more if they wanted it.
- People had their meals in the lounge and in their bedrooms. The menu board in the dining area listed the choices available. Staff told us they helped people to make their meal choices if they needed it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff did not always work within the principles of MCA. People's care plans included mental capacity assessments which had been undertaken. It was not clear when a person lacked capacity, and when a best interest's decision had been made, who had been involved in the decision-making process. The best interest part of the assessment had not been recorded or completed.
- Where people had a DoLS authorisation, this was not always detailed in their care plans. This meant staff did not have the information they needed to understand people's legal status and make sure their rights were upheld.
- The management did not have effective oversight of DoLS to monitor when DoLS were due to expire, when DoLS applications were required and what conditions were in place for people that had conditions on their DoLS. The management records wrongly stated that one person's DoLS authorisation did not have a condition in place. The DoLS did have a condition in place. We carried out checks with the management team and found that the condition was not being met.

The failure to ensure people's rights were upheld within the basic principles of the Mental Capacity Act 2005 is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- Staff had received training to enable them to meet most people's specific health needs. The provider had a system in place to ensure staff completed training in autism and learning disability, many staff had already completed this training. Records showed that some care staff had not undertaken training around catheter care despite providing care for people with catheters. This meant they may not have all the information they needed to provide person centred care. This is an area for improvement.
- Records showed at least 10 staff had not been involved in a fire drill within the last 12 months. Some staff confirmed they had not had one for some time. This put people at risk and is an area for improvement.
- Nurses and care staff had received statutory mandatory training, including infection prevention and control, first aid and moving and handling people. Staff received effective support and supervision for them to carry out their roles. Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager and the deputy manager.
- Systems and procedures were in place to provide support to nursing staff to maintain their skills and Nursing and Midwifery Council (NMC) registration. Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks.

Adapting service, design, decoration to meet people's needs

- The design and layout of the service met most people's needs. There was a lack of signage to help people living with dementia. This is an area for improvement. The risk of people becoming disorientated and not finding rooms was low as most people needed support from staff to mobilise.
- People's rooms had been furnished with items to suit their individual needs, people had pictures, photographs and trinkets as well as personal items to ensure their rooms were personalised to their own tastes. Some people's rooms did not have any signage to show their name or picture to assist them in locating their room, where they had given permission to have this in place.
- The service was undergoing some works to carry out routine maintenance, contractors were present in the building carrying out works to the heating system, and carrying out fire servicing and emergency lights checks. The provider had a plan in place to redecorate and modernise the service, including replacing flooring.

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

- Prior to people moving into the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to

support the person.

- The assessment included making sure that support was planned for people's diversity needs, such as their religion, gender, marital status, culture and their abilities. People were reassessed as their needs changed to ensure the care they received met their needs.
- The provider used nationally recognised assessment tools to identify and review people's needs such as Malnutrition Universal Screening Tools (MUST) and pressure sore risk assessment screening tools (Waterlow) to calculate people's pressure risk.
- Oral Health Care for Adults in Care Homes best practice had been implemented. People's oral health care needs were routinely assessed. Care plans provided information in relation to people's needs in this area. Most staff and nurses had completed training in supporting people with their oral care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health services when they needed it. People had been supported with accessing GP and healthcare specialists in a timely manner when required. Records evidenced that staff had called 999 and 111 when required to meet emergency medical needs. The paramedic practitioner from the GP surgery carried out weekly visits and the GP carried out a regular video calls with the service. People had been seen by dentists, opticians and chiropodists.
- Information about people's declining health and outcomes of appointments were shared with the staff team in handover meetings. This meant staff had the most up to date information to support people effectively.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

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 inspection on 31 July 2019, we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always consistently treated with dignity and respect. Staff did not knock on people's doors each time when they entered their bedrooms. This meant people's privacy was not respected. A person told us, "I think I annoy them (staff). Sometimes they talk over me." The person needed time and patience to communicate, particularly when they were tired. This is an area for improvement.
- People's information was not always kept private and confidential. Laminated signs displaying people's full names and room numbers were displayed on walls around the service. This is an area for improvement.
- People's dignity was respected. Staff closed doors and curtains when providing support with personal care. A privacy screen was used to protect a person's dignity when they were being supported to move from an armchair to a wheelchair. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress.
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach.

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

- Staff treated people kindly and had respect for equality and diversity. A person said, "You couldn't better the staff. We have a laugh and a joke. It's like family here."
- People were able to spend time with their friends and relatives in their own bedroom as well as communal areas. A relative said, "I'm very happy with the care here. It was my choice for my relative. The staff are very friendly, very caring and have made her very welcome."
- Staff discreetly asked people if they were in pain and wanted pain relief during medicines administration rounds and when asking people if they wanted assistance to go to the toilet.
- During the inspection, one person shared that they would like to attend their local church to attend an Easter service. Staff supported the person with arranging wheelchair accessible transport.

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

- Staff supported people to make decisions about their care. Staff were kind and respectful when supporting people and gave praise to motivate people when they were doing things which they struggled with. For example, a person found it difficult to swallow and staff encouraged them to open their mouth wider and then take sips of fluid.
- We observed some good interactions between staff and people, which showed that staff knew people well, knew how to communicate with them and helped the inspection team communicate with people.
- People told us their views were listened to. The management team had a meeting with people during the

inspection. Not everyone living at the service was aware that a meeting had been arranged and was taking place. A person said, "I would speak to a member of staff. I think they would listen. They [staff] respect my views."

Is the service responsive?

Our findings

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

At our inspection on 31 July 2019, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider did not have systems and processes in place to ensure that care plans were developed in a timely manner to ensure staff had clear information to meet people's needs. For example, a person had lived at the service for 2 weeks and staff had not used their pre-admission assessment to create care plans or carry out risk assessments. This meant staff did not have the information they needed to provide safe care.
- Care plans were not always in place for specific health conditions. For example, a person's care file showed they had a diagnosis of epilepsy. There was no epilepsy care plan or risk assessment in place or information about how staff needed to work with them and what action they should take if the person had a seizure. This put the person at risk.
- Care plans were not always detailed or person centred. During admission, staff asked people their preferences about whether they would like baths or showers and how often. They were asked whether they would like their bedroom door kept open or closed when they are in their room. This information had not been used to create care plans and we observed doors were open when people wanted them closed and people were not having baths or showers in line with their wishes.

The failure to design care and treatment to ensure people's preferences and needs are met was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider had identified that care planning needed to be changed and was in the process of implementing a new electronic care planning system, the process to move over to electronic records had not yet been started.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information in the service was available in a variety of formats to meet people's communication needs.
- We observed some accessible information was on display about how to complain and what to do about abuse.
- The management team told us they offered people the opportunity to receive information in alternative

formats, such as in a larger font, different languages and spoken versions for people with a visual impairment. At the time of the inspection, no one required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had an activities coordinator and care staff provided activities to keep people engaged. We observed activities staff routinely engage with people who spent time in their bedrooms, which reduced the risk of social isolation.
- During the inspection we observed activities taking place in the service and people were encouraged to attend. People played games, bingo, a children's choir visited and a 'residents' and relatives meeting took place.
- People gave us mixed feedback about activities. Comments included, "There are things to do, I've been on a shopping trip on a Thursday and a visit to Southend-on-Sea. When the weather is decent, we can sit out on the patio or in the garden"; "The lounge is boring. There's 30 minutes of activities and then I'm bored. I'd like to go out a bit more, but I've got physical restrictions. There are some books but they're always the same ones" and "The activities they offer are not for me."

Improving care quality in response to complaints or concerns

- Records showed complaints received had been responded to and resolved satisfactorily. No complaints had been made since May 2022.
- Complaints information was on display. People and their relatives knew how to complain if they were unhappy about their care. One person said, "If I don't like something I tell them."

End of life care and support

- Staff were supporting people with end of life care and support, and took appropriate steps to support them. For example, a person was reaching the end of their life and had been prescribed medicines to take to help them remain comfortable once they were at this stage. Nursing staff had recognised the person was at the stage where they required these medicines and had communicated with relatives to give them opportunities to be with their loved one.
- Some people had care plans in place for their end of life care and support. These contained clear information for staff to know exactly what people's wishes were if their health suddenly deteriorated.
- Some people had DNACPRs 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPRs) in place which had been discussed and agreed with them, their relatives and consultants and the GP.

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 inspection on 31 July 2019, we rated this key question as requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last rated inspection on 31 July 2019, the provider had failed to effectively monitor and improve the service and failed to make accurate and complete records. This was a continued breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17.

- Systems in place to audit the quality of the service continued not to be robust or sufficient to alert the provider of concerns and issues within the service. Audits had not picked up shortfalls in practices in relation to risk assessment, medicines management, infection control, mental capacity, DoLS and designing and planning care.
- At the last inspection, records were not always clear or accurate. At this inspection, records still required some work. Daily records did not always record what personal care people had been given. Summary care plans were not always completed fully or updated as and when people's needs changed which meant staff did not always have complete or up to date information about people.

The failure to effectively monitor and improve the service and failure to make accurate and complete records was a continued breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Registered persons had not notified CQC of any DoLS applications or authorisations, despite the registered managers records showing there had been 11 applications, 2 of which had been authorised.

The failure to notify CQC of DoLS authorisations and applications is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Registered persons had notified CQC of specific incidents relating to the service in a timely manner. These notifications tell us about any important events that had happened in the service. CQC had been notified of serious injuries, abuse and deaths.

- There was a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.
- Since the new directors took over the service in December 2022, they have been introducing changes to modernise and develop the service, building works have been completed, with more planned. The provider had implemented a new training provider and staff were in the process of completing courses with the new provider. The provider was looking to move to electronic care planning and records later in 2023.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a calm, relaxed and positive atmosphere at the service. Staff told us they enjoyed coming to work. A staff member said, "There is a good culture, there is no bickering. Things are changing for the better. I am quite happy."
- People and their relatives were complimentary about the management and the service. A relative told us, "The management are very good and kept a room available for when my relative needed it. They're flexible and the communication is good. They keep me informed."
- We observed that the management team knew people well and there was information displayed around the home showing who the new directors were and their contact details. Regional managers spent time each week at the service and had also built up a rapport with people.

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

- The management team understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- People, relatives and staff were engaged by the management team. People and relatives had been given opportunities to provide feedback about the service. Surveys had been completed in March 2023. We reviewed completed surveys which contained mainly positive feedback from people. The feedback showed some people had made some suggestions which the management team planned to action.
- People and their relatives provided compliments to the service about the care provided. A compliment from a relative stated, "I would like to thank you from the bottom of my heart for looking after my mum, you are all so genuine, kind, caring and loving and you couldn't have given better care than you did."
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place. Staff told us they had access to meeting records if they were not able to attend. Staff said they felt supported by the management team. The registered manager was approachable, and they felt listened to. A staff member said, "I feel supported, they [new owners] seem nice and I am quite happy."

Working in partnership with others

- The provider and registered manager had worked closely with health care professionals such as community nurses and people's GPs, as well as people's social workers.
- The provider and the registered manager had kept up to date with the local and national developments within health and social care. They had taken opportunities to update their skills and knowledge to benefit the experience of people using the service. The registered manager had registered with forums and events hosted by the local authority and Skills for Care.
- Staff told us they were kept informed about engagement and outcomes with health and social care

professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician. Staff told us information was shared in handover meetings and through group chat.

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 The failure to notify CQC of DoLS authorisations and applications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider has failed to design care and treatment to ensure people's preferences and needs. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider has failed to ensure people's rights were upheld within the basic principles of the Mental Capacity Act 2005. Regulation 11 (1)(2)(3)
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 effectively monitor and improve the service and failure to make accurate and complete records. Regulation 17 (1)(2)

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage risks to people's health, safety and welfare effectively. The provider has failed to manage medicines safely. The provider had failed to manage, assess and control the risk of infection. Regulation 12 (1)(2)

The enforcement action we took:

We served the provider a warning notice and asked them to meet the regulation by 26 June 2023.